

## Council Of Governors

**Date: Thursday 13 November 2025**

**Time: 3 – 5pm**

**Location: Lecture Theatre, Education Centre, Halton Hospital  
and via MS Teams**

Agenda item	Time	Agenda item	Objective/ Desired outcome	Process	Presenter
<b>Formal Business</b>					
COG/ 25/11/44	3:00pm	Welcome and Opening Comments Apologies; Declarations of Interest		<i>Verbal</i>	Chair
COG/ 25/11/45	3:02pm	Minutes and Action Log of meetings held on • 14 August 2025	For approval	Minutes & Action Log	Chair
COG/ 25/11/46	3:05pm	Matters arising	To note for assurance	Verbal	Chair
<b>Governor business</b>					
COG/ 25/11/47	3:10pm	Chairs Update including Integration Progress	To note for assurance	Verbal	Chair
COG/ 25/11/48	3:15pm	Integration Update - Full Business Case	To note for assurance	Report	Chief Strategy and Partnership Officers Officer
COG/ 25/11/49	3:25pm	Non-Executive Director Assurance Highlights from Committees  Governor Board Committee Observation Reports & Committee Assurance Reports (a) Finance & Sustainability (26.08.25, 22.09.25) – Anne Robinson, Sue Fitzpatrick/ John Somers (b) Quality Assurance Committee (12.08.25, 09.09.25) <i>Sue Fitzpatrick and Diane Nield/Cliff Richards</i> (c) Strategic People Committee in Common (20.08.25, 17.09.25) – Margaret Bamforth and Carol Ann Kelly/Julie Jarman	<i>Info/update</i>	<i>Presentat ion</i>  <i>Papers</i>	Committee Chairs  Governor Observers

		(d) Charitable Funds Committee (18.09.25) – Steve McGuirk, Gem Leach (e) Audit Committee (28.08.25) Margaret Bamforth/Mike O'Connor			
<b>COG/25/11/50</b>	<b>3:40pm</b>	Items requested by Governors – Questions	Info/update	Verbal	Chair/Non-Executive Directors
<b>COG/25/11/51</b>	<b>4:00pm</b>	Lead Governor Update i) Trust Board Observation Reports ii) Governor Observation Visits a) 21.08.2025 – CDC Halton b) 15.09.2025 – Ward A8 c) 21.10.2025 - General Areas	<b>Info/update</b>	<b>Report Reports</b>	Lead Governor
<b>COG/25/11/52</b>	<b>4:10pm</b>	Governor Engagement Group (GEG) Chairs Report from the meeting 6 November 2025	<b>Info/update</b>	<b>Verbal</b>	Diane Nield, Deputy Lead Governor
<b>COG/25/11/53</b>	<b>4:15pm</b>	Membership Strategy Q2	Info/update	Paper	Corporate Governance and Membership Manager and Diane Nield, Deputy Lead Governor
<b>COG/25/11/54</b>	<b>4:20pm</b>	Proposal to extend the Membership Strategy to 2026	<b>decision</b>	<b>paper</b>	Corporate Governance and Membership Manager
<b>COG/25/11/55</b>	<b>4:25pm</b>	Elections Activity Update Report	<b>Info/update</b>	<b>Report</b>	Corporate Governance and Membership Manager
<b>COG/25/11/56</b>		Communications & Engagement Update Report – <b>to note only</b>	Info/update	Paper	
<b>COG/25/11/57</b>	<b>4:35pm</b>	Bi-monthly Strategy Highlight Report	<b>Info/update</b>	<b>Report</b>	Chief Strategy & Partnerships Officer
<b>Governance</b>					
<b>COG/25/11/58</b>	<b>4:40pm</b>	Compliance Trust Provider License	For assurance	Report	Company Secretary
<b>COG/25/11/59</b>	<b>4:45pm</b>	Audit Committee Chairs Annual Report	For assurance	Report	Chair Audit Committee/ Company Secretary
<b>COG/25/11/60</b>	<b>4:50pm</b>	Annual Council of Governors Knowledge and Effectiveness Survey - Outputs	For assurance	Report	Company Secretary
<b>COG/25/11/61</b>	<b>4:55pm</b>	Updates to the Constitution – Partner Governor Composition	<b>For approval</b>	Report	Company Secretary

<b>Closing</b>					
<b>COG/ 25/11/62</b>	<b>5:00pm</b>	Review of the Meeting	To discuss	<b>Verbal</b>	Chair
<b>COG/ 25/11/63</b>		Any Other Business	To discuss	<b>Verbal</b>	Chair

<b>Supplementary papers* Information items to note</b>					
<b>COG/ 25/11/64</b>		Learning From Experience Update Q1	<b><i>Info/update</i></b>	<b><i>Report</i></b>	Chief Nurse

\* Supplementary papers are available on request to members of the public.

**Next Meeting of the Council of Governors: Thursday 12 February 2025,  
Trust Conference Room Warrington Hospital**

## Conflicts of Interest

At any meeting where the subject matter leads a participant to believe that there could be a conflict of interest, this interest must be declared at the earliest convenient point in the meeting. This relates to their personal circumstances or anyone that they are of at the meeting.

- Chairs should begin each meeting by asking for declaration of relevant material interests.
- Members should take personal responsibility for declaring material interests at the beginning of each meeting and as they arise.
- Any new interests identified should be added to the organisation's register(s) on completion of a Declaration of Interest Form.
- The Vice Chair (or other non-conflicted member) should Chair all or part of the meeting if the Chair has an interest that may prejudice their judgement.

If a member has an actual or potential interest the Chair should consider the following approaches and ensure that the reason for the chosen action is documented in minutes or records:

- Requiring the member to not attend the meeting.
- Excluding the member from receiving meeting papers relating to their interest.
- Excluding the member from all or part of the relevant discussion and decision.
- Noting the nature and extent of the interest, but judging it appropriate to allow the member to remain and participate.
- Removing the member from the group or process altogether.

Staff may hold interests for which they cannot see potential conflict. However, caution is always advisable because others may see it differently and perceived conflicts of interest can be damaging. All interests should be declared where there is a risk of perceived improper conduct.

Interests fall into the following categories:

- **Financial interests:**  
Where an individual may get direct financial benefit<sup>1</sup> from the consequences of a decision they are involved in making.
- **Non-financial professional interests:**  
Where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or promoting their professional career.
- **Non-financial personal interests:**  
Where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career.
- **Indirect interests:**  
Where an individual has a close association<sup>1</sup> with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making.

**COUNCIL OF GOVERNORRS**

**Minutes of the Meeting held on Thursday 14 August 2025**  
**Trust Conference Room, Warrington Hospital and MS Teams**

<b>Present</b>	
Steve McGuirk (SMcG)	Chair
Julie Jarman (JJ)	Non-Executive Director
Cliff Richards (CR)	Non-Executive Director
John Somers (JS)	Non-Executive Director
Nikhil Khashu (NK)	Chief Executive
Sue Fitzpatrick (SF)	Public Governor, Lead Governor
Diane Nield (DN)	Public Governor, Deputy Lead Governor
Nigel Richardson (NR)	Public Governor
Anne Robinson (AR)	Public Governor
Margaret Bamforth (MB)	Public Governor
Colin Jenkins (CJ)	Public Governor
Linda Mills (LM)	Public Governor
Jack Roper (JR)	Public Governor
Alan Davies (AD)	Public Governor
Paula Jones (PJ)	Public Governor
Catherine Ardern (CA)	Public Governor
Gemma Leach (GL)	Staff Governor
Maureen McLaughlin (MM)	Partner Governor
<b>In Attendance</b>	
Kate Henry (KH)	Director of Communications and Engagement
John Culshaw (JC)	Company Secretary
Stephen Bennett (SB)	Head of Strategy & Partnerships
Liz Walker	Secretary to Trust Board ( <b>minutes</b> )
<b>Apologies</b>	
Mike O'Connor (MOC)	Non-Executive Director
Jayne Downey (JD)	Non-Executive Director
Carol Ann Kelly (CAK)	Public Governor
Colin McKenzie	Public Governor

<b>AGENDA REF</b>	<b>AGENDA ITEM</b>
<b>COG/25/08/23</b>	<p><b>Welcome, Introduction, Apologies and Declarations of Interest</b></p> <p>The Chair welcomed those in attendance to the meeting, remarking that hybrid participation was working reasonably well. Apologies were noted as above.</p> <p>The Chair noted that before moving onto agenda items that NK would provide an update on system/finance and an integration update from SB. It was noted</p>

	<p>the agenda was paper heavy and that while papers would be taken as read, governors should not feel pressured if they had not had chance to review all items.</p> <p>It was noted the meeting would be recorded for the purpose of accuracy of the minutes, and no objections were expressed in relation to this.</p> <p>No declarations of interest were noted.</p>
<b>COG/25/08/24</b>	<p><b>Minutes and Action Log of meetings held on 15 May 2025</b></p> <p>The minutes were accepted as an accurate record and approved.</p> <p>In relation to the action log, the Chair queried the use of “ongoing” against a number of actions and this needed to change to provide clarity of when an action is required to completed.</p> <p>Action COG/25/02/81 from 20.02.25 is to be closed off and DM to provide the information requested, certainly prior to the next meeting.</p> <p><b>The Council of Governors approved the minutes of the meeting held 15 May 2025.</b></p>
<b>COG/25/08/25</b>	<p><b>Matters Arising</b> <b>There were no matters arising.</b></p>
<b>GOVERNOR BUSINESS</b>	
<b>COG/25/08/26</b>	<p><b>Chairs Update</b></p> <p>The Chair invited SB to provide an update in relation to the Strategic Case for Integration and it was noted this had been completed and approved by both WHH and BCH boards, with the case for accelerating the transaction also endorsed; the proposed target transaction date is 1 April 2026, described as ambitious but shared as a collective commitment. The local ICB has signalled support; NHS England will review the Strategic Case and is adding capacity to give early feedback on areas that need to be strengthened.</p> <p>SB noted a scheduled conversation with NHS England for the following day and would provide feedback to the next governors’ meeting. In parallel, work on the FBC is underway and due diligence has commenced, with independent external advisers engaged to test operational processes and reporting, surface risks that might crystallise from the transaction, and enable both boards to sign a Board Certification checking assurance against a defined checklist.</p> <p>SB emphasised that, given the accelerated plan, the pre-transaction focus would be on the core “transaction” essentials to keep the organisations safe at day one, with broader transformation to follow post-transaction. It was noted that liabilities would transfer on acquisition (including clinical risk and active litigation), emphasising why robust due diligence matters; governors’ statutory</p>

role is to be assured that due diligence has been done appropriately.

The Chair proposed a governors’ assurance session on the strategic case, due diligence and Board assurance statement, ideally before January (possibly late December), as a dedicated walkthrough to support governor assurance.

It was noted that a number of committees had been established as “**committees-in-common**”, noting the paperwork burden on executives and asking regulators and boards to accept briefer papers or occasional oral reports to protect delivery capacity during the integration year.

In addition, as part of the Chair’s update NK also added further clarity in relation to national and regional operating context; specifically in relation to urgent and emergency care and elective performance, and described this as a sharper national “tempo” under new leadership, including weekly ranking outputs and segmentation that inform support/regulatory posture; WHH has been provisionally placed in Segment 4 (“high risk”), though NK stressed the practical difference between segments three and four feels limited operationally. On UEC, the Trust had been notified it is in Tier 1 support (significant risk) and receives regular intensive meetings focused on the four priority UEC metrics (criteria to reside, 12-hour waits, timeliness of triage and ambulance handovers). whilst also confirming Tier 2 oversight on elective performance for RTT and long waits. This was linked to place-level pressures and the need to manage “no criteria to reside” delays collaboratively.

MM briefed that local authority “envoys” had just started in August and she expected to meet them in September; an “improvement adviser” was also working with social care. She cited a current discharge-related friction point in Warrington with an online pharmaceutical/prescribing system not functioning as intended, causing prescription issues and delays, however this was a small piece of a much larger whole. The Chair proposed a system-wide leadership conversation that brings together the hospital, local authority (including the Leader), envoys and primary care into a single, practical forum—noting that leaders had not been in the same room “for literally years.”

MM agreed the Warrington Together Partnership Board and the Health & Wellbeing Board are the existing routes, but was open to co-designing a focused session on these specific pressures; she also raised inconsistent ambulance conveyance protocols across boundaries, observing that standardisation would likely reduce avoidable ED attendances

NK and SMcG then highlighted the wave of external scrutiny (“new sheriffs in town”) from NHS England (national & regional), PwC and the ICB, against a backdrop of leadership churn at system level. They set out the scale of the financial challenge across Cheshire & Merseyside, citing in-year pressures (c. £178m) and an underlying deficit approaching £600m, with workforce growth during COVID outpacing productivity now that COVID funding has gone.

They discussed the political and public realities of reconfiguration, including the concentration of multiple hospitals in Liverpool and the likely need for

	<p>consolidation and clinically justified change balanced against electoral cycles and community concerns; timing, evidence and a credible 5–10 year plan were presented as essential to having any serious dialogue with the public.</p> <p>The Chair underlined that, while boards must protect patient care first, difficult decisions are inevitable and must be clinically justified and evidence-based to withstand scrutiny.</p> <p><b>The Council of Governors;</b></p> <ol style="list-style-type: none"> <li><b>1. Noted the update.</b></li> <li><b>2. The Chair and MM to progress a joint system session via appropriate place governance, with a focus on right-to-reside, discharge flow, and ambulance pathways and to ensure envoys are included.</b></li> <li><b>3. SB to report back on NHSE review points at the next meeting</b></li> </ol>
<p><b>COG/25/08/27</b></p>	<p><b>Bi-monthly Strategy Highlight Report</b></p> <p>It was noted that most the of the update had been provided earlier in the meeting, however in relation to Living Well etc., MM urged that prevention had not been mentioned and should be integral to thinking; SB agreed and connected this to the Trust’s Living Well work.</p> <p>SB reported that the programme had been shortlisted for a national HSJ award, reflecting five years of place-based collaboration and aligning with the new 10-year plan’s neighbourhood health focus. A parallel project in Runcorn was progressing strongly and it was noted the planned opening of the PMR and CT scanner at Runcorn.</p> <p><b>The Council of Governors noted the update.</b></p>
<p><b>COG/25/08/28</b></p>	<p><b>Non-Executive Director Assurance Highlights from Committees</b></p> <p><b>Quality Assurance Committee</b></p> <p>CR reported heightened concern after a national mortality notification and a deep-dive that revealed fractured neck of femur standards were significantly off benchmark in June: only 11.76% of cases met full best-practice, with 20.59% operated within 36 hours. CR described the issues as being across theatre capacity and scheduling, culture and compliance, outlier placement, and patient flow.</p> <p>The team was increasing monthly oversight, with presentations mandated and a clear expectation that theatres adopt consistent safety and flow practices; industrial action and a theatre redevelopment are compounding factors. CR also described progress on the WHO surgical safety checklist audit after a MIAA review found gaps: audits are now being undertaken. It was noted that NED and observer drop-ins occur regularly, and there has been firm management of non-compliance up to and including asking individual surgeons to leave where behaviour had not improved and therefore deemed as unacceptable.</p> <p>It was noted that monthly reporting on this topic would be presented to the Quality Assurance Committee, until such time that assurance had been received that things were working much better.</p>

**Strategic People Committee in Common**

JJ highlighted the sensitivity of running an accelerated integration while reducing staff numbers in corporate teams, praising HR/OD for professionalism under pressure and asked that communication remains clear to avoid be perceived incorrectly.

JJ noted the distinguish between safe staffing vs. quality of experience, and that corridor waits exemplify quality pressure even where safety is controlled.

JJ also referenced a successful pilot delivering improved sickness, retention and turnover outcomes, but said rollout was constrained by resources; and there was an opportunity to apply for an NHS Charities Together workforce grant to bridge funding It was noted that staff had been copying in MPs and senior staff when issues were being flagged and asked for continued board backing to keep clinical care at the centre while navigating finances.

**Finance, Sustainability & Performance Committee in Common**

JS noted the main areas of concern discussed in the Committee with the main area being that of a £33.5m CIP plan this year, with c.£21.5m internally assured (~5%) and £12m “system stretch” not currently supported by specific, deliverable schemes.

He warned of cash/liquidity risk under national rules that withdraw support if plans aren’t hit, forcing short-term mitigations such as slower supplier payments.

In relation to performance, he echoed the productivity gap (more resource than pre-COVID but lower output) and stressed the need for partnership solutions, as fragmentation across primary care, social care and ambulance conveyance keeps avoidable demand at WHH’s front door.

The Chair probed whether “system stretch” assumed whole-system initiatives (e.g., pathology collaboration). It was confirmed WHH accepted an elevated target to make the system plan balance, but there are no tangible, agreed system schemes yet, and double-counting risks exist if internal efficiencies are rebadged as system savings.

The Chair added that legacy costs from new builds elsewhere (e.g., St Helens/Knowsley, Liverpool) appear to have been placed into a common pot and apportioned across all trusts, raising equity and mechanism questions; in the absence of guidance, WHH has parked the £12m in month 12 as a placeholder while seeking a practical delivery mechanism with partners.

It was noted that regulators (incl. PwC) now expect executive-level precision from NEDs on finance and delivery trajectories; extensive work is underway to mature the pipeline and close the gap.

**The Council of Governors noted the updates from Committee Chairs.**

COG/25/08/29

**Items requested by Governors – Questions**

	<p>It was noted that most of the questions raised by governors had been answered in the first part of the meeting.</p> <p>There was a specific question where reported cases of patients who had waited for 12–18 months with no form of correspondence after diagnostics (e.g., sleep apnoea results difficult to summarise, letters not reaching GPs due to dictation/typing backlogs).</p> <p>CR acknowledged the need for clearer processes and automation, citing the scale of ~302,000 follow-ups and the role for PIFU (patient-initiated follow-up) to empower escalation when conditions worsen.</p> <p>This was linked to an existing action on the Quality Assurance Committee action log and would work with Dan Moore and Zoe Harris to review patient communication processes, including proactive “you are still on the list” updates and prompts to contact the service if symptoms change.</p> <p>The group also noted historic dictation/typing bottlenecks and the prior trial of voice recognition, which may need to be reconsidered with modern AI and this would be revisited to look at best options. In order to reduce the typing backlog.</p> <p><b>The Council of Governors;</b></p> <ol style="list-style-type: none"> <li><b>1. Noted the response to the questions raised</b></li> <li><b>2. Agreed that an action be added to the QAC action log and feedback at the next CoG meeting in November.</b></li> </ol>
<p><b>COG/25/08/30</b></p>	<p><b>Lead Governor Update</b></p> <p>Governor observation reports were praised, in particular how NED challenges were being captured and this would be useful for wider learning. Differences between WHH and BCH reports were highlighted by DN and others and it would be important going forward, particularly once integration takes place that all reports are produced in a similar way and format.</p> <p><b>The Council of Governors noted the update.</b></p>
<p><b>COG/25/08/31</b></p>	<p><b>Governor Engagement Group (GEG) Chairs Report from meeting held on 7 August 2025</b></p> <p>DN advised the GEG meeting had been well attending with a number of BCH Governors in attendance. The meeting had been held at the Living Well Hub in Warrington and this had also included a tour of the facilities.</p> <p>Terms of Reference had been discussed at the meeting to agree on the Governor Engagement Group in Common, which had been approved with minor edits</p> <p>A QR code based sign up t had been produced in order to help to recruit public members to the Trust. The Governor handbook had also been refreshed, nothing major, and DN and SF would work with the comms team to produce a slide deck to be used in schools to see if this would help attract younger</p>

	<p>members, and there would be a session held at Lymm High School.</p> <p>It was noted the members newsletter had improved significantly and now had 44% open rate. There had been 21 new Experts by Experience recruited. A question was raised in relation to staff and NEDs accessing the newsletter and this would be considered and see the best way of doing this, as currently it only goes out to public members.</p> <p><b>The Council of Governors;</b></p> <ol style="list-style-type: none"> <li><b>1. Noted the update.</b></li> <li><b>2. KH to look into how best communicate the newsletter to staff and NEDs.</b></li> </ol>
<b>COG/25/08/32</b>	<p><b>Communications &amp; Engagement Update Report</b> The report was taken as read and noted.</p>
<b>COG/25/08/33</b>	<p><b>Membership Strategy Q1 Progress Report</b> The report was taken as read and noted.</p>
<b>Governance</b>	
<b>COG/25/08/34</b>	<p><b>Annual Report and Accounts</b> JS noted the Annual Report and Accounts had been laid before parliament and was now published on the website.</p> <p>The Annual Members Meeting will take place on 1 October 2025 at Halton, directly after Trust Board.</p> <p>Very soon there will need to be a Governor Nomination and Remuneration Committee meeting to agree the selection process for the recruitment of the new Chair to the Trust. This will likely be end of October.</p> <p><b>The Council of Governors noted the update.</b></p>
<b>COG/25/08/35</b>	<p><b>Fit and Proper Persons Test – Annual Report on Board Members</b> The report was taken as read and noted.</p>
<b>COG/25/08/36</b>	<p><b>Governor Engagement Group in Common</b></p> <p><i>Terms of Reference</i> The TORs were supported and approved.</p> <p><i>Cycle of Business</i> The CoB was supported and approved.</p> <p><b>The Council of Governors supported and approved the Terms of Reference and Cycle of Business for the Governor Engagement Group in Common.</b></p>
<b>CLOSING</b>	
<b>COG/25/08/37</b>	<p><b>Review of the Meeting</b></p> <p>The Chair closed the meeting by reaffirming the agenda redesign and the front</p>

	loading discussion at the beginning of the meeting in order to provide assurance to the governors. It was also asked that governors try to take the time to attend Trust Board Part 1 and also to get involved in the NED/Execs walk around prior to commencement of Trust Board, as everyone was welcome to attend.
<b>COG/25/08/38</b>	<b>Any Other Business</b> The was no further business raised. <b>The meeting closed at 5.00pm.</b>
<b>Next Meeting Thursday XXX 2025, Trust Conference Room Warrington</b>	

<b>ITEMS TO NOTE (see Supplementary Pack)</b>	
<b>COG/ 25/08/39-43</b>	<b>COG/25/08/39 Chief Executive’s Report – 6 August 2025</b> <b>COG/25/08/40 Quality Account 2024/25</b> <b>COG/25/08/41 WRES &amp; WDES</b> <b>COG/25/08/42 People Strategy Bi-Annual Update</b> <b>COG/25/08/43 Learning from Experience Update Q5</b>

**Signed: Steve McGurik**

**Date: 13 November 2025**

**COUNCIL OF GOVERNORS ACTION LOG**

<b>AGENDA REFERENCE</b>	COG/25/11/45i	<b>SUBJECT:</b>	COUNCIL OF GOVERNORS ACTION LOG	<b>DATE OF MEETING</b>	13 November 2025
-------------------------	---------------	-----------------	---------------------------------	------------------------	------------------

**1. ACTIONS ON AGENDA**

Minute ref	Meeting date	Item	Action	Owner	Due Date	Date Completed	Progress report	RAG Status
COG/25/02/81	20.02.25	Lead Governor Update	Elective Orthoptics CSTM facility Governors asked for some further assurance on bed utilisation. It was agreed DM would provide some further data on utilisation of the new CSTM facilities.	DM	August 2025		ongoing	
COG/25/02/83	20.02.25	Governor Questions Question 5	Further assurance to be provided to Governors on communication with patients on waiting list.	CR	August 2025		ongoing	

**2. ROLLING TRACKER OF OUTSTANDING ACTIONS**

Minute ref	Meeting date	Item	Action	Owner	Due Date	Date Completed	Progress report	RAG Status

**3. ACTIONS CLOSED SINCE LAST MEETING**

Minute ref	Meeting date	Item	Action	Owner	Due Date	Completed date	Progress report	RAG Status
COG/23/11/66	09.11.23	Items requested by Governors - Questions	Observational visit to be organised for Governors to follow a typical patient	Emma Painter &	TBA		Given the current ED pressures this is on hold, to be reviewed once einter	

			pathway through ED.	Patient Experience			pressures have decreased  Gina picking up as a future site tour – liaising with clinical teams on suitability of timing	
<b>COG/25/08/31</b>	14.08.25	Governor Engagement Group (GEG) Chairs Report from meeting held on 7 August 2025	to look into how best communicate the newsletter to staff and NEDs.	KH	Sept 2025	29.08.25	Link to Members newsletter is now included in The Week – Friday 29 <sup>th</sup> August for Staff Members to access.	

**RAG Key**

	Action overdue or no update provided		Update provided but action incomplete		Update provided and action complete
--	--------------------------------------	--	---------------------------------------	--	-------------------------------------

**COUNCIL OF GOVERNORS**

<b>AGENDA REFERENCE:</b>	<b>COG/25/11/48</b>			
<b>SUBJECT:</b>	<b>Integration – Transaction and communications and engagement</b>			
<b>DATE OF MEETING:</b>	13 November 2025			
<b>ACTION REQUIRED:</b>	<b>To note</b>			
<b>AUTHOR(S):</b>	Lucy Gardner, Chief Strategy & Partnerships Officer Lefteris Zabatis, Senior Strategic Project Manager Stephen Bennett, Head of Strategy & Partnerships			
<b>EXECUTIVE DIRECTOR SPONSOR:</b>	Lucy Gardner, Chief Strategy & Partnerships Officer			
<b>LINK TO STRATEGIC OBJECTIVE</b>	SO1: We will ... Always put our patients first delivering safe and effective care and an excellent patient experience.			
<b>EQUALITY CONSIDERATIONS: (Please select as appropriate)</b>	Please indicate who is impacted by the equality considerations:	<b>Patients</b> ✓	<b>Workforce</b> ✓	<b>Public</b> ✓
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	<b>Yes</b>	<b>No</b>	<b>N/A</b> ✓
	Further Information / Comments: A full EQIA has been completed for the integration programme.			
<b>EXECUTIVE SUMMARY:</b>	The attached presentation provides an update on the integration of WHH and BCH, particularly focussed on the transaction requirements and communications and engagement.			
<b>PURPOSE: (please select as appropriate)</b>	<b>Approval</b>	<b>To note</b> ✓	<b>Decision</b>	
<b>RECOMMENDATION:</b>				
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	Quality Assurance Committee		
	<b>Agenda Ref.</b>	QAC/25/11/195		
	<b>Date of meeting</b>	11 November		
	<b>Summary of Outcome</b>			
<b>NEXT STEPS:</b>	Submit to Trust Board			
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Whole FOIA Exemption			
<b>FOIA EXEMPTIONS</b>	Section 22 - information intended for future publication			

**APPLIED:**  
*(if relevant)*



**North Cheshire and Mersey  
Healthcare Partnership**

Integrating Bridgewater Community Healthcare  
and Warrington and Halton Teaching Hospitals

# **Better Care Together Transaction update and engagement**

**Council of Governors, November 2025**

**Lucy Gardner, Chief Strategy and Partnerships Officer**

**Better Care Together**

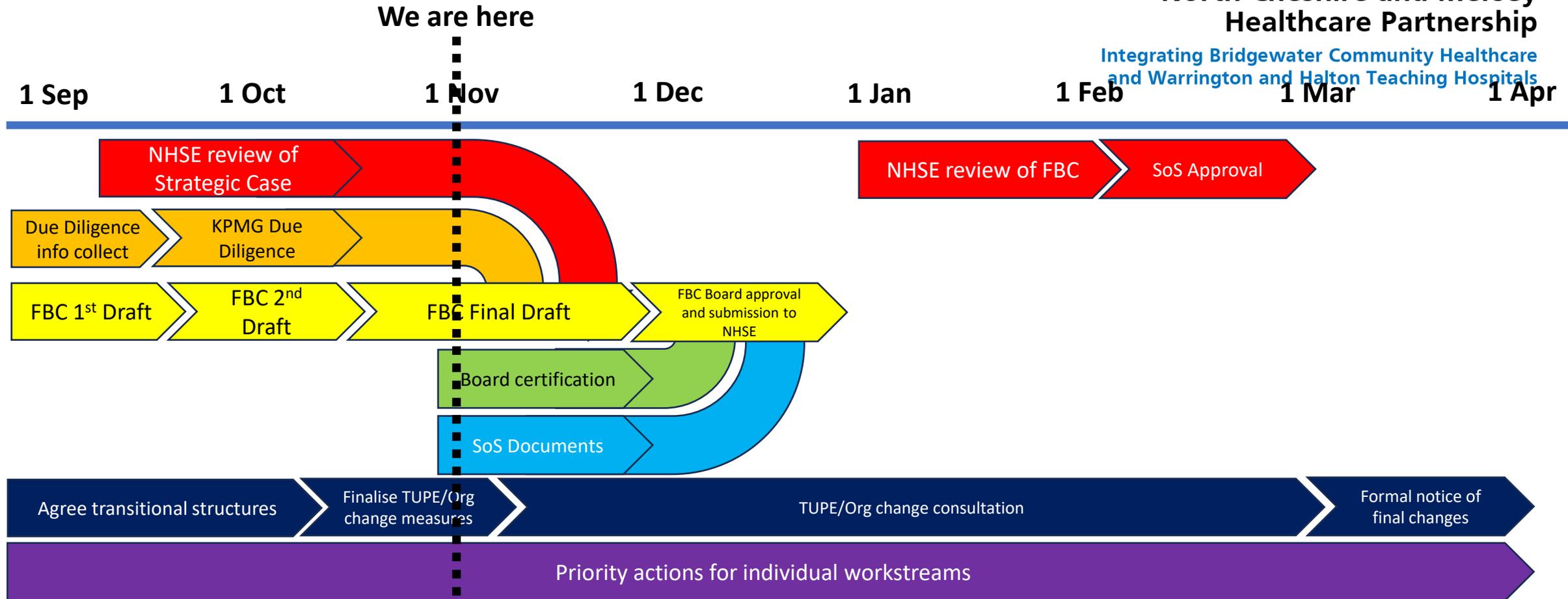
Home · Community · Hospital

# Programme Critical Path



North Cheshire and Mersey  
Healthcare Partnership

Integrating Bridgewater Community Healthcare  
and Warrington and Halton Teaching Hospitals



**Better Care Together**

Home · Community · Hospital

# Key documents required for transaction

Document	Purpose	Input by WHH Board	Input by BCH Board	To WHH Board for approval	To BCH Board for approval	NHSE Submission
<b>FBC</b>	A formal document setting out the detailed case for integration which: -demonstrates how the transaction will be executed -outlines the benefits and how they will be delivered -identifies key risks -details the resources and processes in place to ensure both a safe landing of the transaction and the achievement of the intended benefits.	05/11/2025	06/11/2025	03/12/2025	04/12/2025	05/12/2025
<b>Board certification</b>	All Trusts undertaking material and significant transactions must complete a Board Certification as part of the transaction review process. It is submitted to NHSE alongside the FBC, to demonstrate the Board's confidence that the requirements of the transaction guidance have been met.	05/11/2025	06/11/2025	03/12/2025	04/12/2025	05/12/2025
<b>Due Diligence</b>	To identify areas of risk so that we can decide if we should proceed with the transaction and if so, what action to take to mitigate the risks as part of our integration planning.	05/11/2025	06/11/2025	03/12/2025	04/12/2025	05/12/2025
<b>Post Transaction Integration Plan</b>	The PTIP is a roadmap that describes the process of integrating the 2 Trusts, from their current state to the integrated single Trust post-transaction. A "live" document that shows how the Trusts will achieve a safe transition but also continue to integrate and deliver the intended benefits. It focuses on aligning culture, integrating systems, and combining operations.	03/12/2025	04/12/2025	03/12/2025	04/12/2025	05/12/2025
<b>Secretary of State for Health and Social Care (SoS) documents</b>	These are documents that demonstrate how the transaction meets the four duties summarised on slide 20.	03/12/2025	04/12/2025	03/12/2025	04/12/2025	05/12/2025

# Full Business Case summary

## Purpose

- Comprehensive assessment of the proposed integration between WHH and BCH, covering 19 chapters on key areas including strategy, quality, workforce, finance, estates, digital, and risk management.
- Developed in line with NHSE guidance and informed by best practice from other NHS transactions.
- Authored by Better Care Together team, senior Trust staff and programme workstream SMEs to ensure alignment with operational and strategic priorities.

## Review & Governance

- Reviewed by workstream SROs for completeness and assurance.
- Being presented for feedback in November to:
  - Quality Assurance Committees (both Trusts)
  - Finance Committee (In Common)
  - People Committee (In Common)

## Next Steps

- Will be updated to reflect NHSE feedback, due diligence findings, outstanding actions as detailed in Board report and Boards' feedback.
- Will be presented to both Boards for final approval ahead of submission to NHSE in December 2025

# Full Business Case summary (Ch. 1-5)

## Chapter 1 - Foreword

## Chapter 2 – Executive summary

## Chapter 3 - Our organisations

WHH and BCH deliver healthcare services covering different parts of clinical pathways to broadly the same population of 340,000 people in Warrington and Halton. Both Trusts have underlying financial deficits and challenges relating to growing demand. From the recent NHS oversight framework data, WHH has been placed in segment 4 of 5 in terms of overall performance and support needs with BCH in segment 3.

## Chapter 4 - Background and history to the planned integration

The work to explore the integration of WHH and BCH dates back to 2018 and in February 2020, both Trusts formally communicated their intent to integrate to NHS England. Within weeks of that decision, the COVID-19 outbreak impacted and discussions around integration ceased while both providers focused on the requirements of maintaining their own services through the pandemic. Five years on, and all of the reasons why integrating the two partner organisations made sense in 2020 still apply. Therefore, the plans to bring together the two organisations have been reinvigorated and accelerated, supported by the ICB.

## Chapter 5 - Strategic rationale

The strategic case for integration is clear. The combined organisation will address health inequalities, strengthen clinical sustainability, enhance patient experience and improve financial performance.

The growing demand for services, an ageing population, and system-wide inefficiencies require unified leadership and delivery. Integration will deliver a single, resilient healthcare organisation capable of meeting both current and future population health needs. Strategic direction locally, regionally and nationally (NHS Ten-Year Plan) focusses on a 'left shift' of care out of hospital into community

# Full Business Case summary (Ch. 6-8)

and from ill-health to prevention as a way to manage future demand. The integration of WHH and BCH creates the perfect platform to make the required transformation of services happen.

## Chapter 6 - Options appraisal

Following a robust appraisal process, the acquisition of BCH by WHH was approved as the most suitable legal mechanism for integration. Acquisition of BCH was selected due to its lower risk, value for money, and ability to deliver greater patient and staff benefits sooner.

## Chapter 7 - Programme delivery and programme management

We have established a detailed and wide-reaching programme of work to drive delivery and governance of the integration. The programme is entitled 'Better Care Together' and consists of ten workstreams, each with exec-level leadership and programme support. The programme has been split into three phases: Phase 1 focusses on completing the legal transaction and setting up the critical infrastructure to ensure day one (1 April 2026) delivery and commence the integration of leadership, corporate services and some clinical support functions. Phase two (April 26 to Mar 27) focusses on embedding initial infrastructure changes and driving early benefits whilst commencing work on the longer-term clinical integration and priority services. Phase three (Apr 27 onwards) will see the transformation of remaining clinical services and the shift towards a new model of care.

## Chapter 8 - Vision and strategies for integrated trust

Our vision for integration is to create a new single organisation which is greater than the sum of its parts, anchored with a core principle of '**Home first, community next and only then hospital**'. Throughout the initial phases of the programme, we will develop a series of formal and connected strategy documents to help define our future clinical and operational model and describe how that model will meet the needs of our local populations.

# Full Business Case summary (Ch. 9-11)



North Cheshire and Mersey  
Healthcare Partnership  
Integrating Bridgewater Community Healthcare  
and Warrington and Halton Teaching Hospitals

## Chapter 9 - Organisation design

Plans are in place for a single Board to lead the organisation, supported by elected governors and underpinned by a renewed constitution. Board committee structures and quality and financial governance structures are detailed within the FBC to ensure robust governance from day 1.

Draft transitional structures for all teams, clinical and corporate, have been developed for consultation, which will commence in November.

## Chapter 10 - Clinical model

The future clinical model of the integrated organisation will be shaped in line with national and local strategic direction and developed in collaboration with local and regional partners. It will be clearly defined in a new clinical strategy to be published by the end of 2026. The clinical model will build on strong foundations of collaboration between the two organisations and a commitment to transforming clinical pathways and promoting localised, data-led health and wellbeing care. Seven clinical priorities have been identified from initial engagement. These will form the basis of the initial integration work focussed on clinical service redesign. The service level clinical strategy and transformation will align to the core principle of **'Home first, community next and only then hospital'**.

## Chapter 11 - Corporate support functions

The most significant financial improvement opportunity that can be unlocked through integration is linked to corporate services where national benchmarking clearly demonstrates short-term benefits can be delivered through improved economies of scale. Our corporate services will come together from day 1 and draft transitional structures have been developed for consultation. Corporate teams have been working closely together, starting to align internal processes and streamline activities to make the transition as smooth as possible from day one.

# Full Business Case summary (Ch. 12-14)

## Chapter 12 - Expected benefits and quality impact

There are a number of key areas that together, summarise the benefits of the integration to our patients and communities; a fundamental shift in care - Home first, community next and hospital only when needed, data-led local approaches to service design and delivery, streamlined clinical pathways, removal of organisational barriers, better use of resources, strengthening fragile services, and enhanced public and patient involvement.

## Chapter 13 - Financial case

The combined planned deficit for the two organisations for 25/26 prior to in year savings and deficit support funding stood at £72m. This is reflective of a position that has been worsening year on year partly in response to growing demand and a need to increase capacity to meet it. The integration programme presents financial improvement opportunities totalling at least £28m and is therefore a fundamental part of the journey towards longer-term financial sustainability. The estimated costs of the integration stand at around £1.1m, demonstrating the value in bringing the organisations together and the urgency to make this happen as quickly as possible.

## Chapter 14 – Inequalities

Warrington and Halton have high levels of inequality across the populations, including significant variation in life expectancy and healthy life expectancy within Borough.

By aligning community and acute services, the new organisation will target the root causes of inequality, deliver prevention-focused care, and strengthen partnerships with local authorities, primary care and the voluntary sector to close health gaps across populations. The integration between WHH and BCH creates opportunities for the development of seamless care pathways across hospital and community settings, with multidisciplinary teams delivering wraparound support closer to home, contributing to the development of neighbourhood health.

# Full Business Case summary (Ch. 15-17)

## Chapter 15 - Communications and engagement

Our new organisation will be known as North Cheshire and Mersey NHS Foundation Trust. We have commenced a large-scale programme of engagement with staff, patients, local stakeholders and the wider public around a number of elements of our approach to the integration and this will set the tone for how we aim to continue over the coming years as we bring the two organisations together. We have support for the integration from our local MPs, C&M ICB, both Local Authorities, GPs, Voluntary sector partners and NHS England.

## Chapter 16 - People strategy

Between us, the two organisations employ over 6,700 staff from over 80 different nationalities. The vast majority of our staff are also Warrington and Halton residents. The success of our integrated Trust is important to them on many levels. Our teams tell us that working closely together has already provided advancements in service delivery and the energy and commitment to take the opportunity to make things better is tangible and a source of optimism. We have already developed a joint culture plan and consulted with staff around our core Trust values that we commit to keeping at the heart of our work as we progress.

## Chapter 17 - Digital strategy

Nationally, the NHS Ten-Year Plan sets out an ambition to shift care away from traditional analogue systems and processes and towards digitally-enabled care. In order to maximise the benefits available to us through the integration, and truly seize the opportunity to transform services, digital services must be central to our ambitions. We have set out a roadmap for the integration of our digital systems, including interoperability of our EPR systems to support our clinical and operational vision. We have already demonstrated the benefits of our integrated use of digital through our new dermatology AI service at Halton Health Hub.

# Full Business Case summary (Ch. 18-19)

## Chapter 18 - Estates strategy

Across both organisations, our staff currently operate from approximately 98 sites across Warrington, Halton, Knowsley, St Helens and Greater Manchester. The quality of the estate varies greatly, creating variation in terms of staff and patient experience and financial efficiency. The development of a new clinical strategy and the evolving move for more services in community creates a platform for a transformational approach to the use of estate. A new estates strategy will be developed to support the organisation's strategic long-term ambition to deliver more care locally and redevelop the acute hospital sites to enable the delivery of modern-day healthcare that meets the growing demands of our local population. The estates strategy will be developed in collaboration with local partners and align to national and regional estates priorities.

## Chapter 19 – Risks

The Better Care Together programme captures and records a number of programme-related risks and alongside this, appropriate due diligence has helped us to improve visibility of some of the key risks, issues and challenges associated with the acquisition. We have clarity around the most significant risks, and we have plans in place to mitigate and manage these as we progress through each phase of the integration programme.

## Chapter 20 – Conclusion

The integration of BCH and WHH is essential to enable us to provide the seamless care our growing populations need and deserve. Joining together to form a single organisation allows us to deliver the left shift of care described in the NHS 10 year plan, as well as ensuring our services are clinically and financially sustainable for the future. Put simply we will provide Better Care Together, for our patients, our staff and our partners and communities.

# Due Diligence overview

## Purpose

- It is important that the acquiring organisation has conducted appropriate due diligence to understand the risks within the organisation being acquired so mitigating actions can be put in place
- NHS England requires comprehensive due diligence (DD) for all Trust integrations
- DD focused on BCH as the Trust being acquired

## Scope of Assessment

- DD areas: Legal, Clinical & Operational, Finance, Estates, Digital, Workforce, Commercial, Pensions, Health & Safety
- A total of 347 lines across the above areas were reviewed
- Independent external reviews:
  - KPMG – Clinical & operational, Estates, Finance, Commercial, Digital
  - Hill Dickinson – Legal and contractual
- Internal Trust experts reviewed 3 areas; Workforce, pensions and health and safety
- 144 risks identified

## Status & Next Steps

- DD findings are being reviewed with Workstream SROs to agree mitigating actions.

# Board certification

## Purpose

- Required by NHSE for all material and significant transactions.
- Submitted alongside the Full Business Case (FBC) to demonstrate the Board's confidence that all NHSE transaction requirements have been met and the Board is satisfied to proceed with the transaction.

## Scope of Assessment

- Covers 4 assurance domains and 41 questions, providing comprehensive scrutiny and alignment with national best practice:
  - **General** – Governance, compliance, and strategic alignment.
  - **Quality & Patient Benefits** – Impact on patient care, service quality, and benefit delivery.
  - **Integration Delivery** – Workforce, estates, digital, and operational readiness.
  - **Finance** – Affordability, sustainability, and financial assurance.
- Drafted by the Programme Delivery Team, informed by responses from workstream Senior Responsible Officers (SROs).
- Ensures an evidence-based and collaborative approach reflecting expertise across the programme.

## Status & Next Steps

- Draft version to be reviewed by both Boards, feedback to be incorporated. To be presented to Boards for approval in December, prior to submission to NHSE

# Board certification

## Governance & Strategic Assurance

### Was a detailed options appraisal conducted?

✓ Yes — multiple options were evaluated; acquisition of BCH by WHH was selected for best value and minimal risk.

### Was partner probity assessed?

✓ Yes — due diligence and governance reviews were completed.

### Was NHS England's transaction guidance followed?

✓ Yes — best practices were applied across governance, risk, and planning.

## Quality & Patient Benefits

### Are there detailed plans for patient benefits?

✓ Yes — integrated care models and improved pathways are planned.

### Was clinical due diligence conducted?

✓ Yes — KPMG supported a thorough review.

### Were quality risks identified and mitigated?

✓ Yes — both pre-existing and transaction-related risks addressed.

### Were senior clinicians involved and supportive?

✓ Yes — no clinical objections to integration plans.

### Are quality governance arrangements robust?

✓ Yes — includes standards monitoring, risk management, and continuous improvement.

# Board certification

## Integration Delivery

**Is there a comprehensive integration plan?**

✓ Yes — includes governance, risk mitigation, and transformation.

**Is there a cultural integration and staff engagement plan?**

✓ Yes — includes workshops, feedback loops, and OD support.

**Are digital integration plans in place?**

✓ Yes — ensures safe transition of systems and data.

**Is there a robust operating model?**

✓ Yes — transitional structure with integrated service pillars.

**Was non-clinical due diligence completed?**

✓ Yes — across estates, finance, legal, workforce, etc.

## Legal & Regulatory Compliance

**Were legal, regulatory, and consultation requirements met?**

✓ Yes — including TUPE, staff engagement, and statutory compliance.

## Finance

**Are financial plans robust and sustainable?**

✓ Yes — Benefits (c£28m) significantly outweigh costs (c£1.1m).

# Post Transaction Integration Plan

## Purpose:

- Provides the roadmap for integration of WHH and BCH following completion of the transaction.
- Ensures a safe transition and continued integration to deliver the full range of intended benefits.

## Key Focus Areas:

- Culture & Values – aligning organisational behaviours and ways of working.
- Systems & Processes – integrating digital, clinical, and corporate functions.
- Operations – combining services to create an efficient and sustainable organisation.
- Governance & Oversight – maintaining patient safety, staff engagement, service quality, and business continuity.

## Status & Next Steps:

- A “live” document, evolving throughout the integration journey.
- Currently in development with programme workstreams.
- To be submitted to December Boards for approval, ensuring alignment with the Full Business Case (FBC), Due Diligence findings, and NHSE assurance requirements.

# Secretary of State documents

## Purpose

- Required by **NHSE** as part of the Transaction Approval process.
- Demonstrates how the new organisation meets the **statutory duties** of the **Secretary of State for Health and Social Care** under the **NHS Act 2006**.
- Provides assurance that the integrated Trust will operate in line with **national legal, ethical, and policy obligations**.

## Key Duties Covered

- **SoS Duties (NHS Act 2006)** – Promoting a comprehensive health service, improving quality, reducing inequalities, and ensuring strong governance.
- **Environmental Principles** – Assessing potential environmental effects of the transaction.
- **Public Sector Equality Duty (PSED)** – Ensuring equality, inclusion, and fairness in line with the Equality Act 2010.
- **Family Test** – Considering the impact of the transaction on families, patients, and staff wellbeing.

## Status & Next Steps

- Documents are in development with input from programme workstreams.
- To be submitted to the December Boards for approval prior to inclusion in the NHSE submission.



**North Cheshire and Mersey  
Healthcare Partnership**

Integrating Bridgewater Community Healthcare  
and Warrington and Halton Teaching Hospitals

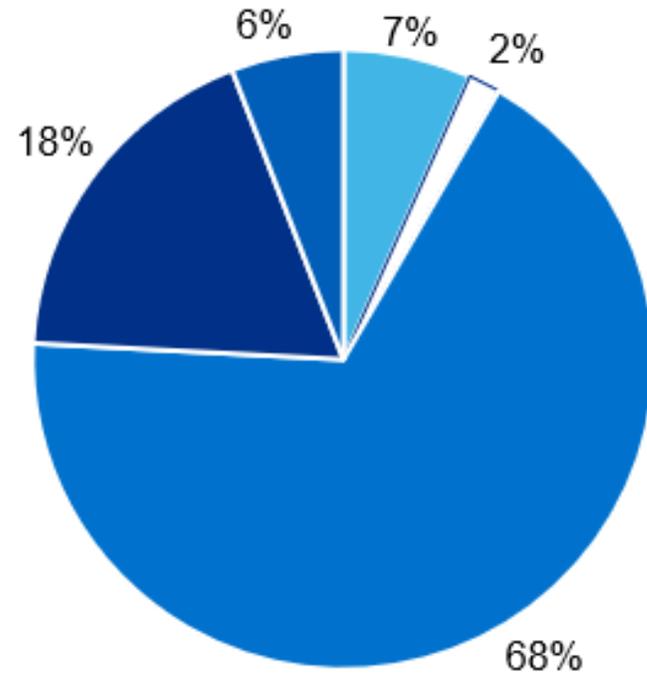
# Communications and engagement

# Overview

Better Care Together Engagement and Communications Log (05/09/2025)

120 entries

## Audience



- Patients / carers / members of the public
- Public / partner governors
- Staff
- Partner / community group
- Other (Clinical Care Advisory Group, ICB updates)

# Delivery (1)

Method of communications / engagement

## Meetings

16% of information shared at meetings i.e.

- Clinical and Operational Services Integration Workstream scoping sessions
- Voluntary, Community, Faith and Social Enterprise (VCFSE) networks
- ICB meetings (e.g. Clinical Care Advisory Board)
- Warrington Together Partnership Board
- One Halton Partnership
- One Halton CVD Steering Group
- Halton Borough Council Senior Management Team
- Warrington and Halton Integration Steering Group

## Topic / theme of information shared

- Scoping sessions – infant feeding and heart failure
- Better Care Together updates
- Integration programme updates (operational)

## Attendees

267 total to date

## Format

- 42% online
- 47% face to face
- 11% hybrid

# Delivery (2)

Method of communications / engagement

## Wider engagement

84% of information shared via email, networks, website updates, staff engagement sessions, Team Brief and events.

## Topic / theme of information shared

- Shared values survey
- Organisational change framework
- Case studies – Copilot AI and AI dermatology service
- Accelerated transaction timeline
- Better Care Together updates
- Staff engagement session updates
- Microsite updates (e.g. FAQs)

## Potential points of contact\*

363,172 total to date

- 91% staff (330,312)
- 2% FT members (8,111)
- 6% public (22,030)
- 1% VCFSE networks (1,806)
- 0.3% Partner organisations / stakeholders (913) - see also 'meetings'

## Format

- 89% online
- 11% face to face

\*'Potential points of contact' = number of communications sent x number of recipients or numbers of individuals attending public events.

# Patient and Public Reference Group (1)

## Remit and purpose

The purpose of the PPRG is to provide a forum for honest and constructive discussions about the partnership between BCH and WHH which aims to bring both organisations together as a single Trust by April 2026, following the acquisition of BCH by WHH

- The PPRG will support the embedding of strong communication and engagement between communities and North Cheshire and Mersey Healthcare Partnership leadership.
- The PPRG will support wider engagement with the communities of Halton, Warrington-and other areas covered by the Trusts, to support development of and feedback on proposals to integrate hospital and community services and develop or change patient facing services.
- The PPRG will represent and provide insight into the communication and engagement needs of the wider communities to ensure information is accessible.
- The PPRG will recommend and deliver initiatives to facilitate effective engagement and involvement between members, patients and the wider public to enable stakeholders' views to be heard.
- PPRG Chair(s) will present key findings, themes, and patient / public perspectives brought to the group to the Better Care Together Integration Programme Delivery Group.

# Patient and Public Reference Group (2)

## Proposed membership

- Healthwatch – Chair(s) (2 reps)
- Voluntary, community, faith and social enterprise sector (VCFSE) (2 reps)
- Public governors (2 reps)
- Lived experience volunteers (2 reps)
- Culture and inclusion representative (1 rep)
- Advocacy representatives for protected characteristics (2 reps)
- Advocacy representatives for communication support (1 rep)
- Carers services (1 rep)
- Local authority councillors – Halton and Warrington (2 reps)

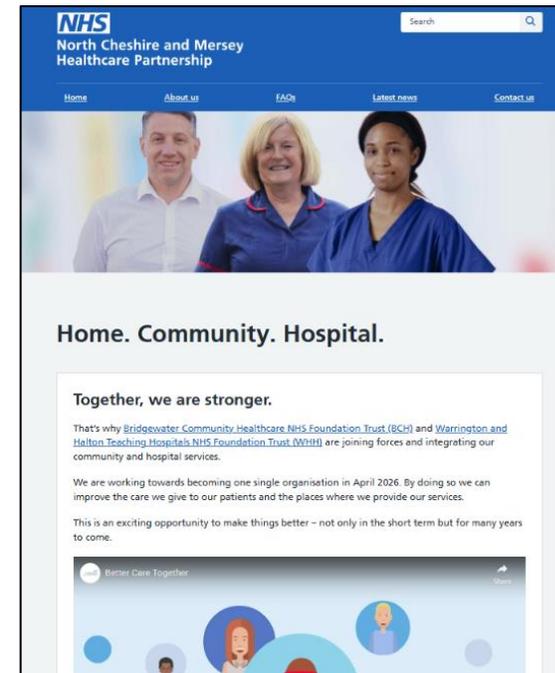
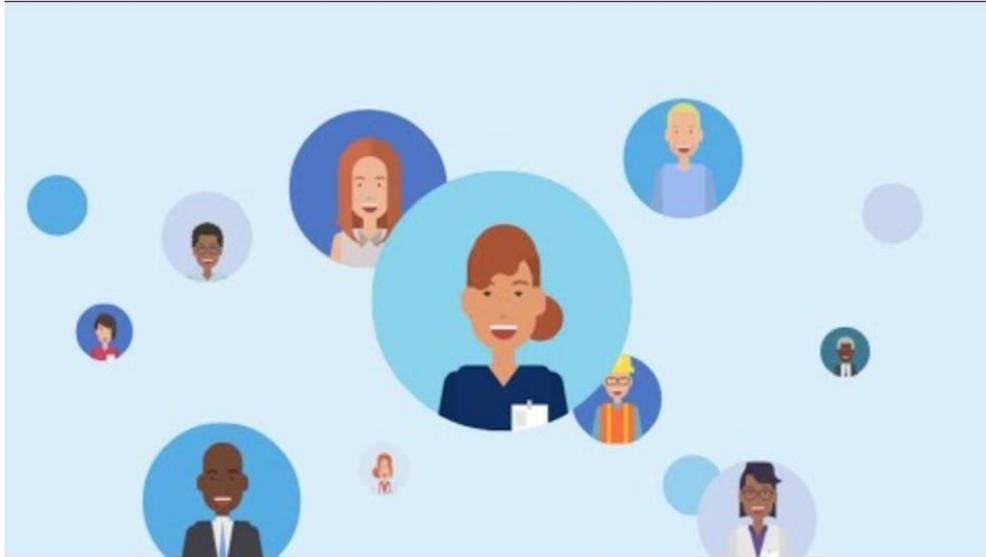
In addition, representatives will be invited to attend specific meetings that may be relevant for them, e.g. when discussing priority pathways such as infant feeding.

## Frequency

The PPRG will initially meet eight times in the twelve months from December 2025, with possible extensions as required / agreed.

# Integration website

A new public-facing website is now live, providing a central place to share information about the integration programme and featuring an introductory animation: [www.northcheshireandmersey.nhs.uk](http://www.northcheshireandmersey.nhs.uk)



Finally, our monthly stakeholder bulletin regularly features integration updates. If you would like to subscribe please email [whh.communications@nhs.net](mailto:whh.communications@nhs.net)

COUNCIL OF GOVERNORS

<b>AGENDA REFERENCE:</b>	COG/25/11/49a (i)
<b>AGENDA ITEM</b>	Committee Observation Report
<b>COMMITTEE MEETING ATTENDED</b>	Finance, Sustainability & Performance Committee in Common
<b>DATE OF MEETING(s):</b>	26 <sup>th</sup> August 2025
<b>GOVERNOR OBSERVER</b>	Sue Fitzpatrick, Lead Governor
<b>GOVERNOR COMMENTS</b>	<p>The papers were available on TeamEngine before the meeting. one paper 'Workforce Assurance Plan' was only added the evening before the meeting and was not read by all attendees.</p> <p>There were a number of NEDs in attendance at the meeting (including chair). The meeting was chaired by Tina Wilkins. There were two governors observing on line.</p> <p>The meeting had a very full agenda with multiple detailed papers. The chair acknowledged there were a lot of agenda items.</p> <p>Apologies were noted, minutes approved with minor amendments, action logs and matters arising reviewed.</p> <p>It is to be noted that the sound system was not working properly and a large amount of the discussion from the start of the meeting until 3pm was inaudible.</p> <p><b>Highlights:</b></p> <p><b><u>Deep Dive –on CIP delivery unit</u></b></p> <p>We were able to view the slides. There were 4 areas reviewed. From the slides I was not clear what the question being asked of the deep dive was. It would have been useful to have an executive summary before the slides.</p> <p>Key Challenge centred on overspend and targets. There is greater oversight by /PWC/ICB/NHSE to set 25/26 plan.</p> <p>There were questions from the NEDS looking at workforce and pay with the view of sharing ideas and best practise. The Triangulation of spend and CIP and ensuring patient safety oversight was discussed.</p> <p>Both organisations are on plan but continuing to work to ensure targets are met. It was felt that we may have to look at level 3 CIP and adjust if necessary, information will continue to be shared. There are still issues because we are still separate organisations but we are working together to try and overcome the challenges.</p> <p>There are a large number of deliverables re CIP and a list will be circulated to those that would like sight of it.</p> <p>The chair suggested that we take that all papers as read and presenters should focus on 1 or 2 key areas for discussion.</p> <p><b><u>Hot Topic – Tiering and Sitrep</u></b></p>

The COO reviewed the challenges. The cost of services and the improvements using AI and different pathways. The committee was asked to note the contents of the report. The chair thought the paper identified the issues. Further updates will come back to FSC.

### **Hot topic Dermatology**

The paper was taken as read regarding dermatology the governance is noted as good it is the deliverability that remains a challenge. Actions are being taken to resolve waiting lists and financial challenges.

### **Rest of the papers**

The agenda items were moved around to accommodate staff having to leave the meeting. This was very confusing to those online who had limited hearing.

All papers were discussed but the chair noted that the top and bottom of papers need to be standardised to aid clarity and understanding.

The NEDs questioned the monthly productivity report. The deliverables were presented but there were some figures queried. Some figures were either errors or require greater explanation of how they were presented. Tables to be revisited tidied up and amended/explained where required.

A lot of information was discussed during the deep dive discussion and not duplicated during the presentations.

A NED queried the BCH finance report because as a standalone report it was very short. It was noted that there was an appendix that should have accompanied the report. It was felt that a short statement could be added that was red, green or amber rated and showed the CIP 3 savings.

It was noted that the ICB interactions with BCH and WHH were the same namely "what can you accelerate".

The workforce development plan is to be circulated and any comments to go back to the author.

Audiology was identified as a hot topic for next month

Deep dive into actions to be taken on the top 3 spends which were all red as reported in Benefits Realisation Q1 update report.

The chair checked if any items were to be escalated to the Board.

**Review of meeting** There were a lot of papers. Due to the poor sound quality and the moving of agenda items I found the meeting confusing. It would have been useful to have executive summaries for all papers and a reminder of the agenda item that was about to be discussed. There was however discussion and challenge by the NEDs. The Chair allowed full discussion the meeting finished on time.

Trust Board: Committee Assurance Report

Agenda Reference	BM/25/10/100c(i)	Meeting	Trust Board	Date Of Meeting	1 October 2025
------------------	------------------	---------	-------------	-----------------	----------------

Date of Meeting	26 August 2025
Name of Meeting & Chair	Finance, Sustainability and Performance Committee in Common, Chaired by Tina Wilkins
Was the meeting quorate?	Yes

The Committee wishes to bring the following matters to the attention of the Board:

Agenda ref	Agenda item	Issue and lead officer	Delivery Assurance	Governance Assurance	Follow up / Review date
FSPCiC/25/ 08/36	<p><b>Deep Dive – CIP</b></p> <ul style="list-style-type: none"> <li><b>Delivery Unit</b></li> <li><b>Delivery Unit</b></li> <li><b>Workforce</b></li> <li><b>Level 3 CIP</b></li> <li><b>Productivity</b></li> </ul>	<p>The Committee in Common received the presentation noting:-</p> <ul style="list-style-type: none"> <li>The functions of the Delivery Unit and key areas of review for both BAU CIP and Level 3 with a focus on delivery and overspending areas.</li> <li>Combined CIP challenge of £27m BAU and £16m level 3</li> <li>Workforce review – Planned Care and CSS achieved CIP at Month 4, Unplanned Care behind plan, there is risk of delivery in the remainder of the year and QIA sign off required all to reach 100% sign off (89% at 21 August).</li> <li>Suggested schemes have been provided by the ICS to deliver the level 3 CIP. ICS to circulate what they are expecting each Trust to deliver, this will be checked to ensure they are in addition to BAU CIP. Involvement across the Trust in ICS work at Nurse and Medical meetings with Finance and HR support.</li> <li>Grip and control checklist to be brought back once completed.</li> <li>Outpatients – DNA remains a challenge for the Trust, new to follow up ratio improving and clinic template work has increased slots by 15%</li> <li>Theatres – improvement in capped utilisation is still in the lower quartile compared to peers. Plan has been achieved in Planned Care; however, overall ERF underperformance has meant that this can't be transacted. Late starts continue to be an issue, the reasons for this are multifactorial and continues to be an area of focus.</li> </ul>	<p>The Committee received <b>moderate</b> assurance based on delivery of the BAU CIP plan</p>	<p>The Committee <b>noted</b> and discussed the report receiving <b>moderate</b> assurance given recurrent plans in place are not delivering to expectations</p>	<p><b>FSPCiC September 2025</b></p>

		<ul style="list-style-type: none"> <li>Non-Elective Length of Stay – There are constraints due to NCTR continue to focus on criteria led discharge, deconditioning and pathway review.</li> </ul>			
<b>FSPCiC/ 25/ 08/37</b>	<b>Hot Topic • Tier 1 &amp; 2</b>	<p>The Committee in Common received the presentation noting:-</p> <p><b>UEC – Tier 1</b></p> <ul style="list-style-type: none"> <li>The Trust has had notification that it will remain in Tier 1 based on 12 hour time in department (June data 111/111) and 4 hour performance (June data 105/134).</li> <li>Programme of work in place via a meeting with the Chief Operating Officer, Chief Nurse and Medical Director to determine reasons for performance and actions to improve.</li> <li>Looking at a model for patients to be seen, triaged and return the next day rather than waiting in A&amp;E overnight reducing breaches.</li> </ul> <p><b>Elective – Tier 2</b></p> <ul style="list-style-type: none"> <li>Tiering based on long waiters, RTT performance against plan and how the Trust is tracking against 52 week waiters. Validation undertaken which has determined that the Trust is to be placed in Tier 2.</li> <li>First Tier 2 meeting to take place in October with quarterly reviews.</li> </ul>	<b>The Committee received no assurance</b>	The Committee received <b>moderate</b> assurance	<b>FSPCiC September 2025</b>
<b>FSPCiC/ 25/ 08/38</b>	<b>Corporate Performance Report</b>	<p>The Committee in Common received the report noting:-</p> <ul style="list-style-type: none"> <li>ED 4 hour performance 67.34%, and remains a concern</li> <li>Percentage of patients waiting over 12 hours remains a challenge</li> <li>DM01 performance achieved the national standard for the fifth consecutive month (96.05%).</li> <li>Cancer performance – 98% 31 day wait consistently achieved, 78.4% 62 day wait continues to be a challenge, 28 day Faster Diagnosis has increased slightly to 74% although is not currently meeting the target.</li> </ul>	The Committee received <b>moderate</b> assurance given some metrics are not achieving	The Committee <b>noted</b> the report and is <b>assured</b> around level of detail reported	<b>FSPCiC September 2025</b>
<b>FSPCiC/ 25/ 08/42</b>	<b>Cash Support Update</b>	<p>The Committee in Common received the report noting:-</p> <ul style="list-style-type: none"> <li>Notification of the September cash application is pending</li> <li>Support for cash support request of up to £8.591m for October which includes the September submission amount in case not approved</li> <li>Support for further mitigation options (using capital funds and non-payment of the September PDC dividend) if required.</li> </ul>	The Committee received <b>moderate</b> assurance due to the Trust financial position and requirement for cash support.	The Committee <b>noted</b> the report, is <b>assured</b> and <b>supported</b> the cash support request and the mitigations	<b>Trust Board September 2025</b>
<b>FSPCiC/</b>	<b>Finance</b>	The Committee in Common received the report noting:-	The Committee	The Committee	<b>FSPCiC</b>

25/ 08/44	Report	<ul style="list-style-type: none"> <li>Month 4 deficit position is on plan at £16m (before deficit support funding (DSF)), after DSF the deficit is £11.4m (£1.5m worse than plan).</li> <li>PwC action log being addressed and responded to, some Trusts to be in intensive support, expected that WHH will also be in this category.</li> <li>Agency is below plan, bank is above plan due to medical vacancies.</li> <li>Risk adjusted forecast excluding DSF has been submitted at a £45.1m deficit compared to a plan of £28.7m. The variance consists of £10.7m level 3 CIP, risk assessed CIP delivery based on PFR percentages of £5.2m and £0.5m PDC dividend increase.</li> </ul>	received <b>moderate</b> assurance recognising achievement of plan to date but risk of overall plan delivery	<b>noted the report and is assured</b>	<b>September 2025</b>
-----------	--------	---	--	--	-----------------------

**Items for noting**

- |                 |   |
|-----------------|---|
| FSPCiC/25/08/40 | Monthly CIP Updates – Month 4   |
| FSPCiC/25/08/41 | Cost Pressures  |
| FSPCiC/25/08/43 | Costing   |
| FSPCiC/25/08/45 | Pay Assurance Report  |
| FSPCiC/25/08/46 | Benefits Realisation Q1 Update  |
| FSPCiC/25/08/47 | Integration Update  |
| FSPCiC/25/08/48 | WHH Revenue Requests (supported for approval by Trust Board)  |
| FSPCiC/25/08/49 | Capital Expenditure and Schemes over £500k – supported and approved the movement in capital contingency |
| FSPCiC/25/08/50 | Monthly Productivity Update   |
| FSPCiC/25/08/51 | Elective Recovery Update  |
| FSPCiC/25/08/52 | Medical Workforce Review Group Q1 Report  |
| FSPCiC/25/08/53 | Reports / minutes from the Delivery Unit  |
| FSPCiC/25/08/54 | EPRR Group minutes  |
| FSPCiC/25/08/55 | Digital Services High Level Briefing and Digital Board Minutes  |
| FSPCiC/25/08/58 | Any Other Business – Winter Plan  |

**Assurance Key:**

**Delivery Assurance:** Assurance in achieving outcomes

**Governance Assurance:** Assurance in the internal controls in place

■	No assurance – could have a significant impact on quality, operational or financial performance;
■	Moderate assurance – potential moderate impact on quality, operational or financial performance
■	Assured – no or minor impact on quality, operational or financial performance

Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

COUNCIL OF GOVERNORS

<b>AGENDA REFERENCE:</b>	COG/25/11/49a (ii)
<b>AGENDA ITEM</b>	<b>Committee Observation Report</b>
<b>COMMITTEE MEETING ATTENDED</b>	<b>Finance, Sustainability &amp; Performance Committee in Common</b>
<b>DATE OF MEETING(s):</b>	22 September 2025
<b>GOVERNOR OBSERVER</b>	Anne Robinson, Public Governor Warrington and Halton
<b>GOVERNOR OBSERVER</b>	<p>Public Governor Anne Robinson observed on-line via MS Teams.</p> <p>The meeting was chaired by John Sommers, Non-Exec Director and well attended by other NEDs and Bridgewater personnel.</p> <p>A detailed Agenda was to be covered with comments from the Chair that there were too many papers.</p> <p>Minutes of the 26/08/25 meeting were reviewed together with the Action Log.</p> <p><b><u>Deep Dive – Delivery Unit.</u></b></p> <p>Presented by Lynne Carter in a clear and well explained manner.</p> <p><b><u>Hot Topic – PwC update and Level3 CIP</u></b></p> <p>Presented by Jane Hurst. Detailed and challenging Q &amp; A session on areas to action (wards and beds).</p> <p>A further 14 areas were fully covered with the meeting closing at 16.30 hours. The Chair’s expectation that the 3½ hours should be enough was excellent!!!</p>

Trust Board: Committee Assurance Report

Agenda Reference	BM/25/10/100c (ii)	Meeting	Trust Board	Date Of Meeting	1 October 2025
------------------	--------------------	---------	-------------	-----------------	----------------

Date of Meeting	22 September 2025
Name of Meeting & Chair	Finance, Sustainability and Performance Committee in Common, Chaired by John Somers
Was the meeting quorate?	Yes

The Committee wishes to bring the following matters to the attention of the Board:

Agenda ref	Agenda item	Issue and lead officer	Delivery Assurance	Governance Assurance	Follow up / Review date
FSPCiC/ 25/ 09/63	Deep Dive –Delivery Unit	<p>The Committee in Common received the presentation noting:-</p> <ul style="list-style-type: none"> <li>Amalgamation of pay and non-pay meetings</li> <li>All schemes now fully developed with improvement in delivery of CIP in 2025/26 compared to 2024/25</li> <li>Non-recurrent vacancies supporting the position will be reviewed to check if can be made recurrent</li> <li>Level 3 CIP schemes under review, risk of double counting as BAU CIP</li> <li>Changes implemented by the Delivery Unit include recovery plans being put in place with Care Groups with escalation to EMT</li> <li>High risk CIP at £6.9m at month 5 (reduction from £8.4m in month 4)</li> </ul>	The Committee received <b>moderate</b> assurance based on delivery of the BAU CIP plan	The Committee <b>noted</b> and discussed the report receiving <b>moderate</b> assurance given recurrent plans in place are not delivering to expectations	FSPCiC October 2025
FSPCiC/ 25/ 09/64	Hot Topic • PwC Update (incl Level 3 CIP)	<p>The Committee in Common received the presentation noting:-</p> <ul style="list-style-type: none"> <li>Level 3 CIP will be led, coordinated and developed at system level and delivered at Trust level</li> <li>Executive discussion on Level 3 CIP including stopping overtime/bank/ agency/WLI/Insourcing/Outsourcing, not opening escalation in winter and closing wards</li> <li>List of schemes also provided by the ICB (£3.6m), review being undertaken to determine if they are achievable, RAG rated red at this stage as robust QIA required to determine if they can go ahead</li> <li>A number of external reviews underway and being responded to including NHSE, ICB and PwC reviews</li> </ul>	The Committee received <b>no</b> assurance	The Committee received <b>moderate</b> assurance given full plans not being in place	Private Trust Board October 2025

		<ul style="list-style-type: none"> <li>PwC letter received of risk stratification, the Trust is classed as high risk</li> </ul>			
<b>FSPCiC/ 25/ 09/66</b>	<b>Corporate Performance Report</b>	<p>The Committee in Common received the report noting:-</p> <ul style="list-style-type: none"> <li>ED 4 hour performance 68%, and remains a concern (114 out of 124)</li> <li>Percentage waiting over 12 hours remains a challenge (111 out of 112)</li> <li>Improvement trajectories required</li> <li>RTT performance 57%, 52 week wait is the biggest challenge, forecast to improve by the end of Q3</li> <li>Strong performance in 62 day and diagnostic performance nationally</li> <li>Cancer performance – 97% 31 day wait consistently achieved, 77% 62 day wait continues to be a challenge, 28 day Faster Diagnosis is 74% and is not currently meeting the target.</li> </ul>	The Committee received <b>moderate</b> assurance given some metrics are not achieving	The Committee <b>noted</b> the report and is <b>assured</b> around level of detail reported	<b>FSPCiC October 2025</b>
<b>FSPCiC/ 25/ 09/67</b>	<b>Monthly CIP Update – Month 5</b>	<p>The Committee in Common received the report noting:-</p> <ul style="list-style-type: none"> <li>£6.7m CIP delivered at month 5 in line with plan, however £2.6m delivered recurrently. FYE of non-recurrent schemes will ensure recurrent delivery.</li> <li>Income performance at month 5 is 95.2% at flex position, therefore, no cash releasing efficiencies have been realised in relation to the elective improvement productivity schemes.</li> <li>All schemes now fully developed however delivery risk remains with £6.9m in high risk (£8.4m in month 4).</li> </ul>	The Committee received <b>moderate</b> assurance based on delivery of the BAU CIP plan	The Committee <b>noted</b> and discussed the report receiving <b>moderate</b> assurance given recurrent plans in place are not delivering to expectations	<b>FSPCiC October 2025</b>
<b>FSPCiC/ 25/ 09/69</b>	<b>Finance Report</b>	<p>The Committee in Common received the report noting:-</p> <ul style="list-style-type: none"> <li>Month 5 deficit position is on plan at £19.4m (before deficit support funding (DSF)), after DSF the deficit is £14.8m (£3.1m worse than plan).</li> <li>Bank not meeting 10% reduction, due to Industrial Action and the impact of the pay award.</li> <li>Risk adjusted forecast (likely case) excluding DSF has been submitted at a £39.9m deficit compared to a plan of £28.7m. The variance consists of £10.7m level 3 CIP, risk assessed CIP delivery based on PFR percentages of £2.2m and £0.5m PDC dividend increase.</li> <li>If CIP risk adjustment was based on £6.9m high risk CIP rather</li> </ul>	The Committee received <b>moderate</b> assurance recognising achievement of plan to date but risk of overall plan delivery	The Committee <b>noted</b> the report and is <b>assured</b>	<b>FSPCiC October 2025</b>

		than PFR percentages this would move the worst case scenario to £46.8m			
<b>FSPCiC/25/09/71</b>	<b>Cash Support Update</b>	The Committee in Common received the report noting:- <ul style="list-style-type: none"> <li>September cash application approved by NHSE</li> <li>Notification of the October cash application is pending and cash management measures continue to be in place</li> <li>Support for cash support request of up to £12.913m for the remainder of Q3</li> </ul>	The Committee received <b>moderate</b> assurance due to the Trust financial position and requirement for cash support.	The Committee <b>noted</b> the report, is <b>assured</b> and <b>supported</b> the cash support request	<b>Trust Board October 2025</b>
<b>FSPCiC/25/09/74</b>	<b>Monthly Productivity Update</b>	The Committee in Common received the report noting:- <ul style="list-style-type: none"> <li>Theatres – improvement in theatre productivity over the last few months, scheduling improvement has driven this with activity being delivered within core resources. Capped utilisation now at 80%. Late starts continue to be an issue, the reasons for this are multifactorial and continues to be an area of focus. Sessional uptake tends to be low during the summer months, expectation is that this will improve in September.</li> </ul>	The Committee received <b>moderate</b> assurance given the progress that has been made	The Committee <b>noted</b> and discussed the report receiving <b>moderate</b> assurance given plans in place are not delivering to expectations	<b>FSPCiC October 2025</b>

### Items for noting

FSPCiC/25/09/65	Board Assurance Framework
FSPCiC/25/09/70	Cost Pressures
FSPCiC/25/09/72	Revenue Request (supported for approval by Trust Board)
FSPCiC/25/09/73	Capital Expenditure and Schemes over £500k – supported and approved the movement in capital contingency
FSPCiC/25/09/75	Elective Recovery Update
FSPCiC/25/09/76	Winter Plan
FSPCiC/25/09/78	KPMG Update
FSPCiC/25/09/80	Operational Plan timeline update
FSPCiC/25/09/82	Delivery Unit Update
FSPCiC/25/09/83	SIRO Report

### Assurance Key:

**Delivery Assurance:** Assurance in achieving outcomes

**Governance Assurance:** Assurance in the internal controls in place

	No assurance - could have a significant impact on quality, operational or financial performance;
	Moderate assurance - potential moderate impact on quality, operational or financial performance
	Assured - no or minor impact on quality, operational or financial performance

Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

COUNCIL OF GOVERNORS

<b>AGENDA REFERENCE:</b>	COG/25/11/49b (i)
<b>AGENDA ITEM</b>	<b>Committee Observation Report</b>
<b>COMMITTEE MEETING ATTENDED</b>	<b>Quality Assurance Committee</b>
<b>DATE OF MEETING(s):</b>	12 August 2025
<b>GOVERNOR OBSERVER</b>	Diane Nield, Deputy Lead Governor, Public Governor Warrington and Halton
<b>GOVERNOR COMMENTS</b>	<p>There were 2 NED's in attendance at the meeting (including chair)</p> <p>CEO Nik Khashu also in attendance</p> <p><b>Highlights:</b></p> <p><b><u>Ligature and MH Assessments</u></b></p> <p>NK stated that the North West has the highest rate of suicide in the country.</p> <p>There have been 33 incidents reported in WHH on Datix from July 2024</p> <p>3 specific incidents of suicide were covered: 2 fatalities, 1 attempted with poor prognosis, now under Walton Centre for ongoing care.</p> <p>2 of the incidents had mental health needs.</p> <p>Incidents 1 &amp; 3 both used hooks on the back of doors</p> <p>WHH needs to look at requirements, learns and supporting staff</p> <p>4 areas have been identified; Therapeutic engagement, Environment, Staffing &amp; Skills and Procurement</p> <p>It is noted that WHH is an acute organisation not a MH facility</p> <p>An annual review of trust wide 'Health &amp; Safety Action Plan' has been developed with a continuous improvement cycle</p> <p>Next Steps: action plan and cluster review on incidents in August '25 to ensure that themes and trends are identified</p> <p>NED's questioned why all hooks had not been removed from all doors. This is about seeing and understanding patient behaviour and risk assessment.</p> <p>NED's also required assurance that all wards/departments know the number to dial for cardiac arrest</p> <p><b><u>Fractured Neck of Femur</u></b></p> <p>On the 21<sup>st</sup> of May WHH received a letter outlining mortality concerns outlining 3 priorities.</p> <p>Priority 1 – Prompt surgery + great care</p> <p>Priority 2 – Prompt Surgery – Theatre Capacity</p> <p>Priority 3 – Timely escalation and reporting</p> <p>Reportable NOF's = &gt;60 years + hip fracture</p> <p>In June/July WHH had 66 reportable cases.</p>

Ward A6 is the identified orthopaedic ward for these patients Priority 1. In June the average time to A6 was 24 hours. This number deteriorated in July with 8 NOF's having delayed time to ward of 48 hours.

These patients were placed on A4

A6 is noted as 40% of patients have no criteria to reside which in turn hinders the process

Since July there has been an improving position with 71% of patients mobilised within 24 hours. A deep dive has commenced with the 4 patients who were not mobilised due to inadequate post op pain control.

Priority 2. Theatre capacity and time to theatre is being closely monitored with daily reviews. Further improvement is required.

July saw the average time to theatre reduced by 45 hours. An improvement versus June

Priority 3. CBU/care group oversight with Executive support. Daily reporting on the NOF and trauma position. Theatre Capacity Escalation SOP, daily overnight escalation

Several questions arose requesting data versus National average, a plan with modelling moving forward and targeting for August and months ahead so we can get on top of this.

### ***Monthly reporting to QAC***

#### **ED Improvement Update July data**

WHH is a Tier 1 organisation – closely monitored

**4-hour performance** saw a deterioration with 635 more attendances versus the same time last year

**Ambulance Handovers** saw a decrease. WHH remains the highest performing trust in this domain.

**ED Triage** - WHH moved up the league table following taking learns from Aintree and Royal Liverpool Hospitals.

Corridor Care – decrease

**12 hour** wait in dept – not hit this target in last 3 months. Significant waiting times to be seen is the focus. Physician Assistant role change and sickness have also impacted

**ED attendance + acuity** – Attendance has increased whilst acuity has decreased

**Incidents** – Medication, Clinical Care and Anti-social behaviour continue to be the highest themes.

The Chair requested information on what actions are going to be taken to make a real change to the current picture rather than sharing all the data.

#### **Typing Backlog**

Monthly report from info team including data from the 'Big Hand' app.

There has been a discrepancy found in interval reporting which is ongoing. Currently there is a backlog of 12,953 letters, 12,575 are overdue.

Urgent letters are being prioritised.

Plan – An admin and clerical improvement group has been set up with flexible working model created (KPI's deigned)

AI tech – awaiting date from digital team when we can start 'Ambient AI' which is used by Alder Hey and showing excellent results.

A Real time tracking report is in planning

It is noted that there are a high number of staff off sick

The committee expressed worry over this situation and WHH is now receiving complaints on this issue from both patients and 1o care.

HR also stated they would like to work with the department to understand challenges associated with recruitment

***Return to QAC in 2 months***

### Trust Board: Committee Assurance Report

<b>Agenda Reference</b>	<b>BM/25/10/100a (i)</b>	<b>Meeting</b>	<b>Trust Board</b>	<b>Date Of Meeting</b>	<b>01 October 2025</b>
-------------------------	--------------------------	----------------	--------------------	------------------------	------------------------

Date of Meeting	12 August 2025
Name of Meeting & Chair	Quality Assurance Committee, chaired by Cliff Richards
Was the meeting quorate?	Yes

The Committee wishes to bring the following matters to the attention of the Board:

Agenda ref	Agenda item	Issue and lead officer	Delivery Assurance	Governance Assurance	Follow up/ Review date
QAC/25/07/078	Hot Topic – Ligatures	<p>The Committee received a presentation noting</p> <ul style="list-style-type: none"> <li>A total of 33 incidents were reported via Datix over the past 12 months</li> <li>Trust-wide ligature risk assessments have been completed across all relevant environments.</li> <li>A cluster review is scheduled for Quarter 3 to identify additional learning and improvement opportunities.</li> <li>Trauma-Informed Care training has been successfully launched across the Trust.</li> <li>The "About Me" card initiative is set to launch in September, promoting personalized trauma informed care.</li> <li>A comprehensive action plan is in place to address findings and support ongoing improvements</li> </ul>	Moderate The committee acknowledged work commenced.	Substantial: Review via Quality Assurance Committee monthly in Maternity Paper.	Follow up November QAC as part of the Mental Health Update
QAC/25/08/111	Patient Safety and clinical Effectiveness Sub Committee (PSCESC) Report.	An update from Patient Safety and Clinical Effectiveness Sub-Committee (PSCESC) was provided to the Committee.	Moderate Assurance has been received	Substantial Monthly oversight at QAC	Update to QAC September 2025

		<p>Key areas to note</p> <ul style="list-style-type: none"> <li>Chronic Pain: An action plan is to be presented at the next PSCEC Meeting. No new patients are currently being initiated on injection regimes.</li> <li>Fractured Neck of Femur: A mortality alert has been received by the Trust. A weekly Executive Oversight Meeting has been established to monitor and address concerns.</li> <li>Cancer Services: Progress has been noted against the existing action plan. However, further assurance is required regarding the escalation of cancer tracking issues.</li> <li>Cardiology: An emerging risk has been identified related to delays in actioning results. A Standard Operating Procedure (SOP) is currently being developed to mitigate this risk.</li> <li>Risk Register: Long-standing risks are under active review through Risk Summits, ensuring appropriate scrutiny and management of risks</li> </ul>	<p>regarding progress to date; however, sustained improvements are required to ensure long-term impact and consistency.</p>	<p>Executive oversight monthly of all fragile services is conducted through PSCEC</p>	
QAC/25/08/112	Fractured Neck of Femur	<p>The Committee received a report noting</p> <ul style="list-style-type: none"> <li>Concerns regarding mortality linked to Neck of femur highlighted</li> <li>Overview of metrics, slight improvement noted</li> <li>Compared to NFD metrics WHH remains above expected national average benchmark</li> </ul>	<p>Limited An in-depth review of Best Practice Tariff (BPT) metrics is required. While some slight progress is</p>	<p>Substantive Oversight at QAC Biannually Monthly at Patient Safety and Clinical</p>	<p>Update to PSCEC in September 2025</p>

			evident, further improvements are necessary to meet expected standards and ensure sustained compliance.	Effectiveness (PSEESC)	
	<b>ED Position</b>	The Committee received a presentation noting <ul style="list-style-type: none"> <li>• 4-Hour Target: Performance has deteriorated</li> <li>• Ambulance Handover Times: Significant improvement observed</li> <li>• Triage Times: Notable improvement achieved</li> <li>• 12-Hour Total Time in Department: A decline in performance has been noted, requiring further investigation and targeted action.</li> <li>• Quality Improvement Limited oversight of current initiatives, with no demonstrable impact identified to date.</li> <li>• Medication incidents remain above the mean compared to the previous quarter, highlighting an ongoing area of concern</li> </ul>	Limited  Limited assurance of ability to address areas of poor performance, Further evidence of outputs of Quality Improvement projects required.	Substantive  Monthly Oversight at QAC	Update to QAC September 2025
<b>QAC/25/08/118</b>	<b>Typing Back log update</b>	The Committee received a report noting <ul style="list-style-type: none"> <li>• 12,575 records noted to be in backlog a number typed but awaiting approval</li> <li>• Administrative/Clerical Group developed to identify solutions</li> <li>• AI solutions being explored along with an “Administrative pool” of staff</li> </ul>	Limited An update in relation to timeframes for improvement was requested	Substantive Oversight at PSEESC Monthly. To be seen bimonthly at QAC	Report to QAC in October 2025
<b>QAC/25/08/120</b>	<b>Sepsis High Level Briefing Paper</b>	The Committee received a report noting <ul style="list-style-type: none"> <li>• An improvement noted in Blood Culture KPI in the Emergency Department</li> </ul>	Moderate  The committee	Substantive Oversight at	Present to QAC in November

		<ul style="list-style-type: none"> <li>Challenges continue with other ED metrics such as Lactate and time to be seen by a clinician.</li> <li>Inpatients improvements in several metrics, except blood cultures which has reduced in July 2025.</li> <li>Improvement plan in place</li> </ul>	awaiting sustainable improvement to be demonstrated.	QAC Quarterly	2025.
--	--	---	--	---------------	-------

The Committee also received the following items.

QAC/25/08/110 Compliance Report

QAC/25/08/114 New Approach to 7 Day Hospital Service

QAC/25/08/115 Quality IPR

QAC/25/08/116 Quality Improvement Progress Report

QAC/25/08/117 Maternity Update

QAC/25/08/119 Learning from Experience Report

QAC/25/08/120 Sepsis High Level Briefing Q1

QAC/25/08/121 Infection Prevention and Control Report Q1

QAC/25/08/122 MIAA Theatre Safety Audit

QAC/25/07/123 Clinical Audit Report

**Assurance Key**

*Delivery Assurance: Assurance in achieving outcomes.*

*Governance Assurance: Assurance in the internal controls in place*

Level of Assurance	Description
High	There is a strong system of internal control which has been effectively designed to meet the system objectives, and that controls are consistently applied in all areas reviewed
Substantial	There is a good system of internal control designed to meet the system objectives, and that the controls are generally being applied consistently
Moderate	There is an adequate system of internal control; however, in some areas weaknesses in design and/ or inconsistent application of controls puts the achievement of some aspects of the system objectives at risk
Limited	There is a compromised system of internal control as weaknesses in the design and/ or inconsistent application of controls puts the achievement of the system objectives at risk
No	There is an inadequate system of internal control as weaknesses in control, and/ or consistent non-compliance with controls should/ has resulted in failure to achieve the system objectives

**Note:** Please fill the Recommendation / Assurance/mandate to receiving body column with the correct colour and state the Committees' level of assurance i.e. No Assurance, Limited Assurance, Moderate Assurance, Substantial Assurance or High Assurance

COUNCIL OF GOVERNORS

<b>AGENDA REFERENCE:</b>	COG/25/11/49b (ii)
<b>AGENDA ITEM</b>	<b>Committee Observation Report</b>
<b>COMMITTEE MEETING ATTENDED</b>	<b>Quality Assurance Committee</b>
<b>DATE OF MEETING(s):</b>	9 September 2025
<b>GOVERNOR OBSERVER</b>	Diane Nield, Deputy Lead Governors, Public Governor Warrington and Halton
<b>GOVERNOR COMMENTS</b>	<p>There were 2 NED's in attendance at the meeting (including chair)</p> <p>The meeting papers were available on Team Engine beforehand. There was a full agenda with multiple detailed papers. The meeting was chaired very efficiently with lots of opportunities for questions. Apologies noted, minutes approved, action logs and matters arising reviewed.</p> <p><b>Highlights:</b></p> <p><b><u>Patient Story</u></b></p> <p>The patient story was presented from a patient who also holds the role of Public Governor at the Trust.</p> <p>The patient was diagnosed with Diverticulitis in Dec 24 and was referred to Whiston Hospital with Pulmonary Oedema. They have now been left with Bronchiectasis. During the illness they had to give up their role as Governor and Trustee for various Charities.</p> <p>A referral was made to the Pulmonary Rehab service at Halton for a 6-week programme. This was an excellent service led by passionate knowledgeable compassionate staff</p> <p>As a result of the intervention, the patient is now able to walk 3 times the distance versus when they first presented and this programme 'has truly changed my life'</p> <p>In addition, an EbyE group has been developed to review how and when to receive information at referral.</p> <p>The Pulmonary Rehab team were recognised by the board for such an excellent 'life changing' service</p> <p><b><u>Maternity - Post Partum Haemorrhage (PPH) Audit Update</u></b></p> <p>Update following Audit results presented in February</p> <p>Elective caesareans are increasing</p> <p>A simulation was scheduled today but acuity is high so will need to be rescheduled.</p> <p>NED's challenged around our stretch target to reduce PPH and need more clarity on audit gaps.</p> <p>Ongoing actions –</p> <p>Reminders in safety brief of the need for ongoing PPH risk assessment throughout labour</p>

In-situ scenarios to continue for PPH, specifically focussing on instrumental deliveries

Single point lesson on management of the PPH in an instrumental – To be disseminated to new rotation of Doctors in August as part of Induction

Dissemination of audit to the unit for information and learning

Implementation of the regional PPH guideline

Re- audit of 6 months of data to review further trends and present back to QAC in February

### **Hot Topic – Patients with Mental Health requirements in ED – section 136**

Section 136 is an emergency power allowing police to remove a patient from a public place to a place of safety for up to 24 hours. A further 12-hour extension can be granted if necessary

In Cheshire 4 times as many patients were taken to A&E sites compared to designated S136 Suite. This is due to the lack of designated sites (only 4 available)

The ICB has issued instructions that all acute hospital sites are to be recognised as a ‘Place of Safety’

As a result, WHH will see an increase in section 136 patients

Potential impacts have been identified, these include safety, increase in staff demand, finance, security and increased length of stay in ED

A Task and Finish group has been established together with a proposed safety flow designed. This requires a significant amount of work and training to get to the required level.

A Go Live date has been proposed as 1<sup>st</sup> July 2025 – WHH has already informed the ICB they will not be ready. The costs are likely to be absorbed by the Trust

The NEDs commented that it feels that we’ve been mandated into this Questions included clarity on the number of section 136’s are expected

The Board is already involved in this and will revisit at the next meeting

### **Neck of Femur Update**

The number of patients admitted to A6 has increased and we are now seeing month on month increase in surgeries

There is also a reduction in the time to ward

August 25 position has increased from 16% to 33% vs best practice tariff

Mobilisation post op within 24 hours is 71% which is similar to June/July

Trajectory – over the last 3 years there have been approx. 34 patients per month

Overall, there are improvements, so going in the right direction

The aim is for ALL patients to be treated on A6

**ED Improvement Programme**

**4-hour + 12-hour performance** saw a deterioration. This is the 4<sup>th</sup> consecutive month behind plan with 233 more attendances and 20 more NWAS arrivals vs Aug 24

An improvement plan is in place and September sees the start of a new triage and streaming model

**12-hour Trajectory** – Focus on non-admitted 12-hour patients

August saw our lowest length of stay with the opening of DDU

**Incidents** – Medication, Clinical Care and Anti-social behaviour continue to be the highest themes.

NED's requested further data on patient safety in ED even though it's overcrowded.

**PSCESC update – Fragile Services**

**Cardiology** - like to be removed as a fragile service as really improving leaving Cardiorespiratory service alone

**Urology** – Medical capacity vs demand remains an issue. In addition, 3 Consultants have expressed an intention to retire in Summer 26

NED's stated they are very worried about this service

**Cancer Services** – The Go Live date for histology alerts for serious diagnosis has been delayed – Update at next QAC

**Escalation to Board**

Patient Story, Fragile Services, Maternity, Section 136

**Trust Board: Committee Assurance Report**

<b>Agenda Reference</b>	<b>BM/25/10/100a (ii)</b>	<b>Meeting</b>	<b>Trust Board</b>	<b>Date Of Meeting</b>	<b>1 October 2025</b>
-------------------------	---------------------------	----------------	--------------------	------------------------	-----------------------

Date of Meeting	9 September 2025
Name of Meeting & Chair	Quality Assurance Committee, chaired by Cliff Richards
Was the meeting quorate?	Yes

**The Committee wishes to bring the following matters to the attention of the Board:**

Agenda ref	Agenda item	Issue and lead officer	Delivery Assurance	Governance Assurance	Follow up/ Review date
QAC/25/09/134	<b>Hot Topic – MH Requirements in ED Section 136</b>	<p>The Committee received a presentation noting</p> <ul style="list-style-type: none"> <li>Briefing on section 136 and mental health assessment requirements</li> <li>Overview of Cheshire and Merseyside position. Noting 136 patients are being taken to acute sites as only 4 136 units in Cheshire and Merseyside.</li> <li>Instruction from ICB all acute Trusts to become “a place of safety”</li> <li>Overview of potential risks with implementation</li> <li>Acceptance Tool, Policies, SOPs, legal frameworks in development</li> <li>Informed the ICB WHH would not be ready to meet the implementation date of 31 July 2025. Date to be agreed.</li> </ul>	<b>Moderate</b> The committee acknowledged work commenced.	<b>Substantial:</b> Review via Quality Assurance Committee Quarterly in Mental Health Update. Bimonthly oversight via Mental Health Steering Group.	Follow up November QAC as part of the Mental Health Update
QAC/25/09/137	<b>Patient Safety and clinical Effectiveness Sub Committee (PSCESC) Report.</b>	<p>An update from Patient Safety and Clinical Effectiveness Sub-Committee (PSCESC) was provided to the Committee.</p> <p>Key areas to note</p>	<b>Moderate</b> Assurance has been received regarding	<b>Substantial</b> Monthly oversight at QAC	Update to QAC September 2025

		<ul style="list-style-type: none"> <li>• 5 fragile services remain under review of the fragile services programme.</li> <li>• Cardiology – shown improvement. Additional consultant approved.</li> <li>• Chronic Pain – SOP in development,</li> <li>• NOF – improvements noted, monthly oversight by Patient Safety and Clinical Effectiveness.</li> <li>• Cancer – progress required, histology project has been delayed expecting to go live in September</li> <li>• Audit on implementation of surveillance not received – expected next month</li> <li>• Urology – Medical capacity remains challenged.</li> <li>• Plans in place to address key issues.</li> </ul>	<p><b>progress to date; however, sustained improvements are required to ensure long-term impact and consistency.</b></p>	<p><b>Executive oversight monthly of all fragile services is conducted through PSCEESC</b></p>	
<p><b>QAC/25/09/138</b></p>	<p><b>Fractured Neck of Femur</b></p>	<p>The Committee received a report noting</p> <ul style="list-style-type: none"> <li>• Overview of BPT performance for August 2025 seen, improvements noted.</li> <li>• Detailed review of patients achieving the prompt surgery standard.</li> <li>• Increased numbers of patient being seen who are admitted with a Fractured Neck of Femur. Average time to surgery was 40 hours in August compared to 47 hours in July.</li> <li>• Improvements in the number of patients transferred to the Orthopaedic ward timely.</li> </ul>	<p><b>Limited</b></p> <p><b>Small improvements noted by the Committee. More detail requested on medically fit. SPC charts and aim to be quantified.</b></p>	<p><b>Substantive</b></p> <p><b>Oversight at QAC monthly.</b></p> <p><b>Monthly at Patient Safety and Clinical Effectiveness (PSEESC)</b></p>	<p><b>Update to PSCEESC in October 2025</b></p>

QAC/25/09/139	ED Improvement update	<p>The Committee received a presentation noting</p> <ul style="list-style-type: none"> <li>• Behind plan on 12 trajectory currently. However, improvements seen. Reduction seen from average of 56 breeches per Day to 37 per day.</li> <li>• Increase in ambulances.</li> <li>• Plans and clear trajectories in place.</li> <li>• Plan to focus on Medication management throughout Q3.</li> </ul>	<p><b>Moderate</b></p> <p><b>Clearer plans noted with some improvements in performance</b></p> <p><b>Further evidence of outputs of Quality and safety required.</b></p>	<p><b>Substantive</b></p> <p><b>Monthly Oversight at QAC</b></p>	<p><b>Update to QAC September 2025</b></p>
---------------	-----------------------	---	--	--	--

The Committee also received the following items.

- QAC/25/09/131 Patient Story
- QAC/25/09/142 New Approach to 7 Day Hospital Service
- QAC/25/09/136 BAF
- QAC/25/09/141 PPH update
- QAC/25/09/140 Mental Health update
- QAC/25/09/143 Maternity Update
- QAC/25/09/120 Sepsis High Level Briefing Q1
- QAC/25/09/144 Learning from Deaths
- QAC/25/09/145 Quality Priorities
- QAC/25/09/146 Quality Strategy Update
- QAC/25/09/147 Quality Impact Assessment High level briefing
- QAC/25/09/148 High Level Enquiries
- QAC/25/09/149 Information Governance and Corporate Records Q1 Update

**Assurance Key**

*Delivery Assurance: Assurance in achieving outcomes.*

*Governance Assurance: Assurance in the internal controls in place*

Level of Assurance	Description
High	There is a strong system of internal control which has been effectively designed to meet the system objectives, and that controls are consistently applied in all areas reviewed

Substantial	There is a good system of internal control designed to meet the system objectives, and that the controls are generally being applied consistently
Moderate	There is an adequate system of internal control; however, in some areas weaknesses in design and/ or inconsistent application of controls puts the achievement of some aspects of the system objectives at risk
Limited	There is a compromised system of internal control as weaknesses in the design and/ or inconsistent application of controls puts the achievement of the system objectives at risk
No	There is an inadequate system of internal control as weaknesses in control, and/ or consistent non-compliance with controls should/ has resulted in failure to achieve the system objectives

**Note:** Please fill the Recommendation / Assurance/mandate to receiving body column with the correct colour and state the Committees' level of assurance i.e. No Assurance, Limited Assurance, Moderate Assurance, Substantial Assurance or High Assurance

**COUNCIL OF GOVERNORS**

<b>AGENDA REFERENCE:</b>	<b>GOG/25/11/49c (i)</b>
<b>AGENDA REFERENCE:</b>	Strategic People Committee in Common Governor Observation Report
<b>COMMITTEE ATTENDED</b>	Strategic People Committee in Common
<b>DATE OF MEETING(s):</b>	20 August 2025
<b>AUTHOR(S):</b>	Dr Carol Ann Kelly, Public Governor - Warrington and Halton
<b>GOVERNOR COMMENTS</b>	<p>The meeting was held as hybrid in person and Teams. I attended in person and one governor (Kevin Goucher) from BCHT was on-line. The meeting was well attended despite holidays and conducted as per agenda.</p> <p>At the outset the decision was presented regarding how the Chairs' Logs, regarding assurance and delivery, from the two organisations will be managed going forward. This will be a 'test &amp; learn' hybrid process that will be evaluated.</p> <p>The 'Hot Topic' featured the Leng report on Pas and PAAs. WHH has currently 15 PAs (7 in ED) and 2 PAAs; there are none in BHCT. Following a formal presentation outlining the background, findings and recommendations, questions were invited. The SPCiC was assured that governance processes at WHH always were robust with no reports or concerns on safety. Despite this, WHH has paused and will not continue to recruit to this role. All Leng recommendations have been implemented. There is clear concern for the current PAs/PAAs in light of no further recruitment and no obvious career path. The sub-committee were assured that encouragement, support and development is being given, and an update will be presented to SPCiC in 4 months.</p> <p>The 'Deep Dive' featured staff survey results on bullying, harassment and racism. A comprehensive overview was given showing a good reporting culture at WHH, the principles of which will be embedded in any long-term planning.</p> <p>Other agenda points of interest: Regarding the integration agenda, 1<sup>st</sup> April date now approved. Some interesting discussion ensued regarding organisational change and how to reassure staff during the transitional phase in cognisance of equity and the legal framework.</p> <p>The meeting was effectively Chaired. There is still duplication evident on some agenda items but it was suggested to aim to merge all papers in the last quarter. Secretaries to review. Members, including Governors, were invited to give feedback on the conduct of the meeting.</p>

### Trust Board: Committee Assurance Report

<b>Agenda Reference</b>	<b>BM/25/10/100b (i)</b>	<b>Meeting</b>	<b>Trust Board</b>	<b>Date of Meeting</b>	<b>1 October 2025</b>
-------------------------	--------------------------	----------------	--------------------	------------------------	-----------------------

Date of Meeting	Wednesday 18 August 2025
Name of Meeting and Chair	Strategic People Committee in Common, Chaired by Julie Jarman
Was the Meeting Quorate?	Yes

The Committee wishes to bring the following matters to the attention of the Board:

Agenda Ref	Agenda Item	Issue and Lead Officer	Delivery Assurance	Governance Assurance	Follow Up/ Review Date
SPCIC/25/08/090	<b>Deep Dive: Bullying and Harassment</b>	<p><b>Adam Harrison-Moran, Head of Strategic Workforce Development &amp; Culture</b></p> <p>The Committee received a deep dive on the progress made to eradicate bullying and harassment across the Trust as an output of the NHS Staff Survey results in 2024.</p> <p>The Committee noted the triangulation of data from the survey, employee relations and Freedom to Speak Up to develop a combined programme called “See it. Report it. Stop it”. The Committee noted that a refreshed active bystander programme has been implemented with Trust wide training and development offers.</p> <p>Members noted that updates on the delivery of the programme will be reported bi-annually.</p>	<p>The Committee received <b>assurance</b> on the delivery of the anti-bullying and harassment work which has been implemented, noting that delivery is underway but may not be seen through survey results until 2026/27.</p>	<p>The Committee received <b>assurance</b> on the governance of anti-bullying and harassment.</p>	February 2026

SPCIC/25/08/091	Hot Topic: Leng Review	<p><b>Manav Jain, Consultant / Richard Briggs, Consultant</b></p> <p>The Committee received an update on the Leng Review and its impact on current Physician Assistants (PA) and Physician Assistants in Anaesthesia (previously Associates). The update included the background and current procedures for PAs at WHH including changes which have been applied on receipt of the NHS England letter.</p> <p>The Committee agreed that extensive work has been completed to ensure pastoral support has been put in place following the initial recommendations which had to be put in place. Members noted and received assurance that a thorough action plan is in place and an update on progress and staff experience was requested in four months' time.</p>	The Committee received <b>assurance</b> on the delivery of Leng Review.	The Committee received <b>assurance</b> on the governance of the Leng Review.	December 2025
-----------------	---------------------------	--	---	---	---------------

SPCIC/25/08/092	<b>Chief People Officer Report</b>	<p><b>Jennie Dwerryhouse, Deputy Chief People Officer</b></p> <p>The Committee received the monthly Chief People Officer report, of which the Committee focused attention on the detailed analysis on the Band 2 to Band 3 Healthcare Support Worker programme.</p> <p>Members received an update through an equality, diversity and inclusion lens and it was positively received that there were no disparities by protected groups identified as part of the programme.</p>	The Committee received <b>assurance</b> on delivery of the Band 2 to Band 3 programme through an equality, diversity and inclusion lens.	The Committee received <b>assurance</b> on the governance of the Band 2 to Band 3 programme.	Not required
SPCIC/25/08/094 (ii)	<b>Better Care Together: Organisational Change Framework</b>	<p><b>Adam Harrison-Moran, Head of Strategic Workforce Development &amp; Culture / Hayley Heard, Deputy Director of Strategy and Partnerships</b></p> <p>The Committee received the Organisational Change Framework for the Better Care Together programme.</p> <p>The Committee noted this has been co-developed by both Trusts in conjunction with Staff Side partners and is being published and launched in August 2025. The Committee discussed formats of communication, ensuring the information is clearly available to all staff and demonstrates the processes which will be undertaken.</p> <p>The Committee discussed the intricacies of TUPE law and staff consultation and requested</p>	The Committee received <b>moderate assurance</b> on delivery of the Organisational Change Framework, noting this has not been applied as staff consultation has not yet commenced.	The Committee received <b>assurance</b> on the governance of the Organisational Change Framework and processes applied to ensure a consistent, fair and safe consultation process.	May 2026

		an update on how 'meaningful' consultation has been undertaken in May 2026.			
<b>SPCIC/25/08/096 (i)</b>	<b>Workforce Race Equality Standard</b>	<p><b>Adam Harrison-Moran, Head of Strategic Workforce Development &amp; Culture</b></p> <p>The Committee received the Workforce Race Equality Standard (WRES) report for 2024/25, including an update on the 2023/24 action plan and the revised plan for 2024/25 and 2025/26.</p> <p>The Committee noted that the report and subsequent plan for improvement was codeveloped with the Multi-Ethnic Staff Network. Members noted improvements in metrics but still an outlier in the experience of Black, Asian and Minority Ethnic staff in comparison to White staff.</p> <p>Members noted that the Black, Asian and Minority Ethnic workforce has grown to 19.32%, with significant gains in clinical and medical roles and Board representation rising to 12.6%. However, reports of harassment, bullying and discrimination against Black, Asian and Minority Ethnic staff have increased and notable disparities persist between staff experiences. Members noted as per previous items that work is underway to address this.</p> <p>The Committee approved the report and subsequent plan as part of their delegation from the Trust Board. The Committee noted this would be shared with the Trust Board in October 2025.</p>	The Committee received <b>assurance</b> on delivery of the WRES in 2024/25 and subsequent action plan for improvement.	The Committee received <b>assurance</b> on governance of the WRES in 2024/25 and subsequent action plan for improvement.	August 2026

<p><b>SPCIC/25/08/096 (iii)</b></p>	<p><b>Workforce Disability Equality Standard</b></p>	<p><b>Adam Harrison-Moran, Head of Strategic Workforce Development &amp; Culture</b>  The Committee received the Workforce Disability Equality Standard (WDES) report for 2024/25, including an update on the 2023/24 action plan and the revised plan for 2024/25 and 2025/26.</p> <p>The Committee noted that the report and subsequent plan for improvement was codeveloped with the Disability Awareness Staff Network. Members noted improvements in metrics but still an outlier in the experience of disabled staff compared to non-disabled staff.</p> <p>Members noted that disability declaration rates have risen to 5.16% and the proportion of staff not declaring their status has decreased. Disabled applicants are now slightly more likely to be appointed than non-disabled applicants and staff survey results show reductions in harassment, bullying and pressure to work when unwell.</p> <p>The Committee approved the report and subsequent plan as part of their delegation from the Trust Board. The Committee noted this would be shared with the Trust Board in October 2025.</p>	<p>The Committee received <b>assurance</b> on delivery of the WDES in 2024/25 and subsequent action plan for improvement.</p>	<p>The Committee received <b>assurance</b> on governance of the WDES in 2024/25 and subsequent action plan for improvement.</p>	<p>August 2026</p>
<p><b>SPCIC/25/08/100</b></p>	<p><b>Terms of Reference and Cycle of</b></p>	<p><b>Jan McCartney, Director of Corporate Governance (BCH)</b>  The Committee approved the Terms of</p>	<p>The Committee received <b>assurance</b> on</p>	<p>The Committee received <b>assurance</b> on</p>	<p>March 2026</p>

	<b>Business (Four Month Review)</b>	Reference and Cycle of Business as part of the planned review four months into the Committee commencing with a few alterations to support joint working on safer staffing from September 2025 onwards.  The Committee noted positive progress and assurance with opportunities for joint reporting to commence over the 2025/26 period.	delivery of the Strategic People Committee in Common.	governance documents associated with the Strategic People Committee in Common.	
--	-------------------------------------	---	---	--	--

**Other reports received by the Committee:**

- SPCIC/25/08/093 – Workforce Brief on National, Regional, ICB or Local Workforce Issues
- SPCIC/25/08/095 – Workforce Equality, Diversity and Inclusion Strategy Update
- SPCIC/25/08/097 – Safer Staffing Report
- SPCIC/25/08/098 – Midwifery Staffing Report – Q1 – **approved for submission to Trust Board**

**Chairs Logs received by the Committee:**

- SPCIC/25/08/102 – Workforce Review Group

**Assurance Key:**

**Delivery Assurance:** Assurance in achieving outcomes

**Governance Assurance:** Assurance in the internal controls in place

■	No assurance – could have a significant impact on quality, operational or financial performance;
■	Moderate assurance – potential moderate impact on quality, operational or financial performance
■	Assured – no or minor impact on quality, operational or financial performance

Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

**Note:** Please fill the Recommendation / Assurance/mandate to receiving body column with the correct colour and state the Committees' level of assurance i.e. No Assurance, Limited Assurance, Moderate Assurance, Substantial Assurance or High Assurance

**COUNCIL OF GOVERNORS**

<b>AGENDA REFERENCE:</b>	<b>COG/25/11/49c (ii)</b>
<b>AGENDA REFERENCE:</b>	Strategic People Committee in Common Governor Observation Report
<b>COMMITTEE ATTENDED</b>	Strategic People Committee in Common
<b>DATE OF MEETING(s):</b>	17 September 2025
<b>AUTHOR(S):</b>	Dr Carol Ann Kelly, Public Governor, Warrington and Halton
<b>GOVERNOR COMMENTS</b>	<p>The meeting was held as hybrid in person and Teams. I attended as an observer on Teams together with a newly elected governor from Warrington (Audrey Fitzpatrick). The meeting was run as per agenda.</p> <p>The 'Deep Dive' featured the project to address theatre cultures. Background presented and the journey to outline behaviours and occurrence of 'never events' was outlined. Progress is being made on the project but still work to do. Oversight and management of the project will be on-going. Feedback from NEDs was positive with probing questions asked. The importance of an MDT approach was emphasised.</p> <p>The 'Hot Topic' featured the National N&amp;M AfC Job Profile Review. The 2 year project aims to reaffirm and assess local implementation and scope for future digital solutions. The background highlighted the 20-year legacy, numerous existing JDs (G4-9) from several previous organisations. This will be a very labour-intensive exercise; the initial scoping work should be complete by the end of November. Risks (real and potential) were discussed, not least being financial implications and RCN objectives. A useful discussion ensued – a need to co-ordinate regionally was highlighted which could avoid large scale future re-banding requests and may identify resources to support the project.</p> <p>Other agenda points of interest: Bridgewater sickness/absence is up, worryingly inc. managerial level; stress being cited as main reason for 46% of S&amp;A. Discussion around whether this is because of the integration agenda or change of policy (loss of triggers) is unclear. Probably a combination.</p> <p>Chairs' Logs regarding assurance and delivery, from both organisations, decided throughout the agenda. Joint reports were presented; there is still work to do with this but a positive step further forward for the Committee in Common.</p> <p>The meeting was effectively Chaired. Members, including Governors, were invited to give feedback on the conduct of the meeting.</p>



**Trust Board: Committee Assurance Report**

<b>Agenda Reference</b>	<b>BM/25/10/100b (ii)</b>	<b>Meeting</b>	<b>Trust Board</b>	<b>Date of Meeting</b>	<b>1 October 2025</b>
-------------------------	---------------------------	----------------	--------------------	------------------------	-----------------------

Date of Meeting	Wednesday 17 September 2025
Name of Meeting and Chair	Strategic People Committee in Common, Chaired by Abdul Siddique
Was the Meeting Quorate?	Yes

**The Committee wishes to bring the following matters to the attention of the Board:**

Agenda Ref	Agenda Item	Issue and Lead Officer	Delivery Assurance	Governance Assurance	Follow Up/ Review Date
SPCIC/25/09/109	<b>Deep Dive: Theatres Culture Work</b>	<p><b>Neil Gregory, Associate Director of Planned Care</b> The Committee received a full update on work undertaken within Theatres since the commencement of the cultural improvement programme. Members noted a series of safety events and the allocation of Theatres as a ‘developing’ service under the Trust Culture Plan.</p> <p>Members noted positive improvements such as the introduction of ‘STOP’ moments within the department, aimed at creating a multi-disciplinary immediate approach to safety. This was a positive welcome and further work to monitor the volume of ‘STOP’ moments were being considered. Additionally, bespoke psychological safety and culture workshops have been implemented across all staff groups with a specific Culture Improvement Programme for the Medical and Dental workforce.</p> <p>Overall, the Committee noted that there is more to do but highlighted the significant progress made to</p>	The Committee received <b>assurance</b> on the delivery of the Theatre culture improvement programme, noting that there is more to do.	The Committee received <b>assurance</b> on the governance of Theatre culture improvement programme, specifically noting the triangulation of data and staff groups.	No specific review date

		date and the alignment with quality and patient outcomes. Further updates on progress will report through the Bi-Annual Culture Paper.			
SPCIC/25/09/110	<b>Hot Topic: Nursing and Midwifery Profiles</b>	<p><b>Tania Strong, Assistant Director of People and OD (BCH) / Laura Hilton, Associate Chief People Officer (WHH)</b></p> <p>The Committee received an update on the national workstream to align nursing and midwifery profiles. The Committee noted a joint working programme between Bridgewater Community Healthcare and Warrington and Halton Teaching Hospitals.</p> <p>The Committee discussed the national, regional and local implications of this programme and specifically highlighted the requirement to work across the Cheshire and Merseyside ICB for consistency. Members agreed this approach.</p> <p>Members noted that a risk management process is in place and this needs to be continually monitored and addressed due to the timeframes for the programme.</p> <p>Overall, the Committee noted the volume of work required to complete this programme.</p>	The Committee received <b>moderate assurance</b> on the delivery of the Nursing and Midwifery Profile programme due to the challenges with timelines and internal / external pressures.	The Committee received <b>assurance</b> on the governance of the programme with updates being provided to the Committee at regular intervals.	Q3 2025/26

SPCIC/25/09/115	<b>Better Care Together Update</b>	<p><b>Lucy Gardner, Chief Strategy and Partnerships Officer (WHH) / Michelle Cloney, Chief People Officer (WHH) / Paula Woods, Director of People and OD (BCH) / Adam Harrison-Moran, Associate Chief People Officer (WHH)</b></p> <p>The Committee received an update on the programme delivery for integration. The update consisted of:</p> <ul style="list-style-type: none"> <li>• Overall programme</li> <li>• Workforce integration</li> <li>• Corporate service integration</li> <li>• Communications and engagement</li> </ul> <p>The Committee specifically noted an increase in sickness absence reporting at BCH with discussions aligned to integration. Members noted that further staff engagement exercises are planned, including responding directly to staff feedback on organisational form. The Committee noted that addressing some of these concerns will aim to support staff.</p>	The Committee received <b>moderate assurance</b> on delivery of the Better Care Together integration programme. Specifically aligned with rising sickness absence and its implication on staff experience.	The Committee received <b>assurance</b> on the Better Care Together integration programme and steps being taken to ensure a fair, consistent approach.	October 2025
SPCIC/25/09/119	<b>General Medical Council Survey 2024</b>	<p><b>Paul Fitzsimmons, Medical Director</b></p> <p>The Committee received an update from the Medical Director on the GMC Survey 2024. Members noted the detailed report and analysis of the key findings.</p> <p>Specifically, members noted the breakdown of the data by speciality and area with actions to follow to improve the findings and address the impacts that have been identified. Members noted some external influences which could have an impact on the data and results.</p>	The Committee received <b>moderate assurance</b> on delivery of the GMC Survey 2024 with actions to improve on findings.	The Committee received <b>assurance</b> on governance of the GMC Survey 2024.	No specific review date
SPCIC/25/09/120	<b>Revalidation Report (WHH)</b>	<p><b>Paul Fitzsimmons, Medical Director</b></p> <p>The Committee received the annual revalidation report for WHH. The Committee noted the findings of</p>	The Committee received <b>assurance</b> on	The Committee received <b>assurance</b> on	No specific review date

		<p>the report and were assured that actions were being taken to address any gaps.</p> <p>The Committee discussed the similarities and differences between the WHH and BCH report and were updated by the Medical Director that work is underway to align systems and reporting for the future. The Committee noted that there were no immediate risks.</p> <p>The Committee approved the report for onward circulation to Trust Board.</p>	<p>delivery of the revalidation process for Medical and Dental staff at WHH.</p>	<p>governance of the revalidation process.</p>	
--	--	--	--	--	--

**Other reports received by the Committee:**

- SPCIC/25/09/111 – Board Assurance Framework and Corporate Risk Register
- SPCIC/25/09/112 – Chief People Officer Report
- SPCIC/25/09/113 – Workforce Brief on National, Regional, ICB or Local Workforce Issues (**MARS item approved by Committee for NARC approval**)
- SPCIC/25/09/114 – Workforce Integrated Performance Reports
- SPCIC/25/09/116 – Culture Plan 2025-2027 Bi-Annual Updated
- SPCIC/25/09/117 – Safer Staffing Report
- SPCIC/25/09/118 – Guardian of Safe Working Hours Report (Q1)

**Chairs Logs received by the Committee:**

- SPCIC/25/09/122 – Workforce Review Group
- SPCIC/25/09/123 – Operational People Committee

**Assurance Key:**

**Delivery Assurance:** Assurance in achieving outcomes

**Governance Assurance:** Assurance in the internal controls in place

	No assurance – could have a significant impact on quality, operational or financial performance;
	Moderate assurance – potential moderate impact on quality, operational or financial performance
	Assured – no or minor impact on quality, operational or financial performance

Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

**Note:** Please fill the Recommendation / Assurance/mandate to receiving body column with the correct colour and state the Committees' level of assurance i.e. No Assurance, Limited Assurance, Moderate Assurance, Substantial Assurance or High Assurance

### COUNCIL OF GOVERNORS

<b>AGENDA REFERENCE:</b>	<b>COG/25/11/49d</b>
<b>COMMITTEE ATTENDED</b>	<b>Charitable Funds Committee</b>
<b>DATE OF MEETING(s):</b>	18 September 2025
<b>AUTHOR(S):</b>	Gem Leach, Staff Governor, Admin, Estates and Managerial
<b>GOVERNOR COMMENTS</b>	<p>The meeting was chaired by Steve McGuirk.</p> <p>The papers were presented in a clear and concise way. The meeting had a full agenda and all agenda items had enough time for good discussion.</p> <p>The Chair thanked the team for the standard of the papers which helped the meeting flow smoothly. As at the last meeting there was a Charity Impact Story which was felt to be really interesting and good to understand the work on the Forget Me Not Ward.</p> <p>The minutes of the previous meeting were reviewed and accepted. There were no declarations of interest. Action log all green.</p> <p>The committee approved a number of papers and these included the Bid Applications, the Review of Reserves Policy and the Annual Report and Accounts.</p> <p>Information was commended for being presented in a positive easy to follow report which was very clear. It showed the charity is on a good trajectory with good governance in place. It was reiterated that bids can be approved in the knowledge we have good governance in place.</p> <p>There was appropriate and supportive check and challenge from the NEDs / chair on papers and bids to provide assurance on aspects such as good governance, financial responsibility etc had been considered.</p> <p>The meeting finished on time and the Chair noted there was a good standard of papers which helps discussion. No improvements to the conduct of the meeting were put forward. However, it was felt that by having the areas who were applying for bids there to present and answer questions supported the committee in being able to make decisions during the meeting which mitigated the need for further actions / follow up.</p>

**Trust Board: Committee Assurance Report**

<b>Agenda Reference</b>	<b>BM/25/10/100(e)</b>	<b>Meeting</b>	<b>Trust Board</b>	<b>Date Of Meeting</b>	<b>1 October 2025</b>
-------------------------	------------------------	----------------	--------------------	------------------------	-----------------------

Date of Meeting	18 September 2025
Name of Meeting & Chair	Charitable Funds Committee, Chaired by Steve McGuirk
Was the meeting quorate?	Yes

**The Committee wishes to bring the following matters to the attention of the Board:**

Agenda ref	Agenda item	Issue and lead officer	Delivery Assurance	Governance Assurance	Follow up/ Review date
CFC/25/09/15	<b>Charity Impact Story</b>	The committee heard an impact story detailing the benefit that charity funding brings, with a presentation from Forget Me Not Unit's Emily Thompson (Activities Coordinator) and Julie Davies (Housekeeper).	<b>The Committee received high assurance as hearing first hand the positive impact the charity can make</b>	<b>The Committee received high assurance as committee members hear directly the positive impact</b>	<b>December 2025</b>
CFC/25/09/16	<b>Fundraising Report and Quarterly Workplan</b>	CFC noted the quarterly fundraising report, including updates on key campaigns, Bridgewater SLA, legacy donations, and progress against the charity's three-year strategy.  <b>Lead:</b> Kate Henry / Helen Higginson	<b>The Committee received substantial assurance as the Charity is on track for delivering against its strategy</b>	<b>The Committee received high assurance as performance is monitored at each meeting of the Committee and a Charity Leadership meeting has been established</b>	<b>December 2025</b>
CFC/25/09/17	<b>Charity Annual Impact Report</b>	CFC received and approved the charity's annual impact report, setting out key achievements in 2024/25.  <b>Lead:</b> Hayley Smith	<b>The Committee received substantial assurance as</b>	<b>The Committee received high assurance as annual reporting</b>	<b>September 2026</b>

			plans for the year 24/25 had been delivered	processes are in place and working well	
<b>CFC/25/09/18</b>	<b>Finance Report</b>	<p>CFC noted the financial position for Q1 (1 April to 30 June 2025):</p> <ul style="list-style-type: none"> <li>Income is £143k against a plan of £75k, £68k above plan.</li> <li>Expenditure (overheads) is £27k against a plan of £28k, £1k below plan.</li> <li>Expenditure (disbursements of funds) is £56k in quarter 1.</li> <li>The net fund balance is £669k.</li> <li>The balance after commitments for purchases, reserves and overheads is £156k.</li> </ul> <p><b>Lead:</b> Tina Littler</p>	<b>The Committee received substantial assurance as income is ahead of plan</b>	<b>The Committee received high assurance as sufficient processes and reporting are in place</b>	<b>December 2025</b>
<b>CFC/25/09/19</b>	<b>Bid Applications</b>	<p>Two bids were approved by CFC:</p> <ul style="list-style-type: none"> <li>Uplift to a previous bid for equipment purchases for Clinical Haematology/PIU</li> <li>ITU waiting room refurb (approved subject to confirmation as to whether or not it could be funded from Trust capital).</li> </ul> <p>An update was provided on bids under £5k approved since the last committee meeting, either by the director of comms and engagement (up to £1k) or by execs (up to £5k).</p> <p><b>Lead:</b> Helen Higginson</p>	<b>The Committee received high assurance that the approved bids will be delivered and any unspent funds returned</b>	<b>The Committee received high assurance as the application process is robust, proportionate, and aligned with the Governing Document</b>	<b>December 2025</b>
<b>CFC/25/09/22</b>	<b>Annual Report &amp; Accounts (DRAFT)</b>	<p>CFC received the draft Annual Report and Accounts for 2024/25, prepared in accordance with Part 8 of the Charities Act 2011 and the Statement of Recommended Practice. For the year ending 31 March 2025 the Charity generated income of £452k and incurred expenditure of £280k. This has decreased the balance of funds by £172k. As at 31 March 2025 the balance of funds held was £609k.</p> <p>The independent examination is due to commence in</p>	<b>The Committee received substantial assurance as plans for the year 24/25 had been delivered</b>	<b>The Committee received high assurance as annual reporting processes are in place and working well</b>	<b>December 2025</b>

		September 2025 and the final version of the Annual Report and Accounts for 2024/25 will be presented at the Q2 Charitable Funds Committee in December 2025.  <b>Lead:</b> Tina Littler			
--	--	--	--	--	--

The committee also received reports on:

- **CFC/25/09/19** - Able Table new appeal proposal
- **CFC/25/09/20** - Review of Reserves Policy
- **CFC/25/09/21** - Charity Risk Register & Risk Statement
- **CFC/25/09/23** - Committee Chair's Annual Report to Trust Board

**Assurance Key:**

**Delivery Assurance:** Assurance in achieving outcomes

**Governance Assurance:** Assurance in the internal controls in place

Level of Assurance	Description
High	There is a strong system of internal control which has been effectively designed to meet the system objectives, and that controls are consistently applied in all areas reviewed
Substantial	There is a good system of internal control designed to meet the system objectives, and that the controls are generally being applied consistently
Moderate	There is an adequate system of internal control; however, in some areas weaknesses in design and/ or inconsistent application of controls puts the achievement of some aspects of the system objectives at risk
Limited	There is a compromised system of internal control as weaknesses in the design and/ or inconsistent application of controls puts the achievement of the system objectives at risk
No	There is an inadequate system of internal control as weaknesses in control, and/ or consistent non-compliance with controls should/ has resulted in failure to achieve the system objectives

**Note:** Please fill the Recommendation / Assurance/mandate to receiving body column with the correct colour and state the Committees' level of assurance i.e. No Assurance, Limited Assurance, Moderate Assurance, Substantial Assurance or High Assurance

**COUNCIL OF GOVERNORS**

<b>AGENDA REFERENCE:</b>	<b>COG/25/11/49e</b>
<b>AGENDA ITEM</b>	<b>Committee Observation Report</b>
<b>COMMITTEE MEETING ATTENDED</b>	<b>Audit Committee</b>
<b>DATE OF MEETING(s):</b>	28 August 2025
<b>GOVERNOR OBSERVER</b>	Margaret Bamforth, Public Governor Warrington and Halton
<b>GOVERNOR COMMENTS</b>	<p>The meeting was held F2F and online and was skilfully chaired by Michael O'Connor. All NEDs were present apart from John Summers who gave his apologies. Julie Jarman gave the feedback from the FSC in his absence.</p> <p>The Audit Committee is responsible for providing the Board with a means of independent and objective review of financial and corporate governance and is attended by both internal (MIAA) and external (currently Grant Thornton) auditors. It also provides the assurance process for Risk Management and commissions the annual audit of the board assurance framework. It considers the assurance on the effectiveness of the controls for all the strategic risks received from the chairpersons of the committees. At this Committee the Risk Management Strategy which sets out the framework which defines the Trust's approach to risk was received.</p> <p>As Chair, Michael ensured questions were invited, that there was appropriate discussion and opportunities for challenge. He asked several pertinent questions relating to a number of agenda items. The NEDs gave feedback from the Board Assurance Committees they chaired or attended. Jane Downey, Deputy Chair of QAC, also made some excellent contributions. There was some discussion about the effectiveness of the two committees that are held "in common" with Bridgewater, the SPC and FSC. Currently, the Quality Committee is not held in common. There are some bedding in issues with long agendas and duplication of papers but there was reassurance that processes are developing. For example, there had been differences between the two Trusts in how committee assurance reports were reported and structured. There is now agreement in how this will be managed going forward.</p> <p>Julie Jarman provided feedback from both the SPC and FSC. The SPC is spending time considering the acquisition and</p>

looking at issues such as staff morale. In terms of positives, she highlighted the joint Culture Plan and the joint staff networks but conceded the Committee processes remained “clunky”.

Julie’s feedback from FSC highlighted the on-going challenges to ensure the CIP is met, and although the trajectory is currently on target, there is uncertainty that remains regarding the ICB CIP. There is a high level of oversight of both the Trust and Cheshire and Mersey ICB. From the performance oversight carried out by the FSC there are concerns about the 4hr and 12hr waits in the Emergency Department. There was discussion about the reasons for the poor performance in this area and the problems that arise from being unable to move patients through the system. The Chair complimented Julie on her excellent summary of what had been a long and complex meeting.

Cliff Richards gave feedback from the Quality Committee which led to two items being escalated for review at the November Audit Committee. These were concerns regarding the treatment of elderly patients presenting with fractured neck of femur which had been identified in the mortality report and the serious backlog in the typing of clinical letters. The Committee wanted assurances that possible solutions for the typing backlog were being considered. The concerns re fractured neck of femur are more complex and include patient flow, meaning patients are not able to be admitted to the dedicated unit, and theatre time. This is being looked at in depth by the QAC. A third issue escalated for review in November is Consultant Job Plans. There have been a number of recommendations following an internal audit by MIAA and further assurance is needed.

Apart from the Consultant Job Plans there were no concerns arising from internal or external audit and the Fraud Report concluded the Trust is green in all areas.

In summary, the meeting provided effective assurance and where this was lacking items have been escalated for further consideration.

**Trust Board: Committee Assurance Report**

<b>Agenda Reference</b>	<b>BM/25/10/100d</b>	<b>Meeting</b>	<b>Trust Board</b>	<b>Date Of Meeting</b>	<b>1 October 2025</b>
-------------------------	----------------------	----------------	--------------------	------------------------	-----------------------

Date of Meeting	1 October 2025
Name of Meeting & Chair	Audit Committee, Chaired by Mike O'Connor
Was the meeting quorate?	Yes

**The Committee wishes to bring the following matters to the attention of the Board:**

Agenda ref	Agenda item	Issue and lead officer	Delivery Assurance	Governance Assurance	Follow up/ Review date
AC/25/08/42	<b>Committee Assurance Reports – Quality Assurance Committee</b>	<p>There was robust discussion in relation the Quality Assurance Committee (QAC) report – this related to;</p> <ul style="list-style-type: none"> <li>Typing Backlog – it was agreed that this be drawn to the attention of the Quality Committee that Audit had raised concerns about this and that an update be provided to a future meeting. It was noted that a Deep Dive on this would take place at QAC on 14.10.25</li> <li>Fractured Neck of Femur (#NOF) – it was agreed that there was the need for ongoing scrutiny of this services and continued monthly reporting to QAC with focus on theatres, physiotherapy and MDT care.</li> </ul>	<b>Moderate</b> – The Committee expressed concerns regarding the measures being taken to address the Typing Backlog as well as ongoing issues related to delays in surgery and mobilisation for fractured neck of femur patients, emphasising the need for continued scrutiny of this service	<b>High</b> - the Committee received high assurance on the governance within the Quality Assurance Committee.	<b>Updates to be received at QAC meeting on 09.09.25</b>
AC/25/08/48	<b>Anti Fraud Progress Report</b>	The Committee received a report that highlighted that the anti-fraud work plan is progressing as planned, with all areas (Assure, Understand & Prevent, Respond) rated 'Green'. Compliance with NHS counter fraud	<b>High</b> – The Committee received assurance that there are no significant	<b>High</b> - The Committee received assurance robust processes are in	<b>Update to be provided to Audit</b>

		standards remains strong, with a “green” rating across all 12 components	weaknesses or delays were identified, and recommendations are being actioned	place for fraud prevention, detection, and response, with regular checks, staff awareness, and management action tracking	<b>Committee in February 2026</b>
<b>AC/25/08/50</b>	<b>Review Losses &amp; Special Payments</b>	The Committee received a report detailing performance compared to the previous year, showing a reduction in losses, mainly due to fewer drug losses and a change in a specific drug’s stability period from 24 hours to 30 days.  The reduction in drug losses was noted as a positive development, addressing a previously identified concern.	<b>Substantial</b> – the Committee agreed that improvements had been made and there was clear and measurable progress.	<b>High</b> - the Committee received high assurance of embedded process	<b>Update to be provided to Audit Committee in November 2025</b>
<b>AC/25/08/52</b>	<b>Medical Job Planning</b>	The Committee received a report highlighting the positive progress in signed off job plans and compliance that had been identified as an action from a MIAA audit. It was agreed that discussion with the Chair of Strategic People Committee in Common take place to review how this could be linked into an agenda item at a future meeting.	<b>Substantial</b> – the Committee agreed that improvements had been made and there was clear and measurable progress.	<b>High</b> - the Committee received high assurance with strong leadership engagement and embedded governance	n/a

**Other agenda items:**

- AC/25/08/41** – Board Assurance Framework
- AC/25/08/44** – Committee Chair’s Annual Report
- AC/25/08/44** – Progress Report on Internal Audit Actions
- AC/25/08/45** – Internal Audit Progress Report
- AC/25/08/46** – Internal Audit Follow Up Report
- AC/25/08/47** – Global Internal Audit Standards Briefing
- AC/25/08/49** – Report and Update External Audit
- AC/25/08/51** – Review of Quotation & Tender Waivers
- AC/25/08/53** - Renewal of Disposals and Condemnations of Assets Policy
- AC/25/08/54** - Risk Management Annual Report Update
- AC/25/08/55** - On Call and Overtime Annual Update Report
- AC/25/08/57** – NW Skills Development Network Bi-Annual Report
- AC/25/08/58** – ICON Programme Bi-Annual Report

**Assurance Key:**

**Delivery Assurance:** Assurance in achieving outcomes

**Governance Assurance:** Assurance in the internal controls in place

Level of Assurance	Description
High	There is a strong system of internal control which has been effectively designed to meet the system objectives, and that controls are consistently applied in all areas reviewed
Substantial	There is a good system of internal control designed to meet the system objectives, and that the controls are generally being applied consistently
Moderate	There is an adequate system of internal control; however, in some areas weaknesses in design and/ or inconsistent application of controls puts the achievement of some aspects of the system objectives at risk
Limited	There is a compromised system of internal control as weaknesses in the design and/ or inconsistent application of controls puts the achievement of the system objectives at risk
No	There is an inadequate system of internal control as weaknesses in control, and/ or consistent non-compliance with controls should/ has resulted in failure to achieve the system objectives

**Note:** Please fill the Recommendation / Assurance/mandate to receiving body column with the correct colour and state the Committees' level of assurance i.e. No Assurance, Limited Assurance, Moderate Assurance, Substantial Assurance or High Assurance

**COUNCIL OF GOVERNORS  
13 November 2025**

<b>SUBJECT</b>	<b>Governor Questions</b>	<b>AGENDA REF</b>	<b>COG/25/11/50</b>
----------------	---------------------------	-------------------	---------------------

<b>QUESTION 1</b>	<p>What initiatives other than finance are in place to address our position in the league tables as it has ramifications on staff moral and impacts the reputation of the hospital?</p> <p><b>Responder(s): Cliff Richards, Deputy Chair and Chair of QAC</b></p>
-------------------	---

<b>QUESTION 2</b>	<p>We have the ambition to move treatment from hospital to the community. What are we doing now that is going to help facilitate this move? What will BCH coming together do to aid the facilitation?</p> <p><b>Responder(s): Cliff Richards, Deputy Chair and Chair of QAC</b></p>
-------------------	---

<b>QUESTION 3</b>	<p>Are there any developments with the collaborative approach with the council and others with the no criteria to reside patients position?</p> <p><b>Responder(s): John Somers, Non-Executive Director Chair of FSPCiC, Cliff Richards, Deputy Char and Chair of QAC</b></p>
-------------------	---

<b>QUESTION 4</b>	<p>Resourcing of winter planning, on an observation visit to A&amp;E for example we understood that they are not moving facilities due to pressures. What is the rationale behind this?</p> <p><b>Responder(s): John Somers, Non-Executive Director Chair of FSPCiC</b></p>
-------------------	---

<b>QUESTION 5</b>	<p>As we are going through a period of change can you assure us that the staff are supported? What practical measures are being put in place in light of possible staff redundancies?</p> <p><b>Responder(s): Julie Jarman, Non-Executive Director and Chair of SPCiC</b></p>
-------------------	---

<b>QUESTION 6</b>	<p>What are the plans in A&amp;E to deal with winter pressures? It appears that over 4 hour wait is now the norm how much is it going to extend the timelines?</p> <p><b>Responder(s): John Somers, Non-Executive Director Chair of FSPCiC, Cliff Richards, Deputy Char and Chair of QAC</b></p>
-------------------	--

**COUNCIL OF GOVERNORS**

<b>AGENDA REFERENCE:</b>	<b>COG/25/11/51i</b>
<b>COMMITTEE ATTENDED</b>	<b>Trust Boards – 6 August 2025</b>
<b>DATE OF MEETING(s):</b>	6 August 2025
<b>AUTHOR(S):</b>	Sue Fitzpatrick, Lead Governor, Public Governor Warrington and Halton
<b>GOVERNOR COMMENTS</b>	<p><b>Part 1 - Public Board</b></p> <p>The papers for the Public Board were sent in advance of the meeting via Team Engine. Six NEDs (2 online), including the Chair, SMcG, were present.</p> <p>The meeting opened with an Engagement Story</p> <p>“Mia’s Story”. The story was largely positive with the patient appreciating the care they received. They did however state that there was no real understanding of how important football was in this young lady’s life. The positives include good communication and consistency of care and compassionate care. They would have liked to have all the information to decide on the correct pathway (to go private) earlier in the discussion. Lesson learnt seeing the person behind the injury not just the diagnosis.</p> <p>Minutes were accepted with a few amendments made and the action log was up to date. Mortality issues are on the agenda.</p> <p>There was a large agenda and the Chair asked that we take the papers as read and that we use the time for best value.</p> <p>The CEO gave a written report of his activities. The report was included in the Board papers. Key items are the release of the 10 year plan with the 3 shifts and the 9 recommendations from the Dash report. Colleagues were thanked for maintaining safe services during the industrial action. The success of OPSSU was highlighted.</p> <p>The Chair gave a verbal report on how we can convert the recommendations from 10 year plan and Dash report into actions. The Dash report is different this time as it is focussed on really changing how the NHS works. Publishing monthly statistics is the start of true transparency. There is a challenging time with industrial action but so far colleagues have coped well. We are still working on accelerating the</p>

acquisition and securing finances.

The Board Assurance Framework (BAF) was discussed. Re-escalation of the risk of industrial action had been added but few other changes since the last meeting. There was a discussion around the risk around EPR.

The IPR reports were in the pack and the responsible Executive outlined the actions being taken to improve performance. The NEDs challenged and discussed the actions. As well as the papers there was a monthly operational performance picture against national tables. Focus should be on constitutional targets and standards. The Chair asked the team to review the data to ensure we are not misrepresenting ourselves but that we must be honest. NED questioned whether we are confident that we have the right people in place. PF stated we have had changes at CBU level and a change in medical leadership.

There were several reports, including those of the various committees that were taken as read. Some areas were highlighted. **QAC**: There was a deep dive into A&E There does not appear to be harm on corridor care. PF reported that there is a specific question asked at every mortality review re waiting times in A&E. **SPC**: The pilot on flexible and self-rostering has been really good but it can't be rolled out as quickly as we would like. **FSC**: Two points 1) we are on track but we need to reduce spend. 2) Cash request Q2 we have to be on plan before we get any cash. **Audit committee and Charities** nothing to add to reports.

Fragile services. NOF we have excess and received an alert from National Hip Fracture database. Time to theatre and time to mobilise not improved so escalated with daily and weekly reporting to a care group. Still not seen improvement need to take further action the discussion will continue offline.

There was a risk summit to discuss risk and BAF and a new risk strategy, received quite well by QAC, is going live in August. Compliance as per papers with meetings going well gearing up for CQC we are prepared from a training perspective.

The maternity review of services as per papers. We are in a good position and good process are in place. There is an improvement in the work place culture with a series of meetings gathering ideas discussing what is going well and what is not going so well. There is a dashboard with 3 pages summarising all maternity services in draft stage. It was noted that Ailsa Gaskill-Jones will be leaving the trust and the

Chair and board members thanked her for her hard work and wished her well for the future.

SHIMI we are within our expected levels but will review fluid and electrolyte disorders and report to QAC, it is believed it may be due to coding issues.

There was an update of communications and engagement as per papers. There was a lot of positive feedback. There are a number of charity campaigns underway. We are updating leaflets. Integration -having weekly and monthly meetings and website planning underway for outside communication and Better Care Together. We have 214 EbyE.

EPRR paper taken as read. Chair asked to strengthen the link between EPRR and risk strategy around Creamfields.

The Strategic Bimonthly Highlight report, the key messages were as per papers and to be discussed in Part 2 of the Board. The Chair requested that executive summarise actually pull out details to aid review of the information.

Code of governance is compliant and details as per papers. Fit and Proper persons has been through audit and is fully compliant. The NEDS confirmed they were happy with committee chairs annual report.

The TOR is being amended to allow FSC in common with Bridgewater. SPC already integrated need to integrate QAC.

The supplementary papers were all noted.

The review of the meeting by the Chair the meeting overran by a few minutes but there were a large number of papers and full and open discussion.

## **Part 2 – Private Board**

Following Part 1 in the afternoon I observed the Private Board. Six NEDs, including the Chair, were present. The meeting started on time and was chaired by SMcG.

The minutes from the last meetings were accepted and there were no outstanding actions. The date for the first combined FSC meeting is required.

There were no matters arising.

There were a number of presentations: Integration, update on clinical services integration and accelerating our transaction. The NEDs challenged the Executives on aspects of the presentations.

The following topics were discussed; Phase four of business case of the CDC, UTC, Pathology hub, C&M and ICB Financial recovery.

The meeting was well chaired, each item was given ample time for explanation and in-depth questioning and scrutiny by NEDs, The meeting concluded on time. I was satisfied that all agenda items were discussed in full and in an open honest way.

**COUNCIL OF GOVERNORS**

<b>AGENDA REFERENCE:</b>	COG/25/11/51i
<b>COMMITTEE ATTENDED</b>	Trust Boards – 1 October 2025
<b>DATE OF MEETING(s):</b>	1 October 2025
<b>AUTHOR(S):</b>	Sue Fitzpatrick, Lead Governor, Public Governor Warrington and Halton
<b>GOVERNOR COMMENTS</b>	<p><b>Part 1 - Public Board</b></p> <p>The papers for the Public Board were sent in advance of the meeting via Team Engine. The meeting was chaired by SMcG.</p> <p>I did not join the meeting until 11am so missed the patient story and the CEO and Chair reports.</p> <p>The Board Assurance Framework (BAF) was reviewed.</p> <p>There were several reports, including those of the various committees that were taken as read. Some areas were highlighted.</p> <p><b>QAC:</b> The main issues were around ED waiting times and NOF. What we are doing is not enough. We are at an impasse and the NEDs can just ensure sustainability and consistency in the services. It was noted that we had higher PPH than our peers. CR also challenged the typing backlog asking do we know the clinical significance and is there a possibility of harm due to the delays. This area is on the risk register, the letters are triaged but there is a plan to reduce the number moving forward and the data/figures are to go back to QAC next meeting.</p> <p><b>SPC:</b> A red flag to draw the attention to the high incidence of sickness in BCH staff. EDI and Res, Des discussed later in the agenda. The staff survey drew attention to bullying and harassment for BAME staff. Work is being done on culture and theatres. MC doing due diligence on staff sickness but we must put patients at the centre of well-being. MC met with CPOs to share best practice in Cheshire and Merseyside.</p> <p><b>FSC:</b> as report and will be covered in part 2 of Board.</p> <p><b>Audit committee:</b> MO'C highlighted the typing backlog and the possible consequences. The chair explored innovative ideas of clearing the backlog. The NOF BAU figures are concerning.</p> <p><b>Charities:</b> The report was taken as read. The impact of the patient story was noted. The small team on charities is being well supported by the finance team and are doing a lot of work. The annual report is going to Board in Dec.</p>

IPR the papers were accepted and the responsible Executive outlined the actions being taken to improve performance. Fragile services the paper was taken as read. NOF improvement and there is a decrease in mortality. Urology improving through flexible working. Chronic pain there has been a change in clinical lead and improvement in getting a strong foundation into place. Cancer no harms but going to do a deep dive to take to QAC. The Chair challenged the mortality rates and the alert that shows us as an outlier. There is an action plan in place and the results go to QAC monthly.

Compliance - AK reported that we are preparing for a CQC well led inspection in Dec. There is a quality compliance group and self-assessment packs have been distributed to individual groups. Support is being given to gather evidence. The Execs and NEDs to get a briefing pack. The CQC highlighted 4 points, 2 to do with ligatures and the other 2 have been addressed. The Chair requested a flow chart to demonstrate process be added to CCOG.

Quality strategy was presented – the Chair requested more detail in the paper. There is a strategy but needs more detail. AK agreed and will add more detail and take the report back to QAC highlighting quality priorities.

The maternity review of services as per papers. We are an outlier for ATAIN but we are working on transitional care. There is an action plan in place. MIS compliant but a couple of safety issues to do with staff gaps. There is going to be a deep dive on Caesarean section. The NEDS challenged our transitional care as the CQC questioned our model previously. There have been instances where trusts have had to return money (MIS). We need to ensure that the maternity risk is recorded as high.

There was an update of communications and engagement as per papers. The new website has been launched. A lot of communication on the integration. The chair complimented the standard of the papers presented. There was discussion on posting of jobs and it was felt that this will grow organically when we consolidate with BCH and may increase our social media presence.

Annual revalidation we can provide really strong assurance. 73 of 76 doctors went straight through. (2 were away from work and missed appraisals and 1 failed to engage).

Des Res paper as read submit to NHSE and publish on the website. Res there is a campaign on bullying and harassment and it is part of the culture plan. Des working with staff networks looking at reporting of disability status. Positive staff survey report. The chair challenged the decrease in harassment reports is it due to a lack of confidence in the process? Exec reported things will be addressed and people are happy to raise issues but more work is needed. Middle

managers need support to support the staff.

The Strategic Bimonthly Highlight report, the key messages were Runcorn health hub should be finished by Dec/Jan with a plan to open early 2026. New hospitals – previously meeting with dignitaries reinstated with key partners. TIF theatres update October is a busy/key time use of theatres. The chair checked that we are on track. Lucy has presented the organisational strategy to governors. Desire is to keep our values simple and meaningful and lived.

Committee chairs annual report accepted and the supplementary papers were all noted.

The review of the meeting was discussed, the meeting overran by a few minutes but there were a large number of papers and full and open discussion was afforded to all subjects.

## **Part 2 – Private Board**

Following Part 1 in the afternoon I observed the Private Board. The meeting started on time and was chaired by SMcG.

The minutes from the 6 August and 3 September meetings were accepted (with a few minor changes) and there were no outstanding actions. There were no matters arising.

There were a number of presentations: Integration, Strategy – 5 year plan and Merseyside providers' strategy. The NEDs challenged the Executives on aspects of the presentations especially on the 5 year strategy.

EPR - There is a new programme director who ran through the current position. The chair felt the Board requires a full session on EPR to allow NEDs to get assurance. The update is noted but needs further detail with points requiring debate.

There was an update on PWC and financial position. The Chair praised the team for their level of preparedness for PWC meeting remarking that the preparation was outstanding.

The rest of the agenda items were taken as read. PF left the room during the job planning appeal.

The meeting was well chaired, each item was given ample time for explanation and in-depth questioning and scrutiny by NEDs, The meeting over ran slightly. I was satisfied that all agenda items were discussed in full and in an open honest way.

## GOVERNORS OBSERVATION PRO-FORMA (Non-Ward Based)

<b>Date: 21 August 2025</b>  <b>Department:</b> <b>CDC Halton</b>	<b>Department Manager:</b> <b>Cheryl Cartwright MRI</b> <b>Chris Grayson CT</b>	<b>Governors Present: S Fitzpatrick, D Nield, M Bamford and K Keith</b>		
<b>Number of Patients:</b> 27 patients per MRI scanner 40 patients CT scanner per day Capacity:  Total on day of visit: We did not really see many patients as we visited at lunchtime which is a set time each day. Staff work 8-8 shifts can do extra time and sometimes work weekends	<b>Staff on duty:</b>	<b>Days</b>	<b>Nights (if applicable)</b>	<b>CBU Manager:</b> <b>Hilary Stennings</b>
	Nurses/Radiographers	4		<b>Matron:</b>
	Healthcare Assistant			
	AHP's/RDAs	2		<b>Lead Nurse</b>
	Students			
	Domestic Assistants			<b>Departmental Manager(s):</b> <b>Mark Jones</b>
	Administration			
	Housekeepers			
<b>FIRST IMPRESSIONS</b>	<b>First Impressions</b>			<b>Confidence Score</b>
	<b>Based on your first impressions on entering this department, how confident are you that patients are experiencing good care?</b>			
	Using your senses, what do you hear, see, smell and feel? Why?			<b>0 / 1 / 2 / 3</b>

	<p>What do you notice? Does that build confidence and trust? Does your experience or score change as you are in the department? Is appropriate information displayed?</p> <p>Facilities very new and look spotless and clean The receptionist was very welcoming and greeted us with a smile. There are hydration stations There are rooms for private discussions re preparation and for taking consent. There was artwork on the walls but there was no board showing who was on shift and who is who.</p>	<p><b>3</b></p>
<p><b>WELL LED</b></p>	<p><b>Well Led</b></p> <p><b>How confident are you that this department is 'well led'?</b></p> <p>What is it like to work here? – Ask staff about staffing, leadership, culture, development opportunities. Do they feel valued and supported? Do staff know about their data? – Ask staff about recent incidents, complaints, safety messages, patient experience. Is there anything you notice to suggest this department/area is not well led?</p> <p>The staff we spoke to know their managers and they certainly work as a team and appeared to value their managers and their interactions. Staff showed leadership and were happy to take us around and answer our questions even though it was during their lunch break. Staff are actively encouraged to attend courses. RDAs as well as radiographers. Radiographers are encouraged to do post graduate training to allow them to vet the results. One member of staff had attended a leadership course and was using the skills learnt back in the department. He is introducing a feedback mechanism for patients. He is developing a QR code and a dedicated email to collect the feedback. The staff were exemplar. The staff practices self-rostering and work Saturdays when required.</p>	<p><b>Confidence Score</b></p> <p><b>0 / 1 / 2 / 3</b></p> <p style="text-align: center; vertical-align: middle;"><b>3</b></p>
<p><b>SAFETY</b></p>	<p><b>Safety, Caring and Responsive</b></p> <p><b>How confident are you that this department is safe and caring?</b></p>	<p><b>Confidence Score</b></p>

<b>CARING and RESPON SIVE</b>	<p>Do staff know how to escalate concerns and are there any visible hazards? Do staff communicate and interact with patients or service users in a caring manner? Do staff provide care that meets individual needs of patients? Do patients feel involved in their care and treatment? Are staff aware of any risks in their areas?</p> <p>There was a genuine future focus and air of optimism. The staff are embracing change and are very optimistic about how AI can assist them moving forward. This may be due to the fantastic facilities they are working in. It will be interesting to revisit the site in 1 year time. Will the staff still be as enthusiastic, will the fact that they are currently working at half capacity due to staff shortages have an impact on their morale? Capacity may change but the addition of another scanner does have an impact on staffing.</p> <p>They knew the escalation process and freedom to speak up champions but they all stated that they were unlikely to require to use this process as they have staff feedback meetings (sporadically) with their managers and felt they were able to discuss issues in this forum.</p>	<b>3</b>
<b>EFF ECTI VE</b>	<b>Effective</b>	<b>Confidence Score</b>
	<b>How confident are you that the department processes are effective?</b>	
	Does the department appear to be clean and organised?	<b>0 / 1 / 2 / 3</b>

	<p>Are patients' appointments managed well?</p> <p>Department appears clean and well organised and appointments appear to be well managed and the receptionist is in dialog with bookings to fill any "free" slots that may come up. There had been issues involving patient flow but they had work arounds for this and they tried to ensure they maintain patient dignity if having to wait in corridors.</p> <p>To run 2 MRI and 2CT scans requires 8 radiographers and 4RDAs. When we visited there were 4 radiographers and 2 RDAs so effectively they were working at half capacity. Colon patients are seen every half hour but only in morning sessions and scan 12 per day as more than that is harsh on the patients and also impacts the staff as these patients require more attention.</p>	3
<b>FURTHER FEEDBACK</b>	<p><b>Please use this section to record any other observations / interactions.</b></p>	<b>Confidence Score</b>
	<p>As it was lunchtime there were very few patients to talk to but the one we spoke to was very complimentary about the staff and building. They had no long wait to get GP referral to the CDC unit. The only issue was about how to get to the department especially if you were using public transport. The patient was from Widnes and said if they has not got transportation they would not have been able to get there on public transport.</p> <p>When preparing for this visit I went on the WHH website to find information about the CDC unit. I found it difficult to find information I did find some in the news section.</p>	<b>0 / 1 / 2 / 3</b>
<b>LASTING IMPRESSION</b>	<p><b>Having carried out this observation, how confident do you now feel about whether patients are experiencing good care in this department?</b></p>	<b>Confidence Score</b>
	<p>Are there any specific areas of learning identified?</p>	<b>0 / 1 / 2 / 3</b>

<b>S and EVIDENCE of GOOD PRACTICE</b>	<p>Very impressed. The staff were exemplar. The introduction of the QR code and dedicated email for collection of patient feedback could be shared with other wards and departments as good practice. Modern space not sure how much that motivates the staff and patients.</p>	3
--	---	---

<b>SHARING FINDINGS</b>	
<p><b>IF ANY IMMEDIATE CONCERNS:</b> Escalate to Deputy Chief Nurse, or Associate Chief Nurse for Planned or Unplanned Care.</p>	<p><b>FOR ROUTINE VISITS:</b> Once visit is completed, please send a copy of this document to Tracy Fennell, Deputy Chief Nurse <a href="mailto:tracy.fennell1@nhs.net">tracy.fennell1@nhs.net</a> ; Susan Dean, Deputy Head of Patient Experience, and Inclusion <a href="mailto:susan.dean11@nhs.net">susan.dean11@nhs.net</a> cc <a href="mailto:whh.patient.experience@nhs.net">whh.patient.experience@nhs.net</a> within 5 working days.</p>

## Governor Observation Visit

Date / Time: 21 August 2025 12.30pm

Ward / Department: CDC

Governors: S Fitzpatrick, D Nield, M Bamford and K Keith

### First Impressions

Positives	Recommendations
Modern space	A board to identify who is on duty
Spotless and Clean	Signage (we know this is currently under review)
Hydration stations	Outside the building to the left of car park there is temporary railings what is the plan for this area?
Smiling receptionist with welcome sign	

### Well Led

Positives	Recommendations
Work as a team with good approachable managers	Additional scanners requires additional staffing the team were under the impression there was no money for extra staffing but maybe they could put a business case together to obtain more staff.
Respect their managers	
Opportunities for staff development	

### Safe

Positives	Recommendations
Patient focus	
Staff said they were able to look on the system to follow up patients if they wished to	

### Caring

Positives	Recommendations
Very caring positive staff	There can be a backlog/jam of patient appointments if ambulances are late this can effect waiting times. Is there any way of ensuring a timely service?

### Food and Nutrition

Positives	Recommendations
Hydration stations	Café closes at 1 pm Restaurant at 3 pm staff queried if they could have a vending machine
CSTM café and Lloyd George restaurant	

### Responsive

Positives	Recommendations
Seem to take patients view into account	Provide more information about the location of CDC on the website and assist with public transport details e.g. bus number XX or at least make it clear to follow instruction to get to Halton Hospital
Didn't see many patients but the one spoken to was very positive	

### Effective

Positives	Recommendations
Yes keen to gather patient feedback	Review patient flow so number of patients waiting on chairs in corridors is minimised
Appointments managed well	

### Further Feedback

Positives	Recommendations
The patient feedback initiative is very good and demonstrates the forward thinking of the staff	

### Lasting Impressions

Positives	Recommendations
Exemplar staff	
Modern spotlessly clean facilities	
Want to gather patient feedback to improve services if required	



**Warrington and Halton  
Teaching Hospitals**  
NHS Foundation Trust

## GOVERNORS OBSERVATION PRO-FORMA (Ward Based)

<b>Date: 15 Sept 2025</b> <b>3pm</b>  <b>Ward: A8</b>	<b>Department Manager:</b>	<b>Governors Present:</b> <b>S Fitzpatrick, D Nield and M Singh</b>		
<b>Number of Patients:</b>  Capacity 34  Total on day of visit:35	<b>Staff on duty:</b>	<b>Days</b>	<b>Nights</b>	<b>CBU Manager:</b> <b>Chris Barlow</b>
	Nurses	4 Should have been 6	4	
	Medical Team			<b>Matron:</b> <b>Fiona Flack</b>
	Healthcare Assistants	4 Should have been 5	5	
	AHP's			
	Students			<b>Lead Nurse: Janet Pye</b> <b>on the day</b> <b>Sally Ferguson</b>
	Domestic Assistants			
	Administration			<b>Ward Manager:</b> <b>Ellen Quinn</b>
	Housekeepers			

**As part of the observation process speak with all staff on the ward, both clinical and non-clinical and patients.**

### SHARING FINDINGS

**IF ANY IMMEDIATE CONCERNS:**

Escalate to:  
 Deputy Chief Nurse, Head of Patient Experience and

**FOR ROUTINE VISITS:**

Once visit is completed send copy of document within 5 working days to  
 Tracy Fernell, Deputy Chief Nurse [tracy.fernell@nhs.net](mailto:tracy.fernell@nhs.net) Susan Dean, Deputy

Inclusion or Associate Chief Nurse for Planned / Unplanned Care.	Head of Patient Experience, and Inclusion <a href="mailto:susan.dean11@nhs.net">susan.dean11@nhs.net</a> cc <a href="mailto:whh.patient.experience@nhs.net">whh.patient.experience@nhs.net</a>
--	--

<b>FIRST</b>	<b>First Impressions</b>	Confidence Score
	<b>Based on your first impressions on entering this ward, how confident are you that patients are experiencing good care?</b>	<b>0 / 1 / 2 / 3</b>

<b>WELL LED</b>	<b>IMPRESSION</b>	<p><i>Using your senses, what do you hear?</i>  <i>What do you see?</i>  <i>What do you smell?</i>  <i>What do you feel?</i>  <i>How does that make you feel?</i>  <i>What do you notice? Does that build your confidence and trust?</i>  <i>Is information relevant, within date and displayed appropriately?</i></p> <p>Good signage to the ward            Excellent ward boards clean and neat although some were not kept up to date.            Mixed patient ward but appeared very calm, no patients shouting.            The ward was clean and tidy but is in need of refurbishment.as the ward was not dementia friendly.            The toilet cubicles and bathroom facilities were very tight and made it difficult for the HCAs to assist the patients when required.            There was no sanitary facility in the ladies toilet</p>	<p>3 based on the facilities they have</p>
	<b>Well Led</b>	<p>Confidence Score</p>	
<b>WELL LED</b>	<b>How confident are you that this ward is WELL LED?</b>	<b>0 / 1 / 2 / 3</b>	

	<p><b>What is it like to work here?</b> <i>(ASK ALL STAFF about staffing, leadership, team culture, uniforms, personal and professional development, feeling valued, feel supported, what matters most to you? etc.) How could this be improved further?</i></p> <p>The staff work as a team all stated that they enjoy working on the ward. Many of the staff have been at the hospital for many years. One HCA started as a domestic and has worked her way to being a HCA and she stated she is supported to advance her career. Ward rounds 9am and 1.30 pm</p>	3
	<p><b>Do the ward staff know their data?</b> <i>(ASK ALL STAFF about any recent incidents, complaints, safety messages, safety thermometer/harm free care, staffing, patient experience etc.) - (CHECK Is data on display? Are improvements underway?) What quality improvement initiatives are in place in this area? Are staff aware of any specific risks? Is there good MDT working?</i></p> <p>They knew their patients well. The patients physical medical records were kept in lockable draws outside the ward unfortunately at our visit the draws were not locked</p>	3
	<p><b>Is there anything that you notice that could improve how the department is led?</b> <i>(provide details)</i></p> <p>They are on top of the MUST scores The signs for awards were not up to date would have been nice to celebrate each other.</p>	3
<b>SAFE</b>	<b>Safe</b>	Confidence Score
	<b>How confident are you that this ward is SAFE?</b>	<b>0 / 1 / 2 / 3</b>

	<p><b>Do staff know how to escalate issues if they have concerns about either a patient or the ward?</b> <i>(ASK STAFF do they know how to contact senior nursing staff if needed, do they understand the importance of timely multi-professional team response to acutely unwell patients etc.) Do staff feel confident to raise any concerns?</i> Staff said they would go to their line manager all said in the past they have not need to escalate anything further. They had knowledge of the Speak Up Champions but were confident they would not require to use them.</p>	3
	<p><b>Is ward security appropriate?</b> <i>(NOTICE Does anyone check who is arriving on ward? Could patients wander off ward without staff knowing? Do patients have ID wristbands? etc.) Is confidential information stored appropriately?</i> We were challenged on entering the ward. Need to lock the draws containing patient notes which are situated outside the cubicle entrances.</p>	2
	<p><b>Are there any visible 'hazards' on this ward?</b> <i>(NOTICE Corridors / fire escapes blocked? Sharps bins over filled. Storerooms and cupboards not locked, medicines left on the side? etc.)</i> The ward was very busy and someone had placed a tray on a cupboard top which was unsupervised it contained sharps which could have been accessed by patients.</p>	2- 3
	<p><b>Are there any medication safety issues?</b> <i>(NOTICE Are any medications not locked away? Are there any delays in giving medications?)</i> No medication was observed at this visit. Which means that medication is securely locked away.</p>	3
	<p><b>Does the ward have two entrances? Are processes in place to ensure this is managed? Are doors locked in areas that this is required?</b> There were 2 entrances with ring bell access. Both doors were open. We observed staff challenging visitors to the ward.</p>	3
	<p><b>CARING</b></p>	Confidence Score

<b>CARING</b>	<b>How confident are you that the staff on this ward are CARING?</b>	<b>0 / 1 / 2 / 3</b>
	<p><b>Do staff communicate / interact with patients and carers in a caring and compassionate manner?</b>  <i>("Hello, my name is ....")</i>            Very good communication. The staff chatted to the patients and the patients felt they received good patient care. Quote " can't fault the hospital"</p>	3
	<p><b>Do staff provide care that meets patient's individual needs?</b>  <i>(ASK PATIENTS Do staff ask what matters most to you? Do staff call you by your preferred name? Does this ward support your family and friends to visit at an appropriate time? etc.) Is there positive MDT working?</i>            The staff aware of the patients' needs and requirements. Even though they were short staff they placed a patient outside their room so that they could be constantly supervised by a member of staff</p>	3
	<p><b>Are noise levels appropriate?</b>  <i>(NOTICE / ASK PATIENTS including noise at night)</i>             The ward was quiet and calm and the patients said it remained quiet during the night.</p>	3
	<p><b>Do patients feel involved in their care and treatment?</b>  <i>(ASK PATIENTS AND CARERS Do staff include you in conversations? Do staff explain what is happening next? Do you get enough opportunity to ask questions? Are you involved in making decisions about your care and treatment? etc.)</i>             Patients are involved and informed of their treatment, A lady waited for a week on corridor care in A8. She was in for 3 weeks and a pain management plan was devised. MRI scans were conducted when they said they would be. The patient needed a special bed at home but the family did not qualify to get one. The family ended up buying one...</p>	3
	<b>Food and Nutrition</b>	Confidence Score

<b>FOOD and NUTRITION</b>	<p><b>How confident are you with the standards and experience of patient food and nutrition on this ward?</b></p>	<b>0 / 1 / 2 / 3</b>
	<p><b>Are standards met regarding meals and drinks?</b> <i>(NOTICE / ASK PATIENT about quality, quantity, choice, timeliness, and help given if needed)</i></p> <p>All patient had water jugs. One patient was gluten intolerant. They had been in hospital for some time they were given soft food on A2 but was not given an alternative choice for the sandwiches on A8. She had discussed with the staff and they said they would have to speak to the dietician to order alternative food. The patient gave up on the process for dietician. The patient did say they found the finger food snack boxes useful</p>	2
	<p><b>Do patients feel there is enough choice at mealtimes?</b> <i>(NOTICE / ASK PATIENT about options and presentation and help given if needed)</i></p> <p>Yes they have cake and tea, the patients commented that snacks were down but sufficient food provided</p>	3
	<p><b>Do patients feel they have enough to drink throughout the day?</b> Is this appropriately recorded where required?</p> <p>Yes no issues observed</p>	3

	<p><b>Notice - are patients prepared for mealtimes?</b> (e.g., do staff support patients out of bed in advance of mealtimes where possible)</p> <p>This was not assessed as not observed during the visit.</p>	<p>N/A</p>
<b>RESPONSIVE</b>	<p><b>Responsive</b></p>	<p>Confidence Score</p>
	<p><b>How confident are you that staff on this ward are RESPONSIVE to patient's needs?</b></p>	<p><b>0 / 1 / 2 / 3</b></p>
	<p><b>Do patients know their plan of care and discharge plan?</b> Are measures in place to ensure efficient and safe discharge? (ASK PATIENTS / STAFF how this is done?) There were no issues observed or reported at the visit</p>	<p>3</p>
	<p><b>Are call bells responded to appropriately?</b> (NOTICE - are lots of call bells ringing, are they answered quickly? Do patients report any issues with using call bells? Response time 15 sec on the LED screens</p>	<p>3</p>
	<p><b>Are patient's specific needs met?</b> (ASK PATIENTS about pain management, or any other specific needs that they have) A patient with Parkinson's reported they had a positive experience in A&amp;E then moved to the escalation unit and then to A8. They had been on A8 previously and said they had received good care. The partner of the patient feels informed and involved in the care of the patient.</p>	<p>3</p>

	<p><b>Are reasonable adjustments and/or steps in place to support patients who require additional support?</b> (ASK/NOTICE PATIENTS AND STAFF – how is this done? Do staff know how to access interpretation services? Who to speak to for support?)</p> <p>The staff fully aware of process to ask for extra support.</p>	<p>3</p>
<b>EFFECTIVE</b>	<p><b>Effective</b></p>	<p>Confidence Score</p>
	<p><b>How confident are you that the ward processes are EFFECTIVE?</b></p>	<p><b>0 / 1 / 2 / 3</b></p>
	<p><b>Does the ward / department appear to be clean and organised?</b> Are there any visible risks present? (NOTICE general cleanliness, lockers and bedside tables, storage issues etc.)</p> <p>Everything looked clean and organised no issues were observed</p>	<p>3</p>
	<p><b>Is patient flow managed well on this ward?</b> (NOTICE / ASK STAFF &amp; PATIENTS, Are there delays for admissions, transfers, and discharges? Is there a reliable process for multi-professional team to communicate about patient flow?) Patient flow managed very well within the constraints of space and available staff. The usual issue re medication on discharge (National problem)</p>	<p>3</p>

<b>FURTHER FEEDBACK</b>	<b>Please use this section to record any other observations / interactions.</b>	
	The doctors write draft reports during the day and finalised them just before end of shift. This requires work to be conducted by the staff to ensure doctor observations/requests are actioned after their shift. Better communication could possibly help with the handover?	N/A
<b>LASTING IMPRESSIONS and EVIDENCE of GOOD</b>	<b>Lasting Impressions</b>	Confidence Score
	<b>Having carried out this observation, how confident do you now feel about whether patients are experiencing good care in this ward?</b>	<b>0 / 1 / 2 / 3</b>
	<i>Provide reasons for any change, from first impressions to your confidence levels:</i> Excellent care given by a well-motivated and supported team. Short staffed at the time of visit and it was visible that the staff were stretched especially ensuring 1:1 supervision given. Facilities require improvement and updating but the staff were aware that this would happen after the current winter pressures have abated.	3

## Governor Observation Visit

Date / Time: 15 Sept 2025 3pm

Ward / Department: A8

Governors: S Fitzpatrick, D Nield and M Shah

### First Impressions

Positives	Recommendations
Good signage to ward	
Clean calm environment	
Excellent ward boards	
Challenged on entry	

### Well Led

Positives	Recommendations
Very motivated team	Can doctors communicate actions not just finalise draft notes at the shift end?
Have a lot of respect for the leadership	
They commented on CEO is great!	

### Safe

Positives	Recommendations
Very busy ward but patients are supervised when require	Lock the draws containing patients records
	Ensure that sharps are not left in accessible places

### Caring

Positives	Recommendations
Excellent care given	No additional comment
Patients full of praise for staff	

### Food and Nutrition

Positives	Recommendations
Patients had no complaints about the food	The gluten intolerant patient felt it was an inconvenience to have the dietician involved in discussion of alternative food.

Patients thought the finger food snack box was useful	Is the process cumbersome?

### Responsive

Positives	Recommendations
Patients needs met	More staff would improve the responsiveness of this ward
Calls answered in a timely manner	

### Effective

Positives	Recommendations
Patient flow managed well within the constraint of the space and facilities	Facilities issues are being addressed in the future.

### Further Feedback

Positives	Recommendations
	N/A

### Lasting Impressions

Positives	Recommendations
Highly motivated staff	Tasks made hard by insufficient staff on duty
Well led ward with respect for management	Facilities require improvement but staff are aware this will happen once winter pressures have abated

## GOVERNORS OBSERVATION PRO-FORMA (Non-Ward Based)

<b>Date: 21 October 2025</b>  <b>Department:</b> CDC Halton	<b>Department Manager:</b> N/A	<b>Governors Present: A Robinson A Davies C Ardern M Bamford and P Jones</b>		
<b>Number of Patients:</b>  This is a public area visited by most patients attending WHH	<b>Staff on duty:</b>	<b>Days</b>	<b>Nights (if applicable)</b>	<b>CBU Manager:</b> N/A
	Nurses/Radiographers			<b>Matron:</b> N/A
	Healthcare Assistant			
	AHP's/RDAs			<b>Lead Nurse</b> N/A
	Students			
	Domestic Assistants			<b>Departmental Manager(s):</b> N/A
	Administration			
	Housekeepers			
<b>FIRST IMPRESSIONS</b>	<b>First Impressions</b> <b>Based on your first impressions on entering this department, how confident are you that patients are experiencing good care?</b>			<b>Confidence Score</b>
	Using your senses, what do you hear, see, smell and feel? Why? What do you notice? Does that build confidence and trust? Does your experience or score change as you are in the department? Is appropriate information displayed?			<b>0 / 1 / 2 / 3</b>
	All 5 Governors reported the same feelings of inconsistency regarding the appearance and cleanliness around the site. On first entering the Main Entrance there is a large site map on the left-hand wall but most individuals walk straight past it and head for the Welcome Desk, generally staffed by WHH Volunteers. Chairs located in front of the map were occupied, blocking clear sight of detail. One chair occupant even stated he had not noticed the map. Noting the present financial concerns for the Trust it was also felt, in comparison with at least 2 other hospitals within the North Cheshire and Merseyside region, the standard and quantity of public seating could be improved. <b>Of concern</b> - the smell of cigarettes along the Main corridor going towards the Day Case unit was			



<b>CARING and RESPON SIVE</b>	<p>Do staff know how to escalate concerns and are there any visible hazards? Do staff communicate and interact with patients or service users in a caring manner? Do staff provide care that meets individual needs of patients? Do patients feel involved in their care and treatment? Are staff aware of any risks in their areas?</p> <p>The availability of wheelchairs, which should be located within the bay at the Main entrance, is not good. Only 2 were available during our visit. One of the Volunteer/Welcome desk aspects is to try to round up wheelchairs, but lack of adequate staffing on the desk means this responsibility cannot always be undertaken. In addition, Radiology also has a stock of wheelchairs which could be minimized with surplus returned by Porters to Main Entrance. There is a leaking pipe in Audiology with one leading down the wall. Courtyard (AGD83) contained rubbish bins can they be relocated?</p>	
<b>EFF ECTI VE</b>	<b>Effective</b>	<b>Confidence Score</b>
	<b>How confident are you that the department processes are effective?</b>	
	Does the department appear to be clean and organised?	<b>0 / 1 / 2 / 3</b>

	<p>Are patients' appointments managed well?</p> <p>The majority of the public access toilets appear OK except for those within the reception area for Physiotherapy, Occupational Therapy and Diabetes. Serious concerns are raised that the cleaning of these toilets is of an unacceptable standard, together with the timeliness of the daily clean - 11pm at night. The footfall for this area has massively increased with no reciprocal increase in the hygiene standard nor frequency.</p> <p>The reception team regularly ring to request additional toilet cleaning together with an increase in emptying of bins at Reception.</p> <p>Within the Ophthalmic area, the Gents toilet is closed (since 26/09/25) awaiting a new toilet seat - URGENT action needed.</p> <p>The toilet outside the Croft wing was extremely bad (dirty and unclean).</p> <p>In addition to these specific comments the cleanliness of toilet brushes were dirty or unfit for use.</p> <p>The drinking water dispenser in the Diabetes outpatients is broken.</p>	
<b>FURTHER FEEDBACK</b>	<p>Please use this section to record any other observations / interactions.</p>	<b>Confidence Score</b>
	<p>Signage throughout the public areas leaves a lot to be desired. Some signs are paper/laminated, others of a permanent nature; it is questionable if all would be considered suitable from both an accurate information and Health &amp; Safety point of view.</p> <p>The subject of the PALS office has been raised by Governors before. Just to reaffirm our concerns, the office was closed.</p> <p>The Welcome desk has again fielded complaints about the inability to contact PALS, in person or by telephone.</p> <p>The Change machine on the right-hand side of the Main Entrance has, we presume, been superseded by the actual machines outside - Car Parking. No information is located by the old machine position</p>	<b>0 / 1 / 2 / 3</b>

<b>LASTING IMPRESSIONS and EVIDENCE of GOOD PRACTICE</b>	Having carried out this observation, how confident do you now feel about whether patients are experiencing good care in this department?	<b>Confidence Score</b>
	<p>Are there any specific areas of learning identified?</p> <p>Some areas of cleaning are good but the constant theme of toilets not being cleaned regularly, trolleys abandoned and rubbish and soiled linen being in plain sight of patients and visitors is not in sync with the Trust stated aim to “make the best” of our current site – and serious enough to raise concerns regarding possible infection risks.</p>	<b>0 / 1 / 2 / 3</b>

<b>SHARING FINDINGS</b>	
<p><b>IF ANY IMMEDIATE CONCERNS:</b> Escalate to Deputy Chief Nurse, or Associate Chief Nurse for Planned or Unplanned Care.</p>	<p><b>FOR ROUTINE VISITS:</b> Once visit is completed, please send a copy of this document to Tracy Fennell, Deputy Chief Nurse <a href="mailto:tracy.fennell1@nhs.net">tracy.fennell1@nhs.net</a> ; Susan Dean, Deputy Head of Patient Experience, and Inclusion <a href="mailto:susan.dean11@nhs.net">susan.dean11@nhs.net</a> cc <a href="mailto:whh.patient.experience@nhs.net">whh.patient.experience@nhs.net</a> within 5 working days.</p>

### Governor Observation Visit

Date / Time: 21 October 2025 2pm

Ward / Department: General public areas of Appleton Wing

Governors: A Robinson, A Davies, C Ardern, M Bamford and P Jones

#### First Impressions

Positives	Recommendations
Some areas of cleaning are good	Appearance and cleanliness inconsistent around the site. Is this due to lack of resource?
	The site map of WHH on the left of entrance could it be moved to a site near the welcome desk so it is more accessible and not hidden behind seated patients?
	Noting the financial constraints it was felt that in comparison to other C&M hospitals the standard and quality of public seating could be improved. Is there any scope of looking into improving the seating area?

#### Well Led

Positives	Recommendations

#### Safe

Positives	Recommendations
	Only 2 wheelchairs were located in the bay. This is partly to do with staffing issues on the front desk. As Radiology have a stock of wheelchairs could surplus be returned by porters to the main entrance? We have discussed options for this problem on but is there any scope in looking into cheap tagging systems so they can be located?
	There is a leaking pipe in Audiology can this be assessed and repaired as soon as possible to prevent further damage?
	Courtyard (AGD83) contained rubbish bins can they be relocated?

### Caring

Positives	Recommendations

### Food and Nutrition

Positives	Recommendations
	The drinking water dispenser in the Diabetes outpatients is broken. Can it be fixed so patient get necessary fluids?

### Responsive (to issues)

Positives	Recommendations
The majority of public access toilets appear OK	There was concerns about the cleanliness of the toilets in Physiotherapy Occupational Therapy and Diabetes which are cleaned 11pm at night. As there is increased footfall in these areas can the toilets be cleaned at a more suitable time or is there the possibility of increasing the frequency of cleaning the toilets?
	In Ophthalmic area the gents has been closed since 26/09/2025 awaiting a new toilet seat. Can the replacement be expedited?
	The reception team regularly ring to request additional toilet cleaning could we have any member of staff report any issues they observe or can a regular review be undertaken and actioned taken if indicated?
	Can the toilet brushes be cleaned more frequently?

### Effective

Positives	Recommendations
N/A	

## Further Feedback

Positives	Recommendations
	The change machine on right of main entrance has been superseded by the new car park machines. Can it be removed or a sign stating not in use if it is no longer in use be placed?
	The main corridor contained rubbish bags and bed mattresses. Can the items be stored in a location away from patient view?
	There were 2 yellow bins with piles of soiled linen located by radiology lift again can this be located out of the sight of the patients in a more appropriate location
	There was a lot of "old" hazard tape in the main corridor can this be replaced or removed if it is no longer required?
	Pals was closed again is this due to staffing issues is there anything that can alleviate the situation?

## Lasting Impressions

Positives	Recommendations
	Signage could be improved but there is a hospital project underway looking into this so no really recommendations at this point.
	Of concern is the smell of cigarettes along the main corridor towards the day case unit. As we are a no smoking hospital how can this be policed?
	A staff member stated that they could not open windows near entrance B due to number of smokers. This is a major problem is there anything that can be done to reduce the problem?
	Can the pre board workarounds include the public areas to monitor first impressions as these are the impressions that patients will judge the hospital on?

**COUNCIL OF GOVERNORS**

<b>AGENDA REFERENCE:</b>	<b>COG/25/11/53</b>			
<b>SUBJECT:</b>	<b>Membership Strategy Implementation and Progress Report – Q2 2025/26</b>			
<b>DATE OF MEETING:</b>	Thursday 13 November 2025			
<b>ACTION REQUIRED:</b>	<b>To note</b>			
<b>AUTHOR(S):</b>	Gina Coldrick, Corporate Information Specialist Emily Kelso Corporate, Governance and Membership Manager			
<b>EXECUTIVE DIRECTOR SPONSOR:</b>	Steve McGuirk, Chair			
<b>LINK TO STRATEGIC OBJECTIVE</b>	SO1: We will ... Always put our patients first delivering safe and effective care and an excellent patient experience.			
<b>EQUALITY CONSIDERATIONS: (Please select as appropriate)</b>	Please indicate who is impacted by the equality considerations:	<b>Patients</b> ✓	<b>Workforce</b> ✓	<b>Public</b> ✓
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	<b>Yes</b>	<b>No</b>	<b>N/A</b> ✓
	Further Information / Comments:			
<b>EXECUTIVE SUMMARY:</b>	<p>This report updates on activity against the three strategic objectives of the Trusts Memberships strategy, and the priorities agreed against each of these objectives:</p> <p><b>Strategic Objective 1: High Quality Information</b> Provision of high-quality Information to WHH Members to provide them with the knowledge they need to understand the offer of membership at WHH and to be ambassadors for the Trust.</p> <p><b>Strategic Objective 2: Inclusivity</b> Ensure our membership is reflective of the different people and communities, we serve, with a focus on attracting younger members and those from groups that are currently underrepresented.</p> <p><b>Strategic Objective 3: Sustainability</b> Taking meaningful steps so we can make sure that we are promoting sustainability in all membership communications and activities.</p> <p>The report consists of:</p> <ul style="list-style-type: none"> <li>• Overview of Q2 activity</li> <li>• Details of the plan of engagement events for 2025/2026.</li> </ul>			

<b>PURPOSE:</b> (please select as appropriate)	<b>Approval</b>	<b>To note</b> ✓	<b>Decision</b>
<b>RECOMMENDATION:</b>	The Council of Governors is asked to note the progress made on the strategy objectives.		
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	Governor Engagement Group	
	<b>Agenda Ref.</b>	<b>GEG/25/11/30</b>	
	<b>Date of meeting</b>	06 November 2025	
	<b>Summary of Outcome</b>	noted	
<b>NEXT STEPS:</b> <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	None		
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full		
<b>FOIA EXEMPTIONS APPLIED:</b> <i>(if relevant)</i>	None		

# Membership Strategy Update

Quarter 2  
2025/26



Working Together



Excellence



Inclusive



Kind



Embracing Change

# Strategic Objective 1: High Quality Information (1)

Provision of high-quality Information to WHH Members to provide them with the knowledge they need to understand the offer of membership at WHH and to be ambassadors for the Trust.

Priorities	Activities in Quarter 2	Expected Completion
Educate current and prospective members on the membership offer at WHH.	• Members Newsletters – December edition will be circulated Monday 1 December 2025, August edition 48% open rate.	Ongoing
	• Engagement stand dates agreed with governors to support. Space has been booked across sites to engage with and recruit new members. Each took place after Governor Engagement Group meetings: 06 November at Warrington Hospital	Ongoing
	• Welcome letter – to go to members who join and then will be issued monthly to capture all new members who join between newsletters. Issued 31 October 2025	Complete
	• QR code for membership form created for governors to share with prospective members for ease of access.	Complete
Reinforcing the various ways members can contribute their views, thoughts and ideas to help shape WHH and showcasing what the Trust is doing in response to the feedback received.	• Members Newsletter – Next edition will be circulated on Monday 1 December 2025	1 December 2025
	• Experts by Experience (EbyE) programme is promoted via member newsletters.	Ongoing
		Complete



# Strategic Objective 1: High Quality Information (2)

Provision of high-quality Information to WHH Members to provide them with the knowledge they need to understand the offer of membership at WHH and to be ambassadors for the Trust.

Priorities	Activities in Quarter 2	Expected Completion
Keep members and partners updated on developments at WHH plus the activity of the Council of Governors so that we can promote engagement and also attract new members.	<ul style="list-style-type: none"><li>• Members Newsletter provides details on upcoming Trust and community events.</li><li>• Engagement stands (as on previous slide).</li><li>• As mentioned above new members updates issued via Civica as and when required</li></ul>	1 December 2025 Ongoing Ongoing
Retention of active members and recruitment of new Members.	<ul style="list-style-type: none"><li>• Governor engagement and recruitment stands (as above)</li><li>• Local community and internal WHH engagement events being utilised to recruit new members and engage with current members.</li></ul>	Ongoing Ongoing
Development of suitable Induction Training for newly elected Governors & Development Training for current Governors	<ul style="list-style-type: none"><li>• Adhoc visits to departments/areas after GEG dependent on time. Visit to Pathology – 6 November pre-meeting.</li></ul>	Ongoing
Development of Governor Engagement slides for community events	<ul style="list-style-type: none"><li>• Presented to Governors at the GEGiC on the 6 November 2025, and available to all Governors on Team Engine.</li></ul>	Complete -18 September 2025



# Strategic Objective 2 : Inclusivity

Ensure our membership is reflective of the different people and communities, we serve, with a focus on attracting younger members and those from groups that are currently underrepresented.

Priorities	Activities in Quarter 2	Expected Completion
Focusing on reaching out to the target groups which are underrepresented such as under 35's, public male members as well as those in ethnic minority groups.	<ul style="list-style-type: none"><li>Upcoming engagement events to be utilised to recruit members from underrepresented groups. Recruitment/engagement packs produced for governors to support recruitment events - including a limited number of paper membership forms, QR leaflets to complete membership in own time, an iPad for online applications, Governor Handbooks, NHS Feedback Forms produced, to ask questions: In a sentence, tell us of a time when the NHS made a difference to you; Tell us 3 words you would use to describe the NHS; Tell us your 3 top priorities to help improve patient experience.</li></ul>	Ongoing
	<ul style="list-style-type: none"><li>Rota has been devised for Governors to attend upcoming Engagement Events (see slide 5). Governors invited to attend.</li></ul>	Ongoing
Simplifying our communications so that the message is clear and accessible.	<ul style="list-style-type: none"><li>Civica Engage is being used with new Trust branding to circulate members newsletters.</li><li>Members updates via Civica Engage – plans to send out updates on integration between WHH and BCH as required following briefing from the Communications Team</li><li>Welcome letter to new members via Civica Engage – informing them of the benefits of being a member and links to important information on the WHH website</li></ul>	Ongoing Ongoing



# Strategic Objective 3: Sustainability

Taking meaningful steps so we can make sure that we are promoting sustainability in all membership communications and activities.

Priorities	Activities in Quarter 2	Completion Deadline
Being environmentally conscious in production of our marketing material.	<ul style="list-style-type: none"><li>Membership stands will primarily use digital membership application rather than paper forms.</li><li>QR codes will be used to direct members to the Governor Handbook available on the Trust website, very few hard copies will be made available.</li></ul>	Ongoing Ongoing
Playing an active role in contributions to the sustainability agenda at WHH.	<b>Reduced printing</b> <ul style="list-style-type: none"><li>Members Newsletter now circulated via email only</li><li>August newsletter achieved an open rate of 48% was achieved</li><li>All future Governor elections communications including voting to be electronic unless specifically requested to be via post.</li><li>All new members are asked to add their email address via the application form; engagement stands will encourage current members to provide their email addresses if we do not have on file.</li></ul>	Ongoing  Ongoing  Ongoing
Carrying out a database cleanse to Improve the quality of the data we hold for public members, retaining active members only and recruit new members particularly from underrepresented groups.	<ul style="list-style-type: none"><li>The Trust currently has 3,096 active members (a reduction from 9,940 - 31 March 2023). Membership figures alter throughout the year, with new joiners and leavers.</li><li>Forthcoming engagement events (slide 5) to be utilised for member recruitment a Governor Pack to be developed to engage with and recruit new members. Governor attendees confirmed.</li></ul>	November 2024

# Governor Engagement Activities – Q2



**Warrington and Halton  
Teaching Hospitals**  
NHS Foundation Trust



**Disability Awareness Day –  
13 July 2025**



**Warrington Mela,  
31 August 2025**



**Governor Symposium,  
September 2025**



# Forthcoming Engagement Events: 2025/2026

Date	Event	Time	Venue	Event Purpose	Governors Attending
6 Nov 25	Member Engagement & Recruitment Stand	12.30pm – 1.30pm	TBC – Warrington Hospital, WA5 1QG	Governors facilitating a member engagement and recruitment stand at Halton Hospital, to engage with current members and members of the public and recruit new members with a focus on underrepresented groups.	TBC
20 May 2026	International Clinical Trials Day	10am – 2pm	Main entrance, Warrington Hospital and George Lloyd Restaurant, Halton Hospital	Trust-led, annual event promoting the accomplishments of clinical research professionals in public health/medicine and their efforts in clinical trials.	TBC
13 June 2026	Warrington Pride	9am-4pm	Warrington town centre/Golden Square	Annual partnership event celebrating the LGBTQIA+ community.	TBC
27 June 2026	Warrington Armed Forces Day	10am – 6pm	Crosfields Rugby Club, 131 Hood Lane North, Great Sankey, Warrington, WA5 1XU	Annual partnership event comprised of Armed Forces Rugby League games, military vehicle displays, stands and activities.	TBC
13 July 2026	Disability Awareness Day	10am – 4pm	Walton Hall and Gardens, Higher Walton, Warrington, WA4 6SN	Annual family fun day and pan-disability event led by Warrington Disability Partnership.	TBC
30 August 2026	Warrington Mela	11am – 4pm	Queens's Garden, Palmyra Square, Warrington, WA1 1JN	Annual open event supporting cultural diversity and community inclusion within the town.	TBC

**COUNCIL OF GOVERNORS**

<b>AGENDA REFERENCE:</b>	<b>COG/25/11/54</b>			
<b>SUBJECT:</b>	<b>WHH Membership Strategy 2023-25 proposed extension to 2026</b>			
<b>DATE OF MEETING:</b>	<b>13 November 2025</b>			
<b>ACTION REQUIRED:</b>	<b>To Note</b>			
<b>AUTHOR(S):</b>	Emily Kelso, Corporate Governance and Membership Manager			
<b>EXECUTIVE DIRECTOR SPONSOR:</b>	Steve McGuirk, Chair			
<b>LINK TO STRATEGIC OBJECTIVE</b>	SO1: We will ... Always put our patients first delivering safe and effective care and an excellent patient experience.			
<b>EQUALITY CONSIDERATIONS: (Please select as appropriate)</b>	Please indicate who is impacted by the equality considerations:	<b>Patients</b>	<b>Workforce</b>	<b>Public</b>
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	<b>Yes</b>	<b>No</b>	<b>N/A</b>
	Further Information / Comments:			✓
<b>EXECUTIVE SUMMARY:</b>	<p>The WHH Membership Strategy has built on the success of our Working with People and Communities Strategy 2022–2025 and seeks to help us progress as a Foundation Trust that better supports its members and actively recruits new members. The strategy addresses how we plan to communicate and engage with our members and aligns with the overarching Trust Strategy.</p> <p><b>Extension to 2026: Rationale and Benefits</b></p> <p>In light of the planned integration, it is proposed that this Membership Strategy be extended to cover the period up to 2026. There are several key reasons for this extension:</p> <ul style="list-style-type: none"> <li>• <b>Continuity and Stability:</b> Extending the current strategy will ensure there is no gap in our approach to membership engagement and recruitment during a period of significant organisational change. This is vital to maintain momentum and avoid disruption as the Trust moves through the integration process.</li> <li>• <b>Alignment with Integration Timeline:</b> The integration process is expected to conclude in 2026. Extending the strategy ensures our membership activities remain aligned with the Trust’s operational and strategic priorities right up to the point of integration.</li> </ul>			

- **Consistency for Members:** Our members will benefit from a consistent approach to engagement, communication, and support, which is particularly important during times of change and uncertainty.
- **Evidence of Progress:** Quarterly updates to the Governor Engagement Group (GEG) and Council of Governors have demonstrated steady progress against the three strategic objectives. Maintaining the current objectives into 2026 allows us to build on this progress and continue to deliver meaningful outcomes for our members.
- **Preparation for the Future:** By extending the current strategy, we can focus on delivering our existing commitments while also preparing for the development of a new membership strategy tailored to the needs and ambitions of the newly integrated Trust.

At the point of integration, a new Membership Strategy will be developed and proposed for the integrated organisation, ensuring alignment with the overarching mission, vision, aims and values.

#### **Progress and Objectives**

The GEG and Council of Governors continue to receive quarterly updates on the membership strategy, which have shown steady progress against achieving the three objectives. It is proposed that these objectives remain unchanged into 2026:

- **Objective 1: High Quality Information**  
Provision of high-quality information to WHH Members, equipping them with the knowledge they need to understand the offer of membership at WHH and to act as ambassadors for the Trust.
- **Objective 2: Inclusivity**  
Ensuring our membership is reflective of the diverse people and communities we serve, with a particular focus on attracting younger members and those from currently underrepresented groups.
- **Objective 3: Sustainability**  
Taking meaningful steps to promote sustainability in all membership communications and activities.

It is anticipated that extending the WHH Membership Strategy to 2026 will provide the necessary continuity and stability as we move towards integration, ensuring our members and governors remain engaged and supported throughout this period of change.

We therefore invite the Council of Governors to approve this extension as recommended by the Governor Engagement Group in Common, recognising the value it will bring in maintaining momentum, preparing the ground

	for a refreshed membership strategy for the new integrated organisation, and ensuring a smooth transition for both governors and members.		
<b>PURPOSE:</b> (please select as appropriate)	<b>Approval</b> ✓	<b>To note</b>	<b>Decision</b>
<b>RECOMMENDATION:</b>	<p>The Council of Governors is asked to approve the extension of the Membership Strategy through to 2026. This extension aims to ensure continuity and stability as the Trust progresses towards integration and has been recommended by the Governor Engagement Group in Common.</p> <p>Subject to approval by the Council of Governors, the strategy will be presented to the Trust Board for ratification on <b>3 December 2025</b>.</p>		
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	Governor Engagement Group in Common	
	<b>Agenda Ref.</b>	<b>GEGiC/25/11/31</b>	
	<b>Date of meeting</b>	06/11/2025	
	<b>Summary of Outcome</b>	Supported to recommend to the Council of Governors for approval.	
<b>NEXT STEPS:</b> <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	Submit to Trust Board		
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full		
<b>FOIA EXEMPTIONS APPLIED:</b> <i>(if relevant)</i>	None		

# Membership strategy

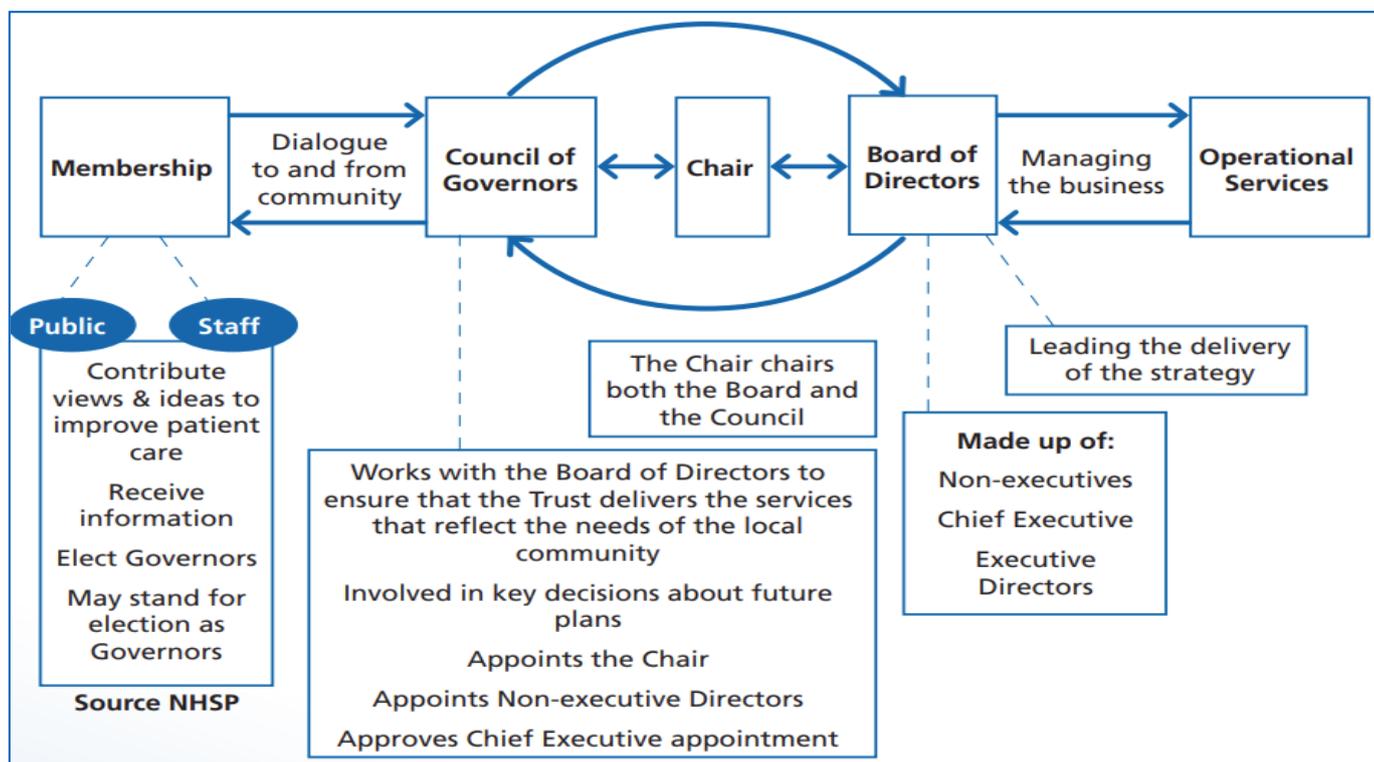
## 2023 - 2026



## Hello and welcome

Warrington and Halton Teaching Hospitals NHS Foundation Trust (WHH) achieved Foundation Trust status in 2008. A Foundation Trust is an NHS organisation which gives greater opportunities for people, patients and staff who have an interest in the Trust to have more of a say about the way in which services are provided. Foundation Trust status is only awarded to hospitals who have shown they demonstrate the highest clinical standards, quality leadership and a great record of patient responsiveness and safety.

As a Foundation Trust WHH is accountable to the local community, the patients it cares for and the people it employs through its membership. By becoming members, local people and our staff can have a say in how services will be designed and delivered, and vote for governors. Our governors perform a vital role in holding non-executive Board members to account for the performance of the Trust. As such an involved, informed, representative and vibrant membership is integral to the anchoring of the Trust to our Integrated Care System (ICS) of Cheshire and Merseyside and delivering the WHH mission to be outstanding for our patients, our communities and each other. This vital link between membership and the Trust is illustrated through the diagram below.



We strive for our membership to reflect the broad and diverse public communities we serve as well as patients, their families and carers, and our staff. CIVICA Engagement Services (CES) is our membership database provider. CIVICA securely hold and manage our public membership data. Members of the public can become a member of WHH by completing an online form <https://secure.membra.co.uk/join/warringtonhalton>. Staff automatically become a member of the Trust when they are employed.

Members are grouped into the following constituencies:

### Public

- Warrington

- Halton
- Rest of England

## Staff

- Medical
- Nursing and Midwifery
- Support
- Clinical Scientists or Allied Health Professional
- Estates, Administration & Managerial

This Membership Strategy builds on the success of our 'Working with People and Communities Strategy and seeks to help us progress as a Foundation Trust that better supports its members and actively recruits new members. The strategy will address how we plan to communicate and engage with our members. The strategy also ties in with the overarching Trust strategy, which articulates our Vision to be a great place to receive healthcare, work and learn.

The strategy will seek to address ways to retain active members and recruit new members particularly from underrepresented groups. Most importantly, it aims to show members that their contributions towards the development of the Trust are valued. The Membership Strategy run will from 2023 until 2026 with the following key themes:

- High Quality information
- Inclusivity
- Sustainability

## Definitions

**NHS** – National Health Service

**GEG** – Governor Engagement Group

**CoG** – Council of Governors

**Constitution** – a document that sets out the rules for how the organisation is governed.

**Integrated Care System (ICS)** – WHH is part of The Cheshire and Merseyside Integrated Care System. Integrated care systems (ICSs) are partnerships that bring together the health and care organisations in a particular local area, to improve population health and healthcare, tackle unequal outcomes and access, enhance productivity and value for money and help the NHS to support broader social and economic development.

## Engagement

The Governor Engagement Group (GEG) is a subcommittee of the Council of Governors at WHH and is chaired by a public governor. It has delegated authority from the Council of Governors to make decisions on behalf of and be accountable to the Council of Governors with regards to ensuring WHH is effectively recruiting and engaging with its membership, reviewing the membership priorities as well as representing the interests of the patients, carers, families and the general public in the areas served by the Trust. The Governor Engagement Group will be consulted on the content of the Membership Strategy, they will be responsible for reviewing it and recommending the strategy for approval by the Council of Governors.

A key element in achieving success is to build on the partnerships we have as well as developing new ones. This includes relationships with internal and external stakeholders, some examples of these stakeholders are: patients and their families; carers; public; staff; Multi-Ethnic Staff Network; PROGRESS Staff Network – supporting the LGBTQIA+ Community; Disability Awareness Staff Network; Armed Forces and Military Veterans Community Staff Network; WHH Charity; Experts by Experience, Warrington & Vale Royal College; Warrington Council; Halton Council; Chester University; volunteers and Warrington Sikh Gurdwara amongst others.

Our partners will help us steer the membership direction so that the priorities can be achieved, it is important that we get people involved and embed the themes into the organisation through the wider Strategic Aims and the 12 Strategic Objectives that sit within 'Our Strategy 2023-26'.

### WHH Strategic Aims:



## Strategic Objectives

The Membership Strategy will seek to address ways to increase the recruitment and retention of active members ensuring we are not just attracting people to become members but also keeping our current members informed and engaged. Most importantly, it aims to show members that their contributions towards the development of the Trust are valued. The new strategy will run from 2023 until 2026 with the following objectives:

### 1. High Quality Information

Provision of high-quality Information to WHH Members to provide them with the knowledge they need to understand the offer of membership at WHH and to be ambassadors for the Trust.

### 2. Inclusivity

Ensure our membership is reflective of the different people and communities, we serve, with a focus on attracting younger members and those from groups that are currently underrepresented.

### 3. Sustainability

Taking meaningful steps so we can make sure that we are promoting sustainability in all membership communications and activities.

## Strategic Objective 1 – High Quality Information

Priorities	Actions	Outcomes	Measurements	Owner
<p>Educate current and prospective members on the membership offer at WHH.</p> <p>Reinforcing the various ways members can contribute their views, thoughts and ideas to help shape WHH and showcasing what the Trust is doing in response to the feedback received.</p> <p>Keep members and partners updated on developments at WHH plus the activity of the Council of Governors so that we can promote engagement and also attract new members.</p> <p>Retention of active members and recruitment of new members.</p> <p>Development of suitable induction training for newly elected governors &amp; development training for current governors.</p>	<p>Intentional and consistent use of social media channels as well as traditional methods like email to communicate messages.</p> <p>Refining the membership offer and the role of the governors by breaking down the benefits through infographics and videos.</p> <p>Online/hybrid surveys or polls and questionnaires to understand how members feel about the membership.</p> <p>Hosting information events on topics that members tell us are important to them.</p> <p>Performing a database cleanse – to retain active members and identify underrepresented groups, which will then be a target for recruitment activities.</p> <p>The Governor Engagement Group to be involved in the development of agendas for governor induction and development training</p>	<p>Events will be better attended by members.</p> <p>WHH newsletter circulated at least three times per year to those members we have email addresses for.</p> <p>Meaningful and targeted induction and development training programmes for governors.</p>	<p>Number of public and staff members attending Trust events.</p>	<p>Governor Engagement Group</p> <p>All governors</p> <p>Corporate Governance &amp; Membership Manager</p> <p>Head of Communications &amp; Engagement</p>

## Strategic Objective 2 – Inclusivity

Priorities	Actions	Outcomes	Measurements	Owner
<p>Focusing on reaching out to the target groups which are underrepresented such as under 35's, public male members as well as those in ethnic minority groups.</p> <p>Simplifying our communications so that the message is clear and accessible.</p>	<p>Introduce a Member Welcome letter, explaining the benefits of FT Membership at WHH.</p> <p>Refresh the Trust Member Newsletter with a focus on Membership.</p> <p>Partnering with internal stakeholders such as staff networks, patient experience colleagues and so on for joint collaborative work that promotes the membership across teams.</p> <p>Partnering with external stakeholders such as schools, youth groups, colleges, universities, religious centres, and other health related forums to explore areas of joint working.</p> <p>Making communications accessible such as videos and in alternative languages and formats.</p> <p>Target our staff members by ensuring our staff governors are more visible across the Trust.</p>	<p>Increase the understanding of the benefits of FT membership.</p> <p>More frequent circulation of a Trust Member Newsletter – at least three times per year.</p> <p>Posters of governors printed and visible across Trust sites.</p>	<p>An increase in members from the underrepresented groups, this will be measured using the analytic tools available on Civica Engage.</p> <p>Increased governor attendance at community events particularly those with a target audience of underrepresented groups.</p>	<p>Governor Engagement Group</p> <p>All governors</p> <p>Corporate Governance &amp; Membership Manager</p> <p>Head of Communications &amp; Engagement</p> <p>Director of Communications &amp; Engagement</p>

### Strategic Objective 3 – Sustainability

Priorities	Actions	Outcomes	Measurements	Owner
<p>Being environmentally conscious in production of our marketing material.</p> <p>Playing an active role in contributions to the sustainability agenda at WHH.</p> <p>Carrying out a database cleanse to improve the quality of the data we hold for public members, retaining active members only and recruit new members particularly from underrepresented groups.</p>	<p>Cutting back on the use of non-renewable materials and/ or opting for recyclable alternatives in all our print (posters, newsletter, handbooks, leaflets, etc).</p> <p>Using digital communications rather than paper/printed communications materials.</p> <p>Asking members (who we hold postal addresses for only) to opt in to being a member of the Trust and to provide their email addresses, this will be included as part of the governor elections mail outs.</p>	<p>Develop creative and engaging membership communications using email, and social media.</p> <p>Increasing the number of email addresses we have for public members.</p>	<p>An analysis of email circulations will show that members are reading emails/newsletters for a longer period of time showing increased engagement with our revised communication methods.</p> <p>We will increase the number of email addresses we have for public members.</p>	<p>Governors Engagement Group</p> <p>All governors</p> <p>Corporate Governance &amp; Membership Manager</p> <p>Head of Communications &amp; Engagement</p>

## Governance

The Governor Engagement Group (GEG) will be responsible for reviewing and supporting the implementation of this strategy to ensure that the objectives are achieved.

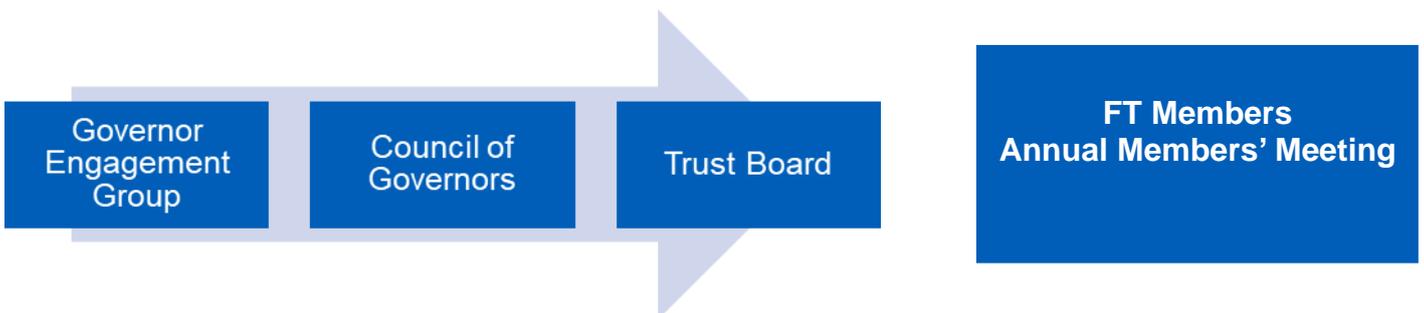
The GEG meets on a quarterly basis to review the membership numbers and demographics as well as level of engagement with membership communication materials and events. Through ongoing evaluation of the objectives as set out in the strategy, the GEG is responsible for fulfilling the priorities and reporting on progress into the Council of Governors quarterly at a formal meeting.

As stated within the Trust Constitution, The Council of Governors shall present to the members (at the Annual Members' Meeting):

- a report on steps taken to secure that (taken as a whole) the actual membership of its Public Constituency and of the classes of the Staff Constituency are representative of those eligible for such membership.
- The progress of the Membership Strategy

In addition, the Council of Governors will present:

- a report on steps taken to ensure that the Trust's membership is representative of those eligible for membership.
- any changes to the Membership Strategy



## Duties and Responsibilities

**Governor Engagement Group** – Responsible for reviewing and implementing this strategy to ensure that the priorities are achieved. They are responsible for fulfilling the priorities and reporting on progress into the council quarterly and recommending approval of the Membership Strategy to the Council of Governors.

**Council of Governors** – Receiving quarterly progress reports against the priorities detailed within the strategy and approving the Membership Strategy.

**Governors** – Ensuring they are familiar with the Membership Strategy and use the strategy to guide them in their communications with members.

**Trust Board** – Receiving and ratifying the Membership Strategy.

**Lead Governor/Chair of the Governor Engagement Group** – Reporting on steps taken to ensure that the Trust's membership is representative of those eligible for membership and any changes to the Membership Strategy in the Annual Report and at the Annual Members' Meeting.

## APPENDIX – Matrix of Enabling Strategies aligned to Trust Quality, People and Sustainability Aims

Trust Strategic Objectives 2023 - 2026		Objective 1	Objective 2	Objective 3
Quality	<b>1. Patient safety</b> We will enhance our patients' safety and develop a learning culture where quality and safety is everyone's top responsibility.	<input checked="" type="checkbox"/>		
	<b>2. Clinical effectiveness</b> We will ensure practice is based on evidence so that we do the right things in the right way, to achieve the right outcomes for our patients.	<input checked="" type="checkbox"/>		
	<b>3. Patient experience</b> We will place the quality of patient experience at the heart of all we do, where 'seeing the person in the patient' is our norm.	<input checked="" type="checkbox"/>		
	<b>4. Research, Development and innovation</b> We will work in partnership on high quality clinical research for the benefit of patients, public and staff.	<input checked="" type="checkbox"/>		
People	<b>5. Looking after our people</b> We will prioritise the safety, health, wellbeing and experience of our people to ensure work has a positive impact.		<input checked="" type="checkbox"/>	
	<b>6. Innovating the way we work</b> We will embrace new ways of working to attract and retain an engaged, responsive, diverse and flexible workforce to care for our patients.		<input checked="" type="checkbox"/>	
	<b>7. Growing our workforce for the future</b> We will support personal and professional development, ensuring equal access to opportunities, and nurture, grow and develop diverse teams.		<input checked="" type="checkbox"/>	
	<b>8. Belonging in WHH</b> We will enable staff to have a voice through the development of a just and learning culture.		<input checked="" type="checkbox"/>	
Sustainability	<b>9. Working in partnership</b> We will work collaboratively to provide sustainable, high quality acute services and to support prevention and integrated care in the community.			<input checked="" type="checkbox"/>
	<b>10. Working responsibly</b> We will continue to address health inequalities, creating social value for our communities, and progressing our Green Plan ambitions.			<input checked="" type="checkbox"/>
	<b>11. Sustainable estate and digitally enabled</b> We will provide our services in a fit for purpose estate, supported by the realisation of digital opportunities.			<input checked="" type="checkbox"/>
	<b>12. Financial sustainability</b> We will develop and deliver financial sustainability plans with our staff, system partners and stakeholders.			<input checked="" type="checkbox"/>

## Assurance & Monitoring

Approvals Log					
Stage 1		Stage 2		Stage 3	
Governor Engagement Group (1 <sup>st</sup> Draft)	1 August 2022				
Governor Engagement Group (final)	1 November 2023	Council of Governors	9 November 2023	Trust Board	6 December 2023

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request.

Please contact the Communications Team on 01925 662710

**Polish:** Niniejsza publikacja jest dostępna w alternatywnych językach lub formatach na życzenie

**Punjabi:** ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਬੇਨਤੀ 'ਤੇ ਵਿਕਲਪਕ ਭਾਸ਼ਾਵਾਂ ਜਾਂ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ

**Urdu:** یہاں شاعترخواست پر متبادل زبانوں یا وضعوں میں دستیاب ہے

**Bengali:** এই প্রকাশনাটি অনুরোধের ভিত্তিতে বিকল্প ভাষা বা বিন্যাসে উপলব্ধ

**Gujurati:** આ પ્રકાશન વિનંતી પર વૈકલ્પિક ભાષાઓ અથવા ફોર્મેટમાં ઉપલબ્ધ છે

**Arabic:** هذا المنشور متاح بلغات أو تنسيقات بديلة عند الطلب

**French:** Cette publication est disponible dans d'autres langues ou formats sur demande

**Cantonese:** 本出版物可應要求以其他語言或格式提供

**Portuguese:** Esta publicação está disponível em idiomas ou formatos alternativos a pedido

**Spanish:** Esta publicación está disponible en idiomas o formatos alternativos bajo petición



Working  
Together



Excellence



Inclusive



Kind



Embracing  
Change

**COUNCIL OF GOVERNORS**

<b>AGENDA REFERENCE:</b>	<b>COG/25/11/55</b>			
<b>SUBJECT:</b>	<b>Governor Elections Activity Update</b>			
<b>DATE OF MEETING:</b>	<b>13 November 2025</b>			
<b>ACTION REQUIRED:</b>	<b>To Note</b>			
<b>AUTHOR(S):</b>	Emily Kelso, Corporate Governance and Membership Manager			
<b>EXECUTIVE DIRECTOR SPONSOR:</b>	Steve McGuirk, Chair			
<b>LINK TO STRATEGIC OBJECTIVE</b>	SO1: We will ... Always put our patients first delivering safe and effective care and an excellent patient experience.			
<b>EQUALITY CONSIDERATIONS: (Please select as appropriate)</b>	Please indicate who is impacted by the equality considerations:	<b>Patients</b>	<b>Workforce</b>	<b>Public</b>
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	<b>Yes</b>	<b>No</b>	<b>N/A</b>
				✓
	Further Information / Comments:			
<b>EXECUTIVE SUMMARY:</b>	<p>The Trust holds Governor Elections each year to fill any vacant seats on our Council of Governors and/or to open up seats in relation to those Governors whose term of office is ending.</p> <p>The election is being facilitated by an independent, external election company namely Civica Election Services.</p> <p>For the 2025 Governor Elections there are 8 vacancies, these are:</p> <p><b>Public Governors</b></p> <ul style="list-style-type: none"> <li>• 4 in Warrington and Halton</li> <li>• 1 in Rest of England</li> </ul> <p><b>Staff Governors</b></p> <ul style="list-style-type: none"> <li>• 1 in Medical and Dental</li> <li>• 1 in Nursing and midwifery</li> <li>• 1 in Estates, Administration, Managerial</li> </ul> <p>The seats in the <b>Warrington and Halton public Constituency</b> are contested, following receipt of 11 valid nominations for 4 seats.</p> <p>The <b>Rest of England</b> public seat is also contested, following receipt of 4 valid nominations for 1 seat.</p> <p>The staff seat for the <b>Medical and Dental</b> constituency</p>			

	<p>will remain vacant as no nominations were received</p> <p>The staff seat for <b>Nursing and Midwifery</b> is contested, following receipt of 5 valid nominations for 1 seat.</p> <p>The staff seat for <b>Estates, Admin and Managerial</b> is contested, following receipt of 4 valid nominations for 1 seat. 1 nomination was withdrawn, leaving the seat contested with 3 nominations.</p> <p>Governors are appointed for a term of 3 years and are eligible for re-election or re-appointment at the end of their initial term, for two further terms (9 years in total).</p> <p>Newley elected Governors will start their term on 1 December</p>		
<b>PURPOSE:</b> (please select as appropriate)	<b>Approval</b>	<b>To note</b> ✓	<b>Decision</b>
<b>RECOMMENDATION:</b>	The Council of Governors is asked to note the progress on elections.		
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	Governor Engagement Group in Common	
	<b>Agenda Ref.</b>	<b>GEG/24/11/34</b>	
	<b>Date of meeting</b>	06/11/2025	
	<b>Summary of Outcome</b>	noted	
<b>NEXT STEPS:</b> <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	None		
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full		
<b>FOIA EXEMPTIONS APPLIED:</b> (if relevant)	None		

## COUNCIL OF GOVERNORS

<b>SUBJECT</b>	<b>Governor Elections Activity Update</b>	<b>AGENDA REF:</b>	<b>COG/25/11/55</b>
----------------	---	--------------------	---------------------

### 1. BACKGROUND/CONTEXT

The Trust holds Governor Elections each year to fill any vacant seats on the Council of Governors and/or to open up seats in relation to those Governors whose term of office is ending.

As it was in 2024 the Council of Governor Elections 2025 are being facilitated by the independent, external election company namely Civica Election Services.

### 2. KEY ELEMENTS

[The Warrington and Halton Teaching Hospital NHS Foundation Trust Constitution](#) sets out the Model Rules for Election, which are being followed throughout the election process.

#### The Nomination Stage

For the 2025 Governor Elections there are 8 vacancies to be filled, these are:

#### Public Governors

- 4 in Warrington and Halton
- 1 in Rest of England

#### Staff Governors

- 1 in Medical and Dental
- 1 in Nursing and midwifery
- 1 in Estates, Administration, Managerial

#### Elections Timetable

The timetable for elections is detailed below.

Notice of Election / Nomination open	Thursday, 11 September 2025
Nominations Deadline	Thursday, 9 October 2025, 5pm
Summary of valid nominated candidates published	Friday, 10 October 2025
Notice of Poll published	Thursday, 30 October 2025
Voting Packs Dispatched, Voting Open	Friday 31, October 2025
Close of Election	Tuesday, 25 November 2025
Declaration of Results	Wednesday, 26 November 2025

#### Promotion of Elections

This year a robust communications plan has been developed to promote elections from the nomination stage through to the ballot stage and finally the declaration of results. Examples can be found on the Trusts social media accounts (given below).

A desktop background was published on the week of 29<sup>th</sup> September November providing the QR code to the elections website and details of the Staff Governor vacancies and how to submit a nomination.

In addition, a prospective Governor information stand was facilitated prior to the Annual Members Meeting (1 October), this was supported by current Governors who shared their knowledge and experience with those members considering submitting a nomination form to become a Governor.

**Instagram:** [@WHHNHS](#)

**X:** [WHH](#)  [\(@WHHNHS\) / X](#)

An information site has been developed to provide members with information about elections and the role of and NHS FT Governors, the website also provided details on how to submit a nomination form [www.cesvotes.com/WHH2025](http://www.cesvotes.com/WHH2025).

### **Contested Elections**

All validated nominees were contacted on Friday the 10<sup>th</sup> of November confirming receipt of their valid nomination and also informing them of the deadline of 14 October 2025 to withdraw their nomination, prior to moving to the ballot stage.

The ballot stage takes place when there are contested seats for one or more constituencies. This year we have contested seats for:

#### **Public Seats:**

- The seats **Warrington and Halton public** constituency are contested, following receipt of 11 valid nominations for 4 seats.
- The **Rest of England** public seat is also contested, following receipt of four valid nominations for one seat.

#### **Staff Seats:**

- The **Nursing and Midwifery** seat is contested, following receipt of five valid nominations for the one seat available.
- The **Estates, Admin and Managerial** seat is contested, following receipt of four valid nominations for one seat. However, one of the nominees has since withdrawn their candidacy. As a result, the seat remains contested, with three candidates actively standing for election.
- The **Medical and Dental** seat will remain vacant as no nominations were received for the one seat available.

The Statement of Nominated candidates is included as **Appendix 1**.

### **Communications with Bridgewater Community Healthcare NHS FT Members**

Bridgewater members were proactively informed about the upcoming WHH governor elections through their Members' Newsletter. As part of this communication, they were encouraged to join WHH as members to strengthen engagement and collaboration across organisations.

The response has been very positive. Notably, five current Bridgewater Public Governors have submitted nomination forms to stand in this year's WHH elections across both public constituencies. This outcome demonstrates strong interest and commitment from Bridgewater representatives and reflects the success of our outreach efforts.

This engagement directly supports our organisational commitment to integration and aligns with the **Better Care Together** programme of work. By fostering closer relationships between WHH and BCH members and Governors, we are advancing our shared goal of delivering more coordinated and patient-centred care across the region.

## **Voting Stage**

We are now in the voting stage, as per the elections timetable. The notice of poll will be published on the 30 October and voting packs distributed on Friday 31 October 2025.

We currently hold valid email addresses for 1,864 of our Warrington and Halton public members, meaning that only 171 members will require postal voting packs. However, it is disappointing to note that we are not performing as well in terms of email coverage for our Rest of England members. At present, we have valid email addresses for only 204 of these members, resulting in 763 needing postal voting packs. Despite this shortfall, we have successfully achieved a significant reduction in election-related costs. This outcome aligns positively with Objective 3 of the Trust's Membership Strategy.

***Objective 3 Sustainability - Taking meaningful steps so we can make sure that we are promoting sustainability in all membership communications and activities***

## **Eligibility to Vote**

As per the WHH Constitution:

*Any individual who becomes a member of the corporation on or before the closing date for the receipt of nominations by candidates for the election, is eligible to vote in that election.*

This window closed on Thursday 9 October, 5pm. All individuals who had signed up to become a member by this deadline will receive a voting pack. Members are only able to vote for Governors in the constituency under which they fall i.e. only members of the Warrington and Halton public constituency will be able to vote in the current elections.

Candidate Elections Statements are provided as **Appendix 3**.

Ballot Paper sample is included as **Appendix 4**.

## **Results**

Voting will close on Tuesday 25 November 2025; results are typically be published within 24 hours.

Governors are appointed for a term of 3 years and are eligible for re-election or re-appointment at the end of their initial term, for two further terms (9 years in total).

Newley elected Governors will start their term on 1 December 2025.

A Governor induction day will be scheduled January 2026 (date TBC), all current and new Governors are welcome to join.

### 3. RECOMMENDATIONS

The Council of Governors is asked to note the update, and the progress made with Governor Elections during 2025.

**Election to the Council of Governors**

**CLOSE OF NOMINATIONS: 5:00:00 PM ON 09/10/2025**

Further to the deadline for the nominations for the above election, the following valid nominations were received:

Constituency name	Candidate forename	Candidate surname	Political interests	Financial or other interest in the Trust
Public: Rest of England	Dorcas	Akeju	None	None
Public: Rest of England	Jonathan	Berry	None	None
Public: Rest of England	Marc	Byram	None	None
Public: Rest of England	Christine	Stankus	None	None
Public: Warrington and Halton	Michael Mathew	Ashley	None	None
Public: Warrington and Halton	Helen	Bennett	None	None
Public: Warrington and Halton	John	Fagan	None	None
Public: Warrington and Halton	Kevin	Goucher	None	None
Public: Warrington and Halton	Norman	Holding	None	Public Governor at Bridgewater NHS Foundation Trust
Public: Warrington and Halton	Joseph	Leigh	None	None
Public: Warrington and Halton	Farah	M Jones	None	None
Public: Warrington and Halton	Matt	Machin	None	None
Public: Warrington and Halton	Oluchi	Mellor	I am a Parish Councillor for Poulton with Fearhead, Warrington, representing the Labour Party.	None
Public: Warrington and Halton	Diane	Nield	None	None
Public: Warrington and Halton	Stephen Bryan	Walton	None	None
Staff: Estates, Admin & Managerial	Suresh Krisshna	Arni Sukumaran	None	None
Staff: Estates, Admin & Managerial	Ki Cheong	Ho	None	None

Staff: Estates, Admin & Managerial	Brian	Rigby	None	None
Staff: Nursing and Midwifery	Jonathan	Cliffe	None	None
Staff: Nursing and Midwifery	Rachel	Crone	None	None
Staff: Nursing and Midwifery	Alistair	Greenough	None	None
Staff: Nursing and Midwifery	Mary Michelle Teodora	Kho	None	None
Staff: Nursing and Midwifery	Danielle	Whittaker	None	None

The contact address for each of these candidates is C/O The Returning Officer, Warrington and Halton Hospitals NHS Foundation Trust, Civica Election Services, The Election Centre, 33 Clarendon Road, London, N8 0NW, or email at [ftnominations@cesvotes.com](mailto:ftnominations@cesvotes.com).

**Ciara Hutchinson**

**Returning Officer**

**On behalf of Warrington and Halton Hospitals NHS Foundation Trust**

Report generated on: 10/10/2025



# CANDIDATES' ELECTION STATEMENTS

Election to the Council of Governors  
**Public: Rest of England**

Please read carefully before casting your vote.

## INFORMATION



Neither CES nor the Trust has corrected or edited the candidates' statements in any way. The views expressed on the following pages are those of the candidates only, and similarly the statements of fact and assertions expressed are made solely by the candidates and have not been validated by the Trust.

If you require these election statements in large print or in other languages, please contact Ciara Hutchinson at CES on 020 8889 9203, or via email at [ciara.hutchinson@cesvotes.com](mailto:ciara.hutchinson@cesvotes.com)

## Dorcas Akeju, OBE



### 1. In no more than 20 words, tell the voters why they should vote for you.

- EXPERIENCE GOVERNOR
- CAN COMMUNICATE EFFECTIVELY AND CHALLENGE CONSTRUCTIVELY
- PASSIONATE ABOUT GOOD QUALITY AND EQUITABLE CARE
- FIRM BELIEVER IN HUMAN RIGHTS.

### 2. What experience and skills do you feel you could bring to the role?

I'm a Registered Nurse and Midwife with over 35 years of experience in the NHS. I practised as a midwife in Liverpool, working in both hospital and community settings. Throughout my career, I

have been a passionate advocate for safe, equitable, and inclusive care, developing and leading numerous initiatives, including a specialist clinic for women whose first language was not English. A Specialist Midwife and Diversity Lead at Liverpool Women's Hospital, championed trust-wide improvements around female genital mutilation (FGM) and inherited blood disorders. In 2003, awarded an OBE for services to the NHS and communities, recognising my leadership, advocacy, and long-standing voluntary contributions. I have held a range of voluntary and governance roles, including School Governor, Shadow Governor, and currently serve as a Public Governor for LUFTH, .

Made a positive contribution working with the council of governors through the NED and governors' Engagement, visiting the wards and Departments.

Chair of the membership committee, trying to reach the public at different open events with the help of governors, raising awareness of the governors and the Trust's work, and recruiting members.

Being elected to serve would be an honour. I believe I can draw on my professional and voluntary experience to meet the challenges ahead, working alongside other governors to ensure good quality and equitable care for our patients. I am a firm believer in human rights, equality, and diversity.

#### Declaration of Interests:

**Political Party:** None

**Financial or other interest in the Trust:** None

## Dr Jonathan Berry



### 1. In no more than 20 words, tell the voters why they should vote for you.

As a retired GP and NHS director I understand how to facilitate NHS change, especially to improve patient experience.

### 2. What experience and skills do you feel you could bring to the role?

I have a 35-year working history for the NHS; 31 years were spent as a GP in Trafford, often in a part time role. These roles included Executive and Non-Executive positions in a variety of NHS and private organisations always with a focus on Quality, service and improving commissioning. As Primary Care Champion for Greater Manchester I worked with hospital and community colleagues to rationalise care across all trusts, boosted community care and releasing cash savings. But

quality and community remain my main passion. My particular interest in Warrington and Halton Teaching Hospitals is the acquisition of Bridgewater Community Trust, where I am also a newly appointed Governor. During my career I have taken active roles in three NHS mergers/acquisitions, sometimes being clinical lead in service redesign and senior clinical and finance moderator. Too often I have heard the acute sector espouse the benefits of amalgamation with community for example improved outreach to help keep appropriate patients at home and "tele services" only for community services to be reduced at the next difficult financial round. My impression having met with the CEO of W&H hospitals is that this CEO does understand the benefits of community and acute trust amalgamation and if elected as a Governor I will press for real investment in community service, and if permitted help suggest where an expansion can occur with real patient benefit.

#### Declaration of Interests:

**Political Party:** None

**Financial or other interest in the Trust:** None

## Marc Byram



### 1. In no more than 20 words, tell the voters why they should vote for you.

With 30 years experience working along side the NHS I have the skills and time to be a good governor.

### 2. What experience and skills do you feel you could bring to the role?

I have many years of experience in the private sector working along side clinical and non-clinical staff within the NHS to help deliver effective patient care.

I have recently retired but for the last 25 years I have managed contacts delivery equipment and services to the NHS. As part of this I have worked with all levels of staff in a vast number of NHS Trusts.

Along with patient experiences of my family, I feel I would bring a vast amount of knowledge to the governor role.

This is an exciting time to be a small part of the full integration of acutely and community services which I strongly believe in.

My skills include; projects, implementation and maintenance of standards through measuring key performance indicators. I am very much a team player and I believe I have good interpersonal skills, along with objectivity and can maintain focus to ensure reaching agreed goals. I can hold both myself and others accountable but I prefer to more to be more facilitator and coach.

As I now have the time available I would love the opportunity to contribute to my community and feel this role would be a good fit for me to do this.

#### Declaration of Interests:

**Political Party:** None

**Financial or other interest in the Trust:** None

## Christine Stankus



### 1. In no more than 20 words, tell the voters why they should vote for you.

I am an experience Lead Governor for Bridgewater Community NHS, I am looking for your full support to be elected.

### 2. What experience and skills do you feel you could bring to the role?

I am presently Lead Governor for Bridgewater Community NHS, I am looking to continue to build on all the good work we've already achieved.

I've been proud to observe, through Zoom Team meetings, Executive Directors, Non Executive Directors and Senior Managers decision-making process looking at innovative ways they could continue to deliver safe service delivery.

I've been able to contribute to many discussions on patient care and engagement as a Governor. Governors play a pivotal role, observing Board Executive Directors and Non Executive's, team managers continue to work with Governors at all times to maintain our knowledge and involvement.

Integrating both hospital and community services '**Better care together**', Community engagement is important so the trust hears the voice of patients/service users so they might inform the decision-making process! having a diverse Council of Governors that is representative of the communities we serve.

I'm a retired NHS Mental Health worker and feel I still have a lot to offer and contribute to ensuring that the provision of integrated quality health services continues. I bring a vast experience spanning **44 years working in the NHS** covering both psychiatry, and community care services. Each brings its unique issues which, I feel, has equipped me with the necessary skills and knowledge to continue as a Governor.

Please support my election I will continue my representation of Trust members, and patient's in our communities.

#### Declaration of Interests:

**Political Party:** None

**Financial or other interest in the Trust:** None



# CANDIDATES' ELECTION STATEMENTS

Election to the Council of Governors  
**Public: Warrington and Halton**

Please read carefully before casting your vote.

## INFORMATION



Neither CES nor the Trust has corrected or edited the candidates' statements in any way. The views expressed on the following pages are those of the candidates only, and similarly the statements of fact and assertions expressed are made solely by the candidates and have not been validated by the Trust.

If you require these election statements in large print or in other languages, please contact Ciara Hutchinson at CES on 020 8889 9203, or via email at [ciara.hutchinson@cesvotes.com](mailto:ciara.hutchinson@cesvotes.com)

## Dr Michael Mathew Ashley



**1. In no more than 20 words, tell the voters why they should vote for you.**

As Medical Practitioner who spent all his working life in the Health Service. I would like to offer my help.

**2. What experience and skills do you feel you could bring to the role?**

My experience and skills in the NHS give me extensive knowlege how to represent the views of patients, Staff and members of Public especially when key disions are made by the member of the trust. No dout, I will be able to help because I have solid grasp of the Health Service decision, challanges and strategic priorities. I will be able to provide unique inside of challanges, quality of care and Staff opinions because previously I have dealt with patients needs, family and Staff.

I will be committed to the NHS success and priorities. I will able to represent the interest our members, patients, Public and Staff in order to represent their views. I will position myself as cradable ambassador for the trust and new members engaging them with wider community. I will contribute and help to shape future strategy of our Trust. I will make it obvious my commitments and enthusiasim to demonstrate my passion to help and improve the health service. I will work hard with other governors and members of trust to make a difference in the trust service. I will work with other governors and members of trust to make a big difference in the trust services. I would work in cohesive team of governors and trust members in spite of their differences of their views to offer utmost care and quality to our Society members.

**Declaration of Interests:**

**Political Party:** None

**Financial or other interest in the Trust:** None

## Helen Bennett



**1. In no more than 20 words, tell the voters why they should vote for you.**

I am eager to support the Trust in delivering the best possible services to our patients in Warrington & Halton

**2. What experience and skills do you feel you could bring to the role?**

I have been a resident of Warrington for over 20 years, and have recently retired after 35 years working in the NHS at a senior level in a variety of management roles and most recently as a digital leader. I have experience in both hospital and community services, working with GPs, and linking with local authority colleagues. I have worked with local community groups, and when making changes to health services I fully recognise the importance of understanding the views of

people who directly use them. I am currently a regular volunteer on the Warrington Hospital Welcome Desk where I have the opportunity to see the hospital from the patients' point of view, often when they are feeling at their most vulnerable. I'm keen to help in my local community, and am a member of my GPs surgery patient participation group, volunteer in a primary school helping the children with their reading, and am also the secretary of the running club, I am passionate about the NHS, and I strongly believe in all that it represents. I have worked hard throughout my career to deliver changes that have positively impacted both patients, and also the staff who care for them. As a governor, I would aim to work hard, act with integrity, and be committed to supporting improvements in health services that reflect the needs of our local population.

**Declaration of Interests:**

**Political Party:** None

**Financial or other interest in the Trust:** None

## John Fagan



**1. In no more than 20 words, tell the voters why they should vote for you.**

I am passionate about our NHS and want this to serve our community by being the best.

**2. What experience and skills do you feel you could bring to the role?**

I am a person who is happy to talk to people no matter their status so getting information on the services they are giving and receiving

My experience through my working life has a really good range from Manual labour to Managerial in a range of companies from manufacturing to customer relations helping staff and customers in all roles by listening to their needs and dealing with these fairly .

My volunteering roles have also been varied from 10 years in the Territorial Army, 30 years with the National trust and up until December 2024 as Hospital Governor. Continuing on by being an Expert By Experience (EBYE) I am also on the Board of Healthwatch Halton .

My experience for this role is my wide working role and Volunteering being a person who will happily involve myself in discussions and listening to all whether this is the board members, management , Staff and patients this can be within the Hospital environment or if recognised outside Having gained excellent help and advice from the Governor Board on various meetings and helping on interview boards.

I am passionate about our Hospital services and want to work in helping keep and grow our services for the good of our community.

**Declaration of Interests:**

**Political Party:** None

**Financial or other interest in the Trust:** None

## Kevin Goucher



**1. In no more than 20 words, tell the voters why they should vote for you.**

I have experience in both Primary and Community Care , over 15 years  
Sat on the CCG Governing Body , PPG Chair

**2. What experience and skills do you feel you could bring to the role?**

I have extensive experience in both Primary Care and Community care within the NHS.

Currently i am the Deputy Lead Governor for Bridgewater Community Healthcare Foundation Trust with committee involvement in Audit , Finance and Performance and Strategic Peoples , also i Chair the Patient Participation Group for Culcheth Medical Centre (for 15 years) and sit on the Primary Care Network PPG for "Innovation" Primary Care Network

Over the years i have been involved with promoting the Patient Voice , which if the NHS is to survive in its current form then the Patient Voice is extremely important.

I have chaired the Health Forum ,which was a sounding board for the CCG and involved PPG groups and many other groups and charities within the Warrington and Halton area. I have championed Diversity and inclusion throughout my career as a volunteer within the NHS , for the last 15 years , i have also been involved in Procurement for NHSE

Becoming a Public Governor for Warrington makes me feel very proud to represent the patients of Warrington and Halton , i am committed to ensure that we in Warrington receive the best healthcare that can be provided within Acute and Community care in Warrington, Halton and the wider NHS

**Declaration of Interests:**

**Political Party:** None

**Financial or other interest in the Trust:** None

## Norman Holding



**1. In no more than 20 words, tell the voters why they should vote for you.**

I am committed to ensuring Health Services in Warrington and Halton, ensuring equal and fair access for all communities.

**2. What experience and skills do you feel you could bring to the role?**

Having previously served as a Trust Public Governor for several years and currently Governor at Bridgewater I have an understanding of the systems involved.

I have led on serval projects improving the involvement, impact and ensuring the voice of the public is heard. I am passionate about ensuring that the public of Warrington and Halton receive the best possible health services available.

Having spent 30+ years in Facilities Management in both the Public and Private sectors, I understand the integrities of operating large organisations and the impact organisational change can have on staff, patients, and the public.

As Chair of Healthwatch Warrington it allows me to see and be involved in the full cycle of health and social care being provided to the community and to bring the voice and views of the public to the table.

As a patient I have seen and understand the frustrations patients can have with the systems. This enables me to maintain balanced views as well as speaking up for others.

I have experience and knowledge to bring to the role.

I am now seeking your support to be elected to the Council of Governors.

Being retired, I can engage myself in the role, making myself available to the community. I am committed to ensuring high-quality services grow and developed and that health inequalities are reduces for the people of Warrington and Halton.

**Declaration of Interests:**

**Political Party:** None

**Financial or other interest in the Trust:** Public Governor at Bridgewater NHS Foundation Trust

## Joseph Leigh



**1. In no more than 20 words, tell the voters why they should vote for you.**

I believe everyone should be treated equally and be treated in a safe environment.

**2. What experience and skills do you feel you could bring to the role?**

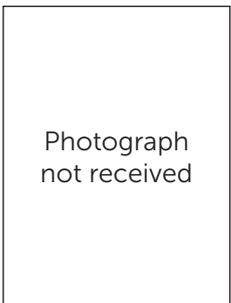
I have worked in the role of a health and safety officer ensuring all hotel staff and customers are safe

**Declaration of Interests:**

**Political Party:** None

**Financial or other interest in the Trust:** None

## Farah M Jones



**1. In no more than 20 words, tell the voters why they should vote for you.**

Caring and compassionate about quality care and services for local people. honestly and transparency...

with honesty that fits the role..

**2. What experience and skills do you feel you could bring to the role?**

Having worked in nursing and care all my life from a student to a manager role.

Working through different areas within nursing and care, myself having to receive care and having to give care I have knowledge and experience of what standards of care should be expected.

Experienced care manager and over 27 years experience..I would carry out this role with fairness open and transparency.

Experience of general care settings hospital and external services too.

Level headed person ,fair open and honest with integrity for this role.

Having worked hands on with patients for many years..passionate about care services for our area ,maintaining high expectations and the best environment for local people to access the hospital and to be treated with dignity and respect whilst within our care

To make sure the hospital works for our communities.

Always putting patients care and making sure the very best care is upheld at all times...

**Declaration of Interests:**

**Political Party:** None

**Financial or other interest in the Trust:** None

Please see over

## Matt Machin



**1. In no more than 20 words, tell the voters why they should vote for you.**

As governor of Bridgewater for 6 years I have contributed to a number of areas including children's and patient engagement

**2. What experience and skills do you feel you could bring to the role?**

I live in Warrington with my Wife and our daughter who is now a young adult. Our daughter has complex special needs and we therefore make use of a range of different services from several NHS trusts in the North West of England.

I have been a governor with Bridgewater Community Healthcare NHS Foundation Trust for the past six years and have actively contributed to a range of areas, with a particular focus on children's services and patient engagement. The trust leadership have listened to concerns raised and have taken a number of steps to improve the services where needed.

In preparation for the acquisition of Bridgewater by Warrington and Halton Hospitals NHS Trust I'm looking to become a governor at WHH. When the acquisition completes, the new organisation will be responsible for both acute and community services. I think it's important that the governing body has a mix of people with experience of acute and community services and I will be bringing the community side.

I think it's particularly important that patients are given the opportunity to actively shape the care that they receive. I'm keen to ensure that the voice of patients and other members of the public continue to be heard when setting future directions for the new organisation.

**Declaration of Interests:**

**Political Party:** None

**Financial or other interest in the Trust:** None

## Oluchi Mellor



**1. In no more than 20 words, tell the voters why they should vote for you.**

With healthcare, community, and lived experience, I will champion diverse voices, strengthen patient care, and ensure inclusive, fair services.

**2. What experience and skills do you feel you could bring to the role?**

I bring a unique blend of professional, academic, and personal experience that would allow me to contribute effectively as a Governor. My background in healthcare and community development has equipped me with the skills to listen, advocate, and work collaboratively with diverse groups of people. I understand the importance of patient-centred care, staff wellbeing, and accountability in delivering safe and high-quality services. As a researcher, I focus on health inequalities, organisational behaviour, and lived experiences within the healthcare system. This has given me insight into how policy and practice can sometimes fail to reflect the voices of service users, carers, and frontline staff. I believe this perspective will help me challenge constructively, ask the right questions, and support the Trust in ensuring fairness and inclusivity. I also bring lived experience as a carer, which has deepened my understanding of the challenges faced by patients and families navigating healthcare services. This has strengthened my commitment to advocating for more compassionate, culturally sensitive, and responsive care. Key skills I bring include: active listening, clear communication, problem-solving, and the ability to bridge gaps between service users, staff, and leadership. I am confident these qualities, combined with my passion for equity and excellence, will enable me to contribute meaningfully to the Council of Governors.

**Declaration of Interests:**

**Political Party:** I am a Parish Councillor for Poulton with Fearhead, Warrington, representing the Labour Party.

**Financial or other interest in the Trust:** None

## Diane Nield



**1. In no more than 20 words, tell the voters why they should vote for you.**

I'm committed to putting patient's first by holding non-executives to account, supporting staff and ensuring safe high quality care.

**2. What experience and skills do you feel you could bring to the role?**

As a Warrington resident for over 30 years, I care passionately about supporting my community to receive high quality care.

The NHS and hospitals have always played a big part in my life from attending hospital for many years as a child to then working in partnership with clinicians in my career in the pharmaceutical industry.

Currently I am semi-retired and run my own business. I am an executive coach and practitioner in resilience, wellbeing and psychological safety. I have a warm personable style and enjoy being part of a team. I pride myself in being a good listener, someone people can trust and build confidence in. I would be delighted to continue the role of public governor.

I am standing for re-election this year after three rewarding years of service. During this time, I have gained significant experience in governance and, in particular, in engaging and listening to the public. I have worked closely with fellow governors, staff and members to help ensure that patients' voices are heard and that the hospital continues to deliver excellent care.

I am excited by the recent NHS 10-year plan and the opportunities to collaborate and move care into the community, invest in innovation and focus on illness prevention.

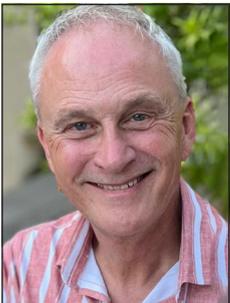
I would be honoured to continue representing you and to play a part in helping to guide our future services.

**Declaration of Interests:**

**Political Party:** None

**Financial or other interest in the Trust:** None

## Stephen Bryan Walton



**1. In no more than 20 words, tell the voters why they should vote for you.**

I want to help re- shape the NHS focussing on prevention, quicker access to facilities and initiatives to retain staff.

**2. What experience and skills do you feel you could bring to the role?**

I have lived in Culcheth with my husband for 30 years and seen, heard and experienced first hand the difficulties and challenges people often face when dealing with the NHS. Cumbersome processes, difficult communication channels, departments not joined up, not always customer-centric, staff frustrations and stresses. All these impact on excellent patient care.

I have spent my professional career - 40 plus years working at a senior leadership level within the Civil Service. Throughout my career managing change and people have been essential and critical in order to improve performance and the customers overall journey. I have led and been responsible for managing large customer service and process mapping teams. This makes me well qualified to help, guide and support the trust so it can better assess and understand the end to end patient journey. The aim - to be a trust of enviable excellence, where patients have a more focussed Once & Done experience instead of multiple approaches. I have experienced this first hand when treated at Warrington hospital, so I know it's an achievable goal.

I am also passionate about supporting the staff pastorally and looking at ways in which people can be better valued and rewarded. Retention is key to ensuring consistent and excellent care is delivered. I would like to make a difference and wish to help build on the existing solid foundations to future proof the NHS.

**Declaration of Interests:**

**Political Party:** None

**Financial or other interest in the Trust:** None

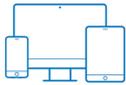
# BALLOT PAPER



Warrington and Halton  
Teaching Hospitals  
NHS Foundation Trust

## Election to the Council of Governors Public: Warrington and Halton (4 to elect)

Please read the enclosed candidates' election statements before casting your vote using ONE of the following methods.



### VOTE ONLINE

Scan this personalised QR code to go straight to the voting site.



OR

Type this link into your device's browser bar:  
[www.cesvotes.com/WHH2025](http://www.cesvotes.com/WHH2025)

Security Code Part One
Security Code Part Two



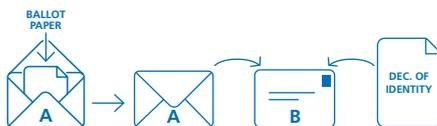
### VOTE BY POST

Vote by marking a cross 'X' in the box next to your chosen candidate(s). You may vote for up to **4 (FOUR)** candidates.

*Candidates are listed in alphabetical order.*

**PLEASE RETURN YOUR COMPLETED BALLOT PAPER AND SIGNED DECLARATION IMMEDIATELY IN THE PRE-PAID ENVELOPE PROVIDED**

- Enclose your ballot paper in **ENVELOPE A**
- Sign your **DECLARATION**
- Place your signed declaration along with **ENVELOPE A** inside **ENVELOPE B**



Your Ballot Paper should be **RECEIVED** by the Independent Scrutineer, Civica Election Services (CES), The Election Centre, 33 Clarendon Road, London N8 0NW no later than the time and date shown below.

Candidate Name	Vote 'X' here
Michael Mathew ASHLEY	<input type="checkbox"/>
Helen BENNETT	<input type="checkbox"/>
John FAGAN	<input type="checkbox"/>
Kevin GOUCHER	<input type="checkbox"/>
Norman HOLDING	<input type="checkbox"/>
Joseph LEIGH	<input type="checkbox"/>
Farah M JONES	<input type="checkbox"/>
Matt MACHIN	<input type="checkbox"/>
Oluchi MELLOR	<input type="checkbox"/>
Diane NIELD	<input type="checkbox"/>
Stephen Bryan WALTON	<input type="checkbox"/>



### VOTING CLOSES

**5PM on TUESDAY 25 NOVEMBER 2025**

If you require this ballot paper in large print or in other languages, please contact Ciara Hutchinson at CES on 020 8889 9203, or via email at [ciara.hutchinson@cesvotes.com](mailto:ciara.hutchinson@cesvotes.com)

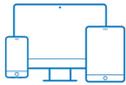
# BALLOT PAPER



Warrington and Halton  
Teaching Hospitals  
NHS Foundation Trust

## Election to the Council of Governors Public: Rest of England (1 to elect)

Please read the enclosed candidates' election statements before casting your vote using ONE of the following methods.



### VOTE ONLINE

Scan this personalised QR code to go straight to the voting site.



OR

Type this link into your device's browser bar:  
[www.cesvotes.com/WHH2025](http://www.cesvotes.com/WHH2025)

Security Code Part One

Security Code Part Two



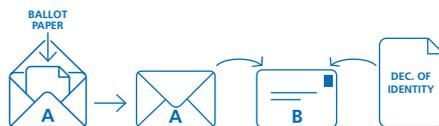
### VOTE BY POST

Vote by marking a cross 'X' in the box next to your chosen candidate. You may vote for **ONE** candidate only.

*Candidates are listed in alphabetical order.*

**PLEASE RETURN YOUR COMPLETED BALLOT PAPER AND SIGNED DECLARATION IMMEDIATELY IN THE PRE-PAID ENVELOPE PROVIDED**

- Enclose your ballot paper in **ENVELOPE A**
- Sign your **DECLARATION**
- Place your signed declaration along with **ENVELOPE A** inside **ENVELOPE B**



Candidate Name	Vote 'X' here
Dorcas AKEJU	<input type="checkbox"/>
Jonathan BERRY	<input type="checkbox"/>
Marc BYRAM	<input type="checkbox"/>
Christine STANKUS	<input type="checkbox"/>

Your Ballot Paper should be **RECEIVED** by the Independent Scrutineer, Civica Election Services (CES), The Election Centre, 33 Clarendon Road, London N8 0NW no later than the time and date shown below.



### VOTING CLOSSES

**5PM on TUESDAY 25 NOVEMBER 2025**

If you require this ballot paper in large print or in other languages, please contact Ciara Hutchinson at CES on 020 8889 9203, or via email at [ciara.hutchinson@cesvotes.com](mailto:ciara.hutchinson@cesvotes.com)

### COUNCIL OF GOVERNORS

<b>AGENDA REFERENCE:</b>	<b>COG/25/11/56</b>			
<b>SUBJECT:</b>	Communications & Engagement Update Report May to August 2025			
<b>DATE OF MEETING:</b>	13 November 2025			
<b>ACTION REQUIRED:</b>	<b>To note</b>			
<b>AUTHOR(S):</b>	Alison Aspinall, Head of Communications and Engagement & Esstta Griffiths, Engagement and Involvement Officer			
<b>EXECUTIVE DIRECTOR SPONSOR:</b>	Kate Henry, Director of Communications and Engagement			
<b>LINK TO STRATEGIC OBJECTIVE</b>	SO3: We will ... Work in partnership with others to achieve social and economic wellbeing in our communities.			
<b>EQUALITY CONSIDERATIONS: (Please select as appropriate)</b>	Please indicate who is impacted by the equality considerations:	<b>Patients</b> ✓	<b>Workforce</b> ✓	<b>Public</b> ✓
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	<b>Yes</b>	<b>No</b> ✓	<b>N/A</b>
	Further Information / Comments:			
<b>EXECUTIVE SUMMARY:</b>	<p>To update the Council of Governors, this report comprises a brief overview of the approach to communications and engagement to support integration as we move to become a single organisation, including key aspects of the Better Care Together communications and engagement and future reporting arrangements.</p> <p>In addition, the following reports are enclosed for information for group members and are to be taken as read:</p> <ul style="list-style-type: none"> <li>• BCH Communications Team update to POD Council – October 2025</li> <li>• WHH Communications and Engagement Team update to Board: <ul style="list-style-type: none"> <li>○ July – August 2025</li> <li>○ May – June 2025</li> </ul> </li> </ul>			
<b>PURPOSE: (please select as appropriate)</b>	<b>Approval</b>	<b>To note</b> ✓	<b>Decision</b>	
<b>RECOMMENDATION:</b>	The Council of Governors is asked to note the contents of this update.			
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	Governor Engagement Group		
	<b>Agenda Ref.</b>	GEGiC/25/11/34		
	<b>Date of meeting</b>	Thursday 6 November 2025		
	<b>Summary of Outcome</b>	To note		

<b>NEXT STEPS: <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i></b>	None
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full
<b>FOIA EXEMPTIONS APPLIED: <i>(if relevant)</i></b>	None

# Communications and engagement update

## Bi-monthly report (May to June 2025)

Trust Board

6 August 2025



Working Together



Excellence



Inclusive



Kind



Embracing Change

# Our role within WHH

## The Communications and Engagement Team remit covers:

- Communications and Engagement Strategy development
- Communications planning and evaluation to support strategic projects
- Internal communications including content production for The Week and Team Brief
- External communications including media relations and stakeholder updates
- Digital communications including content development for the Trust's corporate social media channels and updates to the website
- Identity, branding and design
- Engagement in our communities
- Experts by Experience programme
- Processing and review of clinical patient information

## During the period (May to June 2025) the Communications and Engagement Team...

- processed and allocated **28** communications 'job requests' for design, film, photography and communications campaign support
  - issued **7** Trust media releases (plus **1** WHH Charity media release and contributed to **1** Warrington and Vale Royal College media release)
  - published **19** stories across our main Trust website, charity website and breast screening services website
  - prepared / issued **2** media statements
  - handled **2** enquiries from local, regional and national print and broadcast media
- 

# May / June activity and achievements overview

- Supported communication and public engagement to name the new Runcorn Health and Education Hub (due to open early 2026)
- Celebrated WHH's annual Thank You Awards 2024-25
- Continued to create content, success stories and case studies, for various communications channels around the Better Care Together integration programme. Progressed work to bring more communications channels together, with ongoing joint good morning messages and monthly Team Brief
- Celebrated Volunteers Week 2025 (1 to 7 June) with a press release and social media feature
- Provided communications coverage (internal and external) for the new AI dermatology service at Halton Health Hub
- Supported the opening of the new Warrington and Halton Diagnostics Centre at Halton Hospital, an £11 million project - part of a three-phase £16 million Community Diagnostic Centre (CDC) programme
- Re-launched the Trust-wide roll out of Martha's Rule and the Call for Concern service
- Continued to work on improving accessibility of the Trust website in response to a Government Digital Service audit



Details of other communications and engagement activity is included in the highlights section of this update

# Media

Media releases issued during May and June 2025, including:



**AI technology to speed up diagnosis of skin cancer in Warrington**

[Read the release](#)



**Vital estates funding awarded to Warrington and Halton Teaching Hospitals**

[Read the release](#)



**Online portal transforms patient experience at Warrington and Halton Teaching Hospitals**

[Read the release](#)



**WHH patch party spreads joy to young patients with sight condition**

[Read the release](#)

All media releases / news items can be viewed on our [website](#).

# Production of Patient Information (PINFO)

## From May to June the Communications and Engagement Team:

- Supported clinical teams in putting **4** new leaflets through the PINFO process
- Reviewed and edited **8** existing leaflets to ensure content remains clinically appropriate and reflects WHH style guidelines
- Identified a total of **127** expired leaflets
- Archived **11** leaflets
- Introduced more frequent reminder email to authors and CBUs about expired leaflets (increasing frequency from quarterly to bi-monthly)



## How to get the best from your hearing aid

Information for patients and relatives



### 4. Communication tactics

#### Help yourself

- **Be open** – tell people about your hearing loss. Ask them to get your attention before speaking.
- **Be observant** – watch for facial expressions, lip patterns and hand gestures. These all give clues to the conversation.
- **Be positive** – don't be afraid to ask the speaker to repeat themselves.

#### Hints and tips for friends and family

Minimise background noise	Attract attention before speaking
Speak clearly and not too fast	Face the person, be sure your mouth is visible
Get to the point. Make sure the topic of conversation is clear	Include people. Tell them what you are talking about or laughing about.
Speak one at a time	Be patient
Repeat, rephrase, or write it down	Remember, communication is a two-way responsibility

### 5. The environment

- **Lighting** – Make sure the speaker's face is well lit.
- **Furnishings** - Soft furnishings reduce echo, for example using tablecloths and mats can reduce cutlery / crockery noise.
- **Position** – Always try to minimise background noise:
  - Sit with your back to the noise, if possible, as this will enable the hearing aid's rear microphones to minimise these unwanted sounds.
  - Turn off the radio / television
  - The ideal distance is three to six feet. Your hearing aid(s) only have a small microphone, so the closer you are to the sound you are listening to, the better.

# Engagement, involvement and insight

**From May to June 2025 we recruited 15 Experts by Experience (EbyEs)**

We received requests for engagement support for the following projects:

- Conversation cafes – to improve communication with patients
- WHH Charity website user testing
- Health literacy cardio-respiratory pilot - appointment letters and digital apps review
- Review of pulse advertising campaign materials for maternity products
- Runcorn Health and Education Hub naming survey
- Dying Matters awareness session



## Experts by Experience (EbyE) projects

Project name	Overview	No of EbyEs req	Outcomes
Health literacy – cardio respiratory letters and digital apps review	Request for EbyE involvement in a review of vaccination invitation and appointment letters and digital apps (within ORCHA health app library)	6	<ul style="list-style-type: none"> <li>6 EbyEs recruited to take part in a Task and Finish Group</li> <li>Contact info shared with project leads</li> </ul>
Pulse advertising campaigns – maternity	Request for EbyE feedback on two potential Pulse advertising campaigns (associated with maternity products)	2	<ul style="list-style-type: none"> <li>2 EbyEs provided feedback on campaign materials</li> <li>Feedback shared with project leads</li> <li>Campaign declined</li> </ul>
Dying Matters awareness session	Request for EbyE participation within a Lunch and Listen session on death, dying and bereavement, hosted by Halton and Warrington Dying Matters Group	9	<ul style="list-style-type: none"> <li>6 EbyEs recruited (plus 3 staff EbyEs) to join a virtual Lunch and Listen session on 7 May 2025</li> <li>Positive feedback overall - participants felt the session helped them be more mindful about end-of-life planning</li> </ul>

## Experts by Experience (EbyE) projects

Project name	Overview	No of EbyEs req	Outcomes
Runcorn Health and Education Hub naming survey	Request for EbyE participation in survey to inform the name of Runcorn Health and Education Hub	N/A	<ul style="list-style-type: none"> <li>213 survey responses received (EbyE participation not recorded)</li> <li>Chosen name: WELL Runcorn (Wellbeing, Education, Lifelong-Learning)</li> </ul>
WHH Charity website user testing	Request for EbyE involvement in user testing and information finding tasks on new website	9 (14 recruited)	<ul style="list-style-type: none"> <li>9 EbyEs participated in user testing</li> <li>100% positive feedback</li> <li>Site launched 10 July 2025</li> </ul>
Patient communication skills – Physiotherapy	Request for EbyE workshop involvement with physiotherapy degree students to develop patient communication skills	5	<ul style="list-style-type: none"> <li>TBC - recruitment ongoing</li> </ul>

Local / national campaigns shared with EbyEs: 4

- University of Chester: Motherhood ADHD study
- NHS C&M consultation: Proposed changes to fertility treatment policies
- Redeveloping the 2025 Cancer Patient Experience Survey
- 2025 Adult Inpatient Survey focus groups



**Warrington and Halton  
Teaching Hospitals**  
NHS Foundation Trust

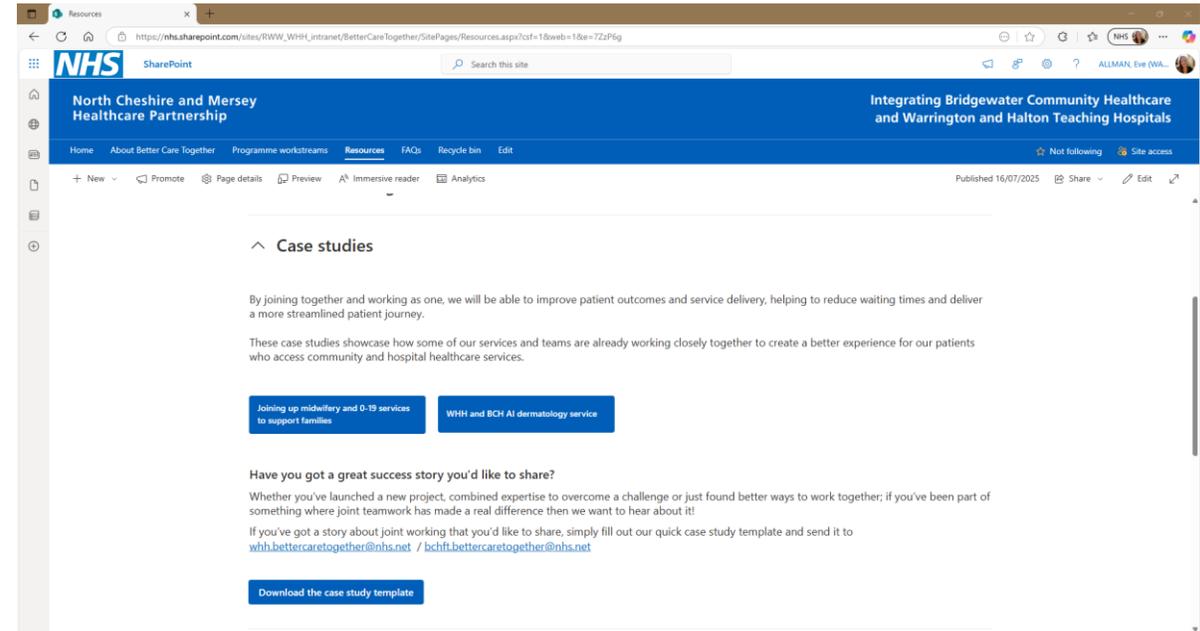


**Key campaigns / highlights from  
May to June 2025**

# Better Care Together – integration update



- Created content for our staff engagement sessions including spotlight sessions and success stories.
- Published a new case study section on the Better Care Together microsite – featuring joint working on the AI Dermatology service and between midwifery and 0-19 services, with more joint working case studies to follow.
- Progressed work to bring more of our communications channels together including the development of a new external patient facing microsite and plan for internal digital channels.
- Continued to deliver joint good morning messages and a monthly Team Brief for WHH and Bridgewater colleagues.
- Communications and Engagement Delivery Group continues to meet monthly.



# Better Care Together – public feedback



During summer engagement events, we asked the public to share their thoughts on the coming together of WHH and Bridgewater into a single Trust. Key themes from this feedback include:

## **What does integration mean to you?**

- Improved convenience and accessibility
- Better communication and coordination
- Enhanced service efficiency and quality

## **How do you think care could be better provided closer to home?**

- Central locations for multiple services
- More venue choice and provision
- Local venues with adequate parking / public transport links

## **What do you hope coming together will achieve?**

- Operational improvements
- Improved patient experience
- Reduced waiting times
- Reduced travel time, costs and parking

## **Feedback also highlighted concerns around:**

- Resources and funding limitations
- Staffing levels / workload pressures
- Implementation challenges

**Overall, responses from both staff and the public are overwhelmingly positive, however, there are concerns about implementation, particularly around staffing and accessibility. Feedback suggests that though respondents understand potential benefits, they want assurance that the integration programme will be properly resourced and managed.**

# WHH Thank You Awards

Our annual staff awards ceremony was held at the Titanic Hotel, Liverpool on 16 May 2025.

- Over 300 guests (including sponsors) were in attendance
- 10 sponsors were secured
- £2,292 was raised on the night for WHH Charity
- Internal communications were shared via Team Brief, The Week and GMWHH
- Social media content shared pre / during / post event
- The team were delighted to be awarded Corporate Services Team of the Year
- Media releases produced to showcase our winners included:
  - [WHH celebrates outstanding contributions to healthcare at annual staff awards](#)
  - [Meet the inspirational health hero crowned your People's Choice Award winner](#)
- Planning is now underway for the first joint BCH and WHH Thank You Awards in 2026

**93.9% of guests  
were satisfied  
with the event  
overall**



# Shared Learning Forum

On 13 May the Head of Communications and Engagement and the Engagement and Involvement Officer presented the Trust website redevelopment project at WHH's quarterly Shared Learning Forum. The forum aims to support staff to learn from each other by sharing experiences, ideas and feedback to support quality improvement.

The website was developed over 10 months with ongoing Experts by Experience involvement, including surveys, website redevelopment sessions, accessible form testing and user testing tasks completed prior to launch on 18 September 2024.

Feedback from the session included:

“The website work has been phenomenal - it will make a huge positive difference, I'm sure!”  
Anne-Marie Atherton,  
Director / Founder, Digital Arts Box CIC

“Very informative presentation.  
Very user friendly and easy navigation.  
Fab work everyone!”  
Lakshmi Senthilnathan,  
EPR Training Lead / Product Specialist &  
MESN Co-Chair

# WHH Charity

## Impact stories

- [Raising Smiles success thanks to community](#)
- [Garden opens in memory of much-loved staff members](#)

## Newsletters

- One newsletter published - [CHARITY newsletter - May 2025](#)

## Fundraising appeals

- Willow Tree Hub
  - [Consultant midwife laces up her trainers for Willow Tree Hub Appeal](#)
  - [Together, we took 250,000 steps of support for baby loss](#)
- Ophthalmology Sensory Garden - [Team take on marathon walk to raise funds](#)





**Warrington and Halton  
Teaching Hospitals**  
NHS Foundation Trust



# **Working with People and Communities Strategy**

## **May to June 2025**

# Pillar 1: Co-production in Service Change/ Development

Recruit, train, deploy, maintain, recognise and reward patients and public who are 'Experts by Experience' to specific estate and service change programmes

<b>1. Grow Experts by Experience (EbyE) capacity to embed Co-production in service design within WHH</b>	<ul style="list-style-type: none"><li>• 23 Experts by Experience recruited during 25/26 (15 from May to June).</li><li>• 214 Experts by Experience total (cumulatively to date).</li><li>• Continuing to work with WHH colleagues to identify opportunities to involve EbyEs from the outset of projects (#StartwithPeople).</li></ul>	<ul style="list-style-type: none"><li>• Ongoing</li></ul>
<b>2. Support EbyE recruitment and retention</b>	<ul style="list-style-type: none"><li>• 8 EbyE Projects delivered in 25/26 (plus 3 extended projects – health literacy, site map updates and Runcorn Health and Education Hub).</li><li>• 31 EbyEs participating in May and June projects.</li></ul>	<ul style="list-style-type: none"><li>• Ongoing</li></ul>
<b>3. Enhance our programme for involvement</b>	<ul style="list-style-type: none"><li>• Annual involvement timetable for awareness days and events informs engagement plan – dependent on team availability (see slide 20).</li><li>• Ongoing involvement with Estates and Strategy teams to ensure substantial strategic, capital or service developments have EbyE involvement / representation e.g. Ward A8 redevelopment, Runcorn Health and Education Hub.</li></ul>	<ul style="list-style-type: none"><li>• Ongoing</li></ul>
<b>4. Undertake consultation and engagement to enable effective support for services</b>	<ul style="list-style-type: none"><li>• Inclusion of EbyE engagement from beginning of significant projects</li><li>• Ongoing EbyE participation to be included in future Q2 projects including Better Care Together engagement and workstreams for clinical and operational services integration.</li><li>• Communications and Engagement support provided to Better Care Together Clinical and Operational Integration workstream and training in development</li></ul>	<ul style="list-style-type: none"><li>• Ongoing</li></ul>
<b>5. Ensure representation to support Place-Based integrated care delivery</b>	<ul style="list-style-type: none"><li>• Use our resources to support wider place-based initiatives and to access insight from our communities and advocacy / equality groups.</li><li>• Better Care Together continues to be supported in partnership with Bridgewater colleagues.</li></ul>	<ul style="list-style-type: none"><li>• Ongoing</li></ul>

# Pillar 2: Accessible Information Standard (AIS)

Launch WHH AIS policy to support those with sensory impairments, learning disabilities and non-English speakers to access our services and participate equally in their care

<b>1. Patient Letters</b>	<ul style="list-style-type: none"><li>Working with Patient Experience and Inclusion and Digital Services to ensure accessibility functionality in the PEP / EPR is maximised before launching the 5 Rights campaign. All communications are ready to go.</li><li>Easy Read version of supplementary information distributed with patient letters is in development.</li></ul>	<ul style="list-style-type: none"><li>2025-26</li></ul>
<b>2. Ensure website compliance with Web Content Accessibility Guidelines (WCAG) standards</b>	<ul style="list-style-type: none"><li>Processed 150 PDFs in response to Government Digital Service audit of our Trust website against The Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018 to support greater accessibility. All technical fixes from the Government Digital Service audit have been implemented on the site.</li><li>Trust website accessibility recorded in the <a href="#">Silktide index</a>, has maintained a rating of 'Great' at 90% and is currently 61st place in the NHS sector rankings (June 2025)</li></ul>	<ul style="list-style-type: none"><li>Ongoing</li></ul>
<b>3. Accessible content creation</b>	<ul style="list-style-type: none"><li>Close working between WHH and Bridgewater Communications and Corporate Governance teams has supported development of accessible templates for Committee in Common agendas, reports and minutes to support digital accessibility.</li><li>Work continues to ensure content produced is in accessible formats.</li></ul>	<ul style="list-style-type: none"><li>Ongoing</li></ul>
<b>5. Patient information</b>	<ul style="list-style-type: none"><li>The Production of Patient Information Policy includes references to making information accessible and a new Accessible Information and Communication Policy is being updated by Patient Experience and Communications teams</li></ul>	<ul style="list-style-type: none"><li>Ongoing</li></ul>
<b>7. Signage/wayfinding</b>	<ul style="list-style-type: none"><li>Delivered via Wayfinding and First Impressions Task and Finish Group. Updated maps are in development for Warrington and Halton alongside signage improvements.</li></ul>	<ul style="list-style-type: none"><li>Ongoing</li></ul>

# Pillar 3: Reducing Health Inequalities

## Using WHH engagement and understanding health inequalities to geographical areas of Warrington North, Warrington South, Widnes and Runcorn

<b>1. Strengthen WHH engagement programme</b>	<ul style="list-style-type: none"><li>• Work ongoing with WHH teams (Patient Experience and Inclusion, Workforce EDI / Culture and Inclusion, Membership and Governance, Children / Young People, Dementia, Staff Health and Wellbeing team, charity, volunteers, chaplaincy, catering/estates, ward/service reps) to set / link events calendars and activities for 2025 / 26.</li><li>• Planning an updated events plan and schedule in partnership with Bridgewater Community Healthcare for 2025 / 26.</li></ul>	• Ongoing
<b>2. Provide opportunities for governors to engage in their communities</b>	<ul style="list-style-type: none"><li>• Promotion and encouragement of governor event engagement opportunities i.e. showcasing their roles, sharing info, speaking with visitors about the constituencies they represent, collecting details of visitors interested in becoming WHH Foundation Trust Members.</li></ul> <p>Events undertaken were:</p> <ul style="list-style-type: none"><li>✓ WHH Shared Learning Forum</li><li>✓ International Clinical Trials Day</li><li>✓ Warrington Armed Forces Day</li><li>✓ Warrington Pride</li></ul>	• Ongoing
<b>3. Support Place Based activity and other key local events</b>	<ul style="list-style-type: none"><li>• Content upload process for Living Well Warrington website is now co-ordinated within the Communications and Engagement team and ongoing promotion of Living Well Warrington continues via WHH communications channels.</li></ul>	• Ongoing

# Pillar 4: Anchor Institution/Building Social Value

Use Trust estate and resources in partnership with others for the benefit of the wider community

<b>1. Establish WHH's position as an anchor institution in our communities</b>	<ul style="list-style-type: none"><li>• Use WHH communication channels to increase engagement with the voluntary and third sector and raise awareness of key campaigns, health improvement and economic wellbeing initiatives.</li><li>• Promotion of WHH volunteering opportunities with the EbyE membership, via networking and through social media.</li></ul>	<ul style="list-style-type: none"><li>• Ongoing</li></ul>
<b>2. Promote opportunities for work, training or volunteering</b>	<ul style="list-style-type: none"><li>• A focus in May and June has been on the promoted of the Supported Internships offered in partnership with Warrington and Vale Royal College – including internal communications, joint media release and production of case study templates.</li><li>• Promote WHH as a great place to work, train or volunteer to enhance the aspirations and life chances of local people.</li><li>• Job of the Week highlighted every Friday via social media.</li><li>• Level of engagement with social media and websites.</li></ul>	<ul style="list-style-type: none"><li>• Ongoing</li></ul>
<b>3. To utilise local suppliers and venues</b>	<ul style="list-style-type: none"><li>• Use local suppliers and venues to support engagement and involvement programmes, where possible.</li></ul>	<ul style="list-style-type: none"><li>• Ongoing</li></ul>
<b>4. Support the work of the WHH Charity</b>	<ul style="list-style-type: none"><li>• Continue work with the charity team to facilitate charity presence at public engagement and involvement events. WHH Charity activity and fundraising shared bi-monthly at the Patient Experience and Inclusion Sub-Committee.</li><li>• Charity stakeholder newsletters shared monthly.</li><li>• New WHH Charity website launched 11 July 2025.</li></ul>	<ul style="list-style-type: none"><li>• Ongoing</li></ul>



**Warrington and Halton  
Teaching Hospitals**  
NHS Foundation Trust



# Upcoming engagement events

## Upcoming engagement events: 2025

Date	Event	Time	Venue	Event purpose
<b>31 Aug 2025</b>	Warrington Mela	11am to 4pm	Queen's Gardens, Palmyra Square, Warrington, WA1 1JN	Annual open event supporting cultural diversity and community inclusion.
<b>1 Oct 2025</b>	Annual Members' Meeting	3.30pm to 4.30pm	Lecture Theatre, Halton Education Centre, Halton Hospital, Runcorn, WA7 2DA	Annual Trust membership event, bringing together foundation trust members, governors and the Trust Board.



# Council of Governors

## Communications and engagement update May to August 2025

# Better Care Together

To support BCH and WHH becoming one single organisation from April 2026 both trusts' Communications and Engagement teams have been working together to deliver joint communications channels and coordinating engagement activity.

## Key activity

- Joint staff engagement sessions and staff microsite for staff in both trusts
- Joint monthly Team Briefs and regular CEO staff update messages
- Joint public website – [NHS North Cheshire and Mersey Partnership](#)
- Joint public / patient engagement activity including Patient and Public Reference Group (first meeting 1 December)

## Public perception

Overall, staff and the public are overwhelmingly positive about the integration. There are questions around implementation including staffing and service capacity – though respondents understand potential benefits, they want assurance the integration programme will be properly resourced / managed.

# Communications / engagement reporting

## Next steps

Rollout of new joint BCH and WHH Council of Governors / Board report for communications and engagement activity. To include:

- key campaign and strategic project updates
- 'at a glance' communications support and digital data
- Better Care Together integration comms and engagement progress
- WHH Charity comms and engagement support
- patient and public engagement focus areas
- activity outcomes and impact
- next steps and upcoming events

NB: Please note that some BCH and WHH data (e.g. social media statistics) will be shared as separate updates in the report until post integration

# Upcoming engagement events: 2026

Date	Event	Time	Venue	Event purpose
<b>20 May 2026</b>	International Clinical Trials Day	10am to 2pm	Main entrance, Warrington Hospital and George Lloyd Restaurant, Halton Hospital	Trust-led, annual event promoting the accomplishments of clinical research professionals in public health/medicine and their efforts in clinical trials.
<b>13 June 2026</b>	Warrington Pride	TBC	Warrington town centre / Golden Square	Annual partnership event celebrating the LGBTQIA+ community.
<b>27 June 2026</b>	Warrington Armed Forces Day	10am to 6pm	Crosfields Rugby Club, 131 Hood Lane North, Great Sankey, Warrington, WA5 1XU	Annual partnership event comprised of Armed Forces Rugby League games, military vehicle displays, stands and activities.
<b>13 July 2026</b>	Disability Awareness Day	10pm to 4pm	Walton Hall and Gardens, Higher Walton, Warrington, WA4 6SN	Annual family fun day and pan-disability event led by Warrington Disability Partnership.
<b>30 August 2026</b>	Warrington Mela	11am to 4pm	Queen's Gardens, Palmyra Square, Warrington, WA1 1JN	Annual open event supporting cultural diversity and community inclusion within the town.

# Communications and engagement update

## Bi-monthly report (July to August 2025)

Trust Board meeting

1 October 2025



Working Together



Excellence



Inclusive



Kind



Embracing Change

# Our role within WHH

## The Communications and Engagement Team remit covers:

- Communications and Engagement Strategy development
- Communications planning and evaluation to support strategic projects
- Internal communications including content production for The Week and Team Brief
- External communications including media relations and stakeholder updates
- Digital communications including content development for the Trust's corporate social media channels and updates to the website
- Identity, branding and design
- Engagement in our communities
- Experts by Experience programme
- Processing and review of clinical patient information

## During the period (July to August 2025) the Communications and Engagement Team...

- processed and allocated **28** communications 'job requests' for design, film, photography and communications campaign support
  - issued **4** Trust media releases (plus **1** WHH Charity media release)
  - published **9** stories across our main Trust website, charity website and breast screening services website
  - prepared / issued **4** media statements
  - handled **8** enquiries from local, regional and national print and broadcast media
- 

# July / August activity and achievements overview

- Launched the 'See it. Report it. Stop it' campaign alongside the Culture, Inclusion and Engagement Team (see slide 10)
- Promoted new resources around [anti-bullying and harassment](#) to support staff to discuss, react and access support related to bullying and harassment in the workplace
- Developed WHH's online EHIA training module and scheduled bi-monthly 'Engagement, involvement and public consultation in service change' (see slide 11)
- Attended DAD 2025 and Warrington Mela with staff teams and governors
- Supported a staff CQC information session to prepare for any CQC assessment under the Single Assessment Framework
- Continued to develop and improve accessibility of the Trust website, with our Trust site and Breast Screening Service site now both rated 'Great' with accessibility scores of 96% and 93% respectively on the [Silktide](#) Accessibility checker
- Promoted the launch of two charity-funded bespoke multi-faith cabinets
- Supported the launch of the new WHH Charity website (see slide 12)



Details of other communications and engagement activity is included in the highlights section of this update

# Media

Media releases issued during July and August 2025, including:



**Living Well Warrington programme shortlisted for 2025 HSJ Awards**

[Read the release](#)



**Warrington and Halton Teaching Hospitals appointment letters are going digital**

[Read the release](#)



**New dental CT scanner helps patients at Warrington and Halton Teaching Hospitals receive quicker diagnosis**

[Read the release](#)



**Resident doctor industrial action - 25 to 30 July**

[Read the release](#)

All media releases / news items can be viewed on our [website](#).

# Production of Patient Information (PINFO)

## From July to August the Communications and Engagement Team:

- Supported clinical teams in putting **6** new leaflets through the PINFO process
- Reviewed and edited **12** existing leaflets to ensure content remains clinically appropriate and reflects WHH style guidelines
- Identified a total of **175** expired leaflets as a large number of leaflets expired in July and August
- Archived **23** leaflets no longer being required by services
- Introduced health literacy checks for reading age as part of review of new and existing leaflets

## Understanding keratoconus

Information for patients and relatives

### What is keratoconus?

Keratoconus is an eye condition that affects the cornea, the clear window on the front of the eye. A normal cornea is a round dome shape, like a ball. In keratoconus, the cornea changes and becomes shaped like a cone.

This is because the fibres in the middle layer of the cornea (the stroma) are weaker than normal. This causes the cornea to become stretched and thin in the centre. The thin part of the cornea then bulges forward and creates an irregular shape.

### What are the symptoms?

It usually affects both eyes, although one eye can be worse than the other. It can cause:

- blurred or distorted vision
- increased sensitivity to light
- frequent changes in glasses prescription
- difficulty seeing at night

### How common is it and who does it affect?

Keratoconus is not common. The number of people affected vary from 1 in 500 to 1 in 2000 people.

It normally starts during teenage years and progresses over time. It can slow down in your thirties to forties. It can also run in families.

### What causes keratoconus?

The causes are not known, but it can be linked to:

- family history (genetics)
- history of eye rubbing
- allergies such as eczema, asthma or hay fever
- some medical conditions

# Events

## Disability Awareness Day 2025

Warrington's annual pan-disability event on Sunday 13 July featured over 250 exhibitors and 18,000 visitors at Walton Hall and Gardens. WHH had representation from services including orthotics, breast screening, pulmonary rehabilitation, Warrington and Halton Maternity and Neonatal Voices Partnership (MNVP) and our public governors.

## Warrington Mela 2025

Held on Sunday 31 August the event celebrated cultural inclusion across the borough with demonstrations and dances, including Bollywood performances, Indian classical dances, Ukrainian singing, Chinese lion dancing and giant puppetry.

WHH exhibited at Mela Village with support from our governors and staff from diabetes, breast screening, recruitment / apprenticeships and Macmillan Delamere Centre teams, along with Warrington and Halton MNVP.





**Warrington and Halton  
Teaching Hospitals**  
NHS Foundation Trust



**Key campaigns / highlights from  
July to August 2025**

# Better Care Together (BCT)



## Engagement and communications updates covered during this period included the following topics:

- Developing 'shared values' survey
- Organisational Change framework
- Case studies – CoPilot AI and Dermatology AI service
- Accelerated timeline for integration transaction
- 10 Year Health Plan update
- Priority clinical pathways updates
- Launch of joint Culture Plan

## Joint channels currently include:

- Joint good morning messages
- Monthly Team Brief continues to meet monthly
- Microsite updates (e.g. FAQs)
- Staff engagement sessions
- Stakeholder brief

We continue to develop joint channels through the Communications and Engagement Delivery Group

North Cheshire and Mersey Healthcare Partnership

Integrating Bridgewater Community Healthcare and Warrington and Halton Teaching Hospitals

Home About Better Care Together Programme workstreams Resources FAQs Recycle bin

☆ Not following Share

### We want to provide better care together.

Together, we are stronger. That's why we're integrating the community and hospital services provided by [Bridgewater Community Healthcare NHS Foundation Trust \(BCH\)](#) and [Warrington and Halton Teaching Hospitals NHS Foundation Trust \(WHH\)](#).

You can find all you need to know about our integration and our Better Care Together programme on this intranet microsite.

## Better Care Together

Home · Community · Hospital

### Latest news

See all

- Integration enables Bridgewater and Warrington and Halton Teaching Hospitals to benefit from N...  
M365 Copilot is an AI technology integrated into the Microsoft 365 suite of apps including Word, Excel, PowerPoint, Outlook, and Teams.
- Read the Better Care Together Strategic Case  
Our 'Better Care Together Strategic Case' document has been developed to articulate our intentions to accelerate our integration timeline and come together as one single...

# Better Care Together (BCT)



The BCT microsite has provided information for staff on the integration programme and proposals, including regularly updated FAQs, operational activity and engagement opportunities.

## Microsite activity

- July – 1,803 visits (459 unique)
- August – 2,798 (644 unique)
- The most viewed pages were workstreams and FAQs.

August was the busiest month for microsite traffic, after the launch of the site, which is likely due to the launch of the [Organisational Change Framework](#) and sharing of the [BCT Strategic Case](#) document.

Monthly joint staff engagement sessions presented by members of our Executive Team have shared regular updates on the BCT programme, as well offering open forums for staff questions / comments.

## Engagement session activity

- July – 189 staff
- August – 175 staff

# See it. Report it. Stop it.

WHH is committed to a zero-tolerance approach to any form of bullying and harassment in the workplace. However, according to our 2024 Staff Survey:

- 1 in 5 experienced harassment, bullying or abuse from patients or the public (540 staff)
- 16% from other colleagues (389 staff)
- 7.6% from managers (180 staff)

Unfortunately, only **50% of those affected reported it.**

WHH's new 'See it. Report it. Stop it' campaign and [anti-bullying: resource and guide](#) is designed to support staff to appropriately discuss, react and access support with relation to bullying and harassment in the workplace.

To support the campaign we have promoted new resources and shared intranet news articles, good morning messages plus an intranet banner and screensaver.



## Language

Definitions of inappropriate behaviour:

### Bullying

Bullying is defined as offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means that discipline, humiliate, denigrate or injure the person to whom it is directed.

[Read more about Bullying by clicking here.](#)

### Harassment

Harassment is unwanted conduct related to protected characteristic which has the purpose of violating a person's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that person.

[Read more about Harassment by clicking here.](#)

### Abuse

Abuse is any action that violates a person's human or civil rights. It can take many forms and involve a number of factors. It can occur anywhere, and the abuser could be a stranger, a carer, a family member or someone else in a position of trust. These forms could be physical, sexual, emotional or psychological, financial or material, neglect, discriminatory, or institutional or organisational.

[Read more about abuse clicking here.](#)

### Sexual misconduct

Sexual misconduct is unwanted, unwelcome or non-consensual behaviour of a sexual nature. It can however be tolerated and/or perceived by an individual as sexual and which offends, embarrasses, humiliates, or humiliates an individual or group. Sexual misconduct can involve elements of harassment, violence and abuse and can be physical, verbal or visual and via different mediums, such as through an email or phone message.

[Read more about sexual misconduct by clicking here.](#)

# WHH Charity

Thursday 10 July saw the launch of the redeveloped WHH Charity website.

The site's redevelopment has involved patients, carers, Experts by Experience, governors and staff, to ensure site design and content was built with accessibility in mind, using lived experience insight.

The new site will enable the charity to build on the support during the past 10 years by promoting volunteering, fundraising and community support opportunities. Further promotion of the site will continue to increase traffic over the coming months.

## Website activity

- July – 4,684 visits (507 unique)
- August – 1,227 visits (634 unique)
- The most viewed pages have been news, our impact, events, and volunteer with us

## Newsletters

- [Charity newsletter - August 2025](#)



# Training and awareness raising

## Online training

The Communications and Engagement Team have contributed to WHH's online EHIA training module to include guidance on public engagement and involvement duties and good practice.

## Awareness raising sessions

The team are now delivering bi-monthly awareness sessions on 'Engagement, involvement and public consultation in service change' to build awareness of NHS duties and legal requirements for engagement and involvement in the planning and development of service change.

Each session will improve understanding of how to effectively work with people and communities as well as exploring statutory public involvement duties and other key legal considerations.

Classification: Official

Publication approval reference: B1762



Department  
of Health &  
Social Care

## Working in Partnership with People and Communities

Statutory Guidance





**Warrington and Halton  
Teaching Hospitals**  
NHS Foundation Trust



**Working with People and Communities Strategy  
July to August 2025**

# Pillar 1: Co-production in Service Change/ Development

Recruit, train, deploy, maintain, recognise and reward patients and public who are 'Experts by Experience' to specific estate and service change programmes

<b>1. Grow Experts by Experience (EbyE) capacity to embed Co-production in service design within WHH</b>	<ul style="list-style-type: none"><li>• 23 Experts by Experience recruited during 25/26 (8 from July to August).</li><li>• 214 Experts by Experience total (cumulatively to date).</li><li>• Continuing to work with WHH colleagues to identify opportunities to involve EbyEs from the outset of projects (#StartwithPeople).</li></ul>	<ul style="list-style-type: none"><li>• Ongoing</li></ul>
<b>2. Support EbyE recruitment and retention</b>	<ul style="list-style-type: none"><li>• 9 EbyE Projects delivered in 25/26 (plus 3 extended projects – health literacy, site map updates and Runcorn Health and Education Hub).</li><li>• 2 EbyEs participating in July and August projects.</li></ul>	<ul style="list-style-type: none"><li>• Ongoing</li></ul>
<b>3. Enhance our programme for involvement</b>	<ul style="list-style-type: none"><li>• Annual involvement timetable for awareness days and events informs engagement plan – dependent on team availability (see slide 20).</li><li>• Ongoing involvement with Estates and Strategy teams to ensure substantial strategic, capital or service developments have EbyE involvement / representation e.g. site signage and maps (Wayfinding and First Impressions Task and Finish Group)</li></ul>	<ul style="list-style-type: none"><li>• Ongoing</li></ul>
<b>4. Undertake consultation and engagement to enable effective support for services</b>	<ul style="list-style-type: none"><li>• Inclusion of EbyE engagement from beginning of significant projects</li><li>• Ongoing EbyE participation to be included in future Q3 projects including Better Care Together engagement and workstreams for clinical and operational services integration.</li><li>• Communications and Engagement support provided to Better Care Together Clinical and Operational Integration workstream and training in development</li></ul>	<ul style="list-style-type: none"><li>• Ongoing</li></ul>
<b>5. Ensure representation to support Place-Based integrated care delivery</b>	<ul style="list-style-type: none"><li>• Use our resources to support wider place-based initiatives and to access insight from our communities and advocacy / equality groups.</li><li>• Better Care Together continues to be supported in partnership with Bridgewater colleagues.</li></ul>	<ul style="list-style-type: none"><li>• Ongoing</li></ul>

# Pillar 2: Accessible Information Standard (AIS)

Launch WHH AIS policy to support those with sensory impairments, learning disabilities and non-English speakers to access our services and participate equally in their care

<b>1. Patient Letters</b>	<ul style="list-style-type: none"><li>• Working with Patient Experience and Inclusion and Digital Services to ensure accessibility functionality in the PEP / EPR is maximised before launching the 5 Rights campaign. All communications are ready to go.</li><li>• Easy Read version of supplementary information distributed with patient letters is in development will be launched with new North Cheshire and Mersey patient letter template in April 2026</li></ul>	<ul style="list-style-type: none"><li>• 2025-26</li></ul>
<b>2. Ensure website compliance with Web Content Accessibility Guidelines (WCAG) standards</b>	<ul style="list-style-type: none"><li>• Trust site and Breast Screening Service site now both rated 'Great' with accessibility scores of 96% and 93% respectively on the <a href="#">Silktide</a> Accessibility checker</li></ul>	<ul style="list-style-type: none"><li>• Ongoing</li></ul>
<b>3. Accessible content creation</b>	<ul style="list-style-type: none"><li>• Work underway to look at a joint Accessible Information and Communication (including health literacy)</li><li>• WHH and Bridgewater Communications and Corporate Governance teams supported development of digitally accessible templates with more to follow.</li></ul>	<ul style="list-style-type: none"><li>• Ongoing</li></ul>
<b>5. Patient information</b>	<ul style="list-style-type: none"><li>• A process to check the reading age has been introduced when reviewing all new and existing patient leaflets to ensure a health literacy approach is embedded.</li></ul>	<ul style="list-style-type: none"><li>• Ongoing</li></ul>
<b>7. Signage/wayfinding</b>	<ul style="list-style-type: none"><li>• Delivered via Wayfinding and First Impressions Task and Finish Group. Updated maps are in development for Warrington and Halton alongside signage improvements.</li></ul>	<ul style="list-style-type: none"><li>• Ongoing</li></ul>

# Pillar 3: Reducing Health Inequalities

## Using WHH engagement and understanding health inequalities to geographical areas of Warrington North, Warrington South, Widnes and Runcorn

<b>1. Strengthen WHH engagement programme</b>	<ul style="list-style-type: none"><li>• Work ongoing with WHH teams (Patient Experience and Inclusion, Workforce EDI / Culture and Inclusion, Membership and Governance, Children / Young People, Dementia, Staff Health and Wellbeing team, charity, volunteers, chaplaincy, catering/estates, ward/service reps) to set / link events calendars and activities for 2025 / 26.</li><li>• Planning an updated events plan and schedule in partnership with Bridgewater Community Healthcare for 2025 / 26.</li></ul>	• Ongoing
<b>2. Provide opportunities for governors to engage in their communities</b>	<ul style="list-style-type: none"><li>• Promotion and encouragement of governor event engagement opportunities i.e. showcasing their roles, sharing info, speaking with visitors about the constituencies they represent, collecting details of visitors interested in becoming WHH Foundation Trust Members.</li></ul> <p>Events undertaken were:</p> <ul style="list-style-type: none"><li>✓ Disability Awareness Day</li><li>✓ Warrington Mela</li></ul>	• Ongoing
<b>3. Support Place Based activity and other key local events</b>	<ul style="list-style-type: none"><li>• Content upload process for Living Well Warrington website is now co-ordinated within the Communications and Engagement team</li></ul>	• Ongoing

# Pillar 4: Anchor Institution/Building Social Value

Use Trust estate and resources in partnership with others for the benefit of the wider community

<b>1. Establish WHH's position as an anchor institution in our communities</b>	<ul style="list-style-type: none"><li>• Use WHH communication channels to increase engagement with the voluntary and third sector and raise awareness of key campaigns, health improvement and economic wellbeing initiatives.</li><li>• Promotion of WHH volunteering opportunities with the EbyE membership, via networking and through social media.</li></ul>	<ul style="list-style-type: none"><li>• Ongoing</li></ul>
<b>2. Promote opportunities for work, training or volunteering</b>	<ul style="list-style-type: none"><li>• Promote WHH as a great place to work, train or volunteer to enhance the aspirations and life chances of local people.</li><li>• Job of the Week highlighted every Friday via social media.</li><li>• Level of engagement with social media and websites.</li></ul>	<ul style="list-style-type: none"><li>• Ongoing</li></ul>
<b>3. To utilise local suppliers and venues</b>	<ul style="list-style-type: none"><li>• Use local suppliers and venues to support engagement and involvement programmes, where possible.</li></ul>	<ul style="list-style-type: none"><li>• Ongoing</li></ul>
<b>4. Support the work of the WHH Charity</b>	<ul style="list-style-type: none"><li>• Continue work with the charity team to facilitate charity presence at public engagement and involvement events. WHH Charity activity and fundraising shared bi-monthly at the Patient Experience and Inclusion Sub-Committee.</li><li>• Charity stakeholder newsletters shared monthly.</li><li>• New WHH Charity website launched 10 July 2025.</li></ul>	<ul style="list-style-type: none"><li>• Ongoing</li></ul>



**Warrington and Halton  
Teaching Hospitals**  
NHS Foundation Trust



# Upcoming engagement events

# Upcoming engagement events: 2026

Date	Event	Time	Venue	Event purpose
<b>20 May 2026</b>	International Clinical Trials Day	10am to 2pm	Main entrance, Warrington Hospital and George Lloyd Restaurant, Halton Hospital	Trust-led, annual event promoting the accomplishments of clinical research professionals in public health/medicine and their efforts in clinical trials.
<b>13 June 2026</b>	Warrington Pride	TBC	Warrington town centre / Golden Square	Annual partnership event celebrating the LGBTQIA+ community.
<b>27 June 2026</b>	Warrington Armed Forces Day	10am to 6pm	Crosfields Rugby Club, 131 Hood Lane North, Great Sankey, Warrington, WA5 1XU	Annual partnership event comprised of Armed Forces Rugby League games, military vehicle displays, stands and activities.
<b>13 July 2026</b>	Disability Awareness Day	10pm to 4pm	Walton Hall and Gardens, Higher Walton, Warrington, WA4 6SN	Annual family fun day and pan-disability event led by Warrington Disability Partnership.
<b>30 August 2026</b>	Warrington Mela	TBC	Queen's Gardens, Palmyra Square, Warrington, WA1 1JN	Annual open event supporting cultural diversity and community inclusion within the town.

**COUNCIL OF GOVERNORS**

<b>AGENDA REFERENCE:</b>	<b>COG/25/11/57</b>			
<b>SUBJECT:</b>	<b>Bi-monthly Strategy Highlight Report</b>			
<b>DATE OF MEETING:</b>	<b>13<sup>th</sup> November 2025</b>			
<b>ACTION REQUIRED:</b>	<b>To note</b>			
<b>AUTHOR(S):</b>	Megan Wainwright, Strategy Project and Team Support Officer			
<b>EXECUTIVE DIRECTOR SPONSOR:</b>	Lucy Gardner, Chief Strategy & Partnerships Officer			
<b>LINK TO STRATEGIC OBJECTIVE</b>	SO1: We will ... Always put our patients first delivering safe and effective care and an excellent patient experience.			
	SO2: We will ... Be the best place to work with a diverse and engaged workforce that is fit for now and the future.			
	SO3: We will ... Work in partnership with others to achieve social and economic wellbeing in our communities.			
<b>EQUALITY CONSIDERATIONS: (Please select as appropriate)</b>	SO2: We will ... Be the best place to work with a diverse and engaged workforce that is fit for now and the future. SO3: We will ... Work in partnership with others to achieve social and economic wellbeing in our communities.	<b>Patients</b>	<b>Workforce</b>	<b>Public</b>
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	<b>Yes</b>	<b>No</b>	<b>N/A</b>
	Further Information / Comments:			✓
<b>EXECUTIVE SUMMARY:</b>	<ul style="list-style-type: none"> <li>• WHH and BCH continue to work towards becoming a single organisation. NHSE have been completing their review of our strategic case throughout October, with recommendations expected early November. We have been developing the draft full business case (FBC) and working with external consultants and legal advisors to complete due diligence.</li> <li>• The Runcorn Health and Education Hub is due to start to open services from February 2026.</li> <li>• A new Council led strategic Board has been established to lead the development of Widnes town.</li> <li>• The Living Well Warrington online platform went live to the public on 26<sup>th</sup> March. The site has received over 126,000 views with the membership growing daily. The platform showcases over 700 activities that support living well across</li> </ul>			

	<p>Warrington.</p> <ul style="list-style-type: none"> <li>The Trust have commenced development of our five-year plan, in line with latest NHS England Planning Guidance. This involves formulation and submission of: <ul style="list-style-type: none"> <li>3- year plans for revenue, workforce, operational performance and activity</li> <li>4-year plan for capital</li> <li>5-year narrative plan</li> </ul> </li> </ul> <p>A first submission is due in December 2025, with a revision and expanded submission due in January/February 2026.</p>		
<b>PURPOSE:</b> (please select as appropriate)	<b>Approval</b>	<b>To note</b> ✓	<b>Decision</b>
<b>RECOMMENDATION:</b>	The Council of Governors is asked to note the report.		
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	Not Applicable	
	<b>Agenda Ref.</b>		
	<b>Date of meeting</b>		
	<b>Summary of Outcome</b>		
<b>NEXT STEPS:</b> <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	None		
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full		
<b>FOIA EXEMPTIONS APPLIED:</b> <i>(if relevant)</i>	None		

# Strategic projects update

## September-October 2025

### Section 1 - Key messages

Slide 2	Summary of key developments this reporting period
---------	---

### Section 2 - Stakeholder engagement

Slide 3-4	Summary of key stakeholders engaged during the reporting period
-----------	---

### Section 3 - Key strategic projects

Page	Project	Strategy Lead	Status
Slide 5-6	WHH/BCH Integration programme	Stephen Bennett	Green
Slide 7-8	Runcorn town deal	Carl Mackie/Viviane Risk	Yellow
Slide 9-10	New hospitals programme and strategic estates	Carl Mackie	Yellow
Slide 11-12	Warrington Living Well Virtual Health & Wellbeing Hub	Rachel Moran/Stephen Bennett	Green
Slide 13	Completed projects	Strategy team	Green

### Section 4 - Other trust strategic updates

Slide 14	Summary of other Trust strategy related updates
----------	---

### Section 5 - Cheshire and Merseyside strategic updates

Slide 15	Summary of strategic updates from Cheshire and Merseyside
----------	---

# Key messages

- WHH and BCH continue to work towards becoming a single organisation. NHSE have been completing their review of our strategic case throughout October, with recommendations expected early November. We have been developing the draft full business case (FBC) and working with external consultants and legal advisors to complete due diligence.
- The Runcorn Health and Education Hub is due to start to open services from February 2026.
- A new Council led strategic Board has been established to lead the development of Widnes town.
- The Living Well Warrington online platform went live to the public on 26<sup>th</sup> March. The site has received over 126,000 views with the membership growing daily. The platform showcases over 700 activities that support living well across Warrington.
- The Trust have commenced development of our five-year plan, in line with latest NHS England Planning Guidance. This involves formulation and submission of:
  - 3- year plans for revenue, workforce, operational performance and activity
  - 4-year plan for capital
  - 5-year narrative plan

A first submission is due in December 2025, with a revision and expanded submission due in January/February 2026.

# Stakeholder and engagement overview

Key stakeholder engagement in period	Job title, organisation	Topic/Nature of engagement
Caroline Williams	Director of Adult Social Services, Warrington Borough Council	Warrington neighbourhood health plan, UEC system improvement
Alex Kirkpatrick	Deputy DoF, NHSE NW	Integration
Su Foster	Estates Delivery Lead, Cheshire and Merseyside	Halton Place Estates
Naz Ghodrati	CEO, Warrington Voluntary Action	Integration and partnerships with VCFSE sector
Pip Marrant Lesley Platt	Director of Community Services, Mid Cheshire Hospitals Transformation lead, Mid Cheshire Hospitals	Living Well Hub and Living Well in Warrington programme and potential to develop similar model in Crewe
Sarah Hall MP	MP	Urgent treatment centre
Linda Buckley	Managing Director, CMPC	C&M blueprint
Christina Banerji Katherine Golding	Mergers and acquisitions team, NHS England	NHS England Strategic Case review
NHSE NW leadership team	NHSE NW leadership team	NHS England Strategic Case review
Brian Pilling	Chair of Trustees, Burtonwood Community Centre	Development of community facilities in Burtonwood via UK Shared Prosperity funds and potential links with neighbourhood health agenda
Amanda Ridge	C&M ICB	Neighbourhood health plans in Warrington
Wesley Rourke	Executive Director, Environment and Regeneration	Runcorn Shopping City, Levelling up, Runcorn Town Deal, Widnes town centre strategic Board
Michael Allen	Partner, KPMG	Due diligence for production of full business case for integration
Fiona Watson	Consultant & Deputy director of public health, Halton Borough Council	One Halton cardio-vascular disease steering group
David Wilson	One Halton Clinical director	Clinical services integration
CEOs Cheshire, Warrington and Wirral Trusts	CEOs Cheshire, Warrington and Wirral Trusts	C&M blueprint

# Stakeholder and engagement overview

Key stakeholder engagement in period	Job title, organisation	Topic/Nature of engagement
Tony Leo	Place Director, Halton	Place development and integration programme
Matthew Swanborough Jon Develing	Chief Strategy and Partnerships Officer, Wirral University Teaching Hospitals Director of Strategy, Countess of Chester Hospitals	Integration, C&M strategy
Carl Marsh	Place Director, Warrington	Integration, C&M strategy
David Cooper	Cheshire and Merseyside ICB	Strategic estates planning, Warrington
Tim McPhee	Associate Director Integration, Transformation and Partnerships, Mersey Care	Runcorn Health and education Hub, One Halton delivery plan, Warrington neighbourhood health
Cathy Elliott	CEO, NHS Cheshire and Merseyside	Integration
Sarah Pochin MP	MP	Runcorn Town Board
Steve Park	Interim CEO, Warrington Borough Council	Integration, estates development, urgent treatment centre
2025 HSJ Awards Panel	Various national representatives from healthcare organisations across the country	Judging of HSJ awards entry: Living Well in Warrington in the category of 'Integrated Care Initiative of the Year'
Richard Rout	Chief Executive, Halton Borough Council	Strategic Estates and Integration, HBC CEO interviews
Sally Yeoman	CEO, Halton and St Helen's Voluntary Action	Runcorn Town Board, HBC CEO interviews
Andrew Jones	Service improvement and change manager, Mersey Care	Runcorn health and education hub
Mary Murphy	Principal and CEO Riverside and Crompton Colleges	Runcorn health and education hub, HBC CEO interviews

# Integration – part 1



## Programme Overview

Warrington and Halton Teaching Hospitals NHS Foundation Trust (WHH) is planning to formally acquire Bridgewater Community Healthcare NHS Foundation Trust (BCH) on 1 April 2026, bringing both partners together to create a single organisation ‘**North Cheshire and Mersey NHS Foundation Trust**’. The integration will support both individual Trusts with long-standing challenges around clinical and financial sustainability and create a wealth of opportunities to improve access to services, quality of care and overall patient experience.

The integration programme- entitled ‘Better Care Together’ is well established and consists of ten workstreams: Strategic Programme Development, Estates, Workforce, Finance, Corporate Service Integration, Clinical and Operational Services Integration, Digital Services, Communication and Engagement, Clinical Governance and Quality, and Corporate Governance. Each workstream has a detailed delivery plan and are working with partners to deliver objectives.

## What does this mean for WHH?

Over the last decade, both WHH and BCH have seen demand for services continually increasing due to a growing and ageing population locally, living longer with complex and often chronic conditions. This increasing demand has steadily led to a need to increase non-elective capacity at the acute sites, which has led to increasing financial challenges. In line with the NHS Ten-Year Plan and strategic direction regionally, the integration creates the opportunity to develop a model with greater emphasis on preventative health and community services, which together, can improve both quality and sustainability of services.

## Progress:

- Completion of NHS England review of strategic case, with a formal outcome expected in early November.
- Second draft of Full Business Case (FBC) is complete and due to be shared with Trust Boards and selected partners for feedback in November.
- Due diligence work undertaken in house and by KPMG and Hill Dickinson is now complete and work is ongoing to review outputs and incorporate plans into FBC.

# Integration – part 2



**Warrington and Halton  
Teaching Hospitals**  
NHS Foundation Trust

Quality	People	Sustainability
Patient Safety ✓	Looking after our people ✓	Working in partnership ✓
Clinical effectiveness ✓	Innovating the way we work ✓	Working responsibly ✓
Patient experience ✓	Growing our workforce for the future ✓	Sustainable estate and digitally enabled ✓
Research, development and innovation	Belonging in WHH	Financial sustainability ✓

Milestone	Date
Submission of Full Business Case first draft to WHH and BCH Trust Boards for review/comment	5/6 November 2025
Receipt of formal outcome letter from NHS England following review of strategic case	6 November 2025
Commence staff consultation around TUPE/organisational change	10 November 2025
Submission of Full Business Case and supporting documents to Trust Boards for approval before submission to NHSE	3 /4 December 2025

**Better Care Together**

Home · Community · Hospital

Integrating community and hospital services provided by Bridgewater Community Healthcare NHS Foundation Trust and Warrington and Halton Teaching Hospitals NHS Foundation Trust

**Contact details**

**Lucy Gardner**  
Chief Strategy and Partnerships Officer WHH  
[Lucy.gardner5@nhs.net](mailto:Lucy.gardner5@nhs.net)

**Stephen Bennett**  
Head of Strategy and Partnerships WHH  
[Stephen.bennett13@nhs.net](mailto:Stephen.bennett13@nhs.net)

# Runcorn town deal-part 1

## Project Overview

WHH is a key partner within Runcorn Old Town's submission to the Town Deal Investment Fund, with an overall opportunity to bring up to £25m to the town. The health and education hub project is led by WHH and is one of 7 projects within the Town Deal plan. The hub is planned to deliver services focussed on prevention, women and children and long-term conditions from a central location in Runcorn.

The project is being developed in partnership with a range of health and care providers across Runcorn, including Bridgewater and Halton Borough Council. The scheme includes a flexible education element designed in partnership with Riverside College.

## What does this mean for WHH?

- Delivery of WHH services, including maternity, respiratory, and phlebotomy, from a convenient and accessible town centre location.
- Opportunity to work with local further education college to provide education and training tailored to jobs in health and care, helping to reduce our vacancies.
- Opportunities to further integrate services with other providers across health, care and wellbeing.

## Progress since last report

- Branding concept chosen. Brand and logo concept being developed further.
- First-fix water inspection carried out, with no major issues identified.
- Commissioning and handover plan in development.

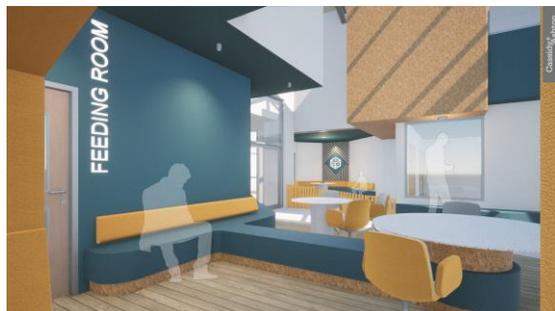
# Runcorn town deal- part 2



**Warrington and Halton  
Teaching Hospitals**  
NHS Foundation Trust

Quality	People	Sustainability
Patient Safety	Looking after our people ✓	Working in partnership ✓
Clinical effectiveness ✓	Innovating the way we work ✓	Working responsibly ✓
Patient experience ✓	Growing our workforce for the future ✓	Sustainable estate and digitally enabled ✓
Research, development and innovation	Belonging in WHH	Financial sustainability ✓

Milestone	Date
Construction complete	Dec 2025
Services go live	Feb 2026



**Contact details**  
**Viviane Risk**  
**Strategic Project Manager**  
[viviane.risk@nhs.net](mailto:viviane.risk@nhs.net)

**Carl Mackie**  
**Halton Healthy New Town and Strategy**  
**Manager**  
[carlmackie@nhs.net](mailto:carlmackie@nhs.net)

# New hospitals and strategic estates planning- part 1



**Warrington and Halton  
Teaching Hospitals**  
NHS Foundation Trust

## Project Overview

- Development of new WHH hospital estate and infrastructure.
- Within Warrington, this is the development of a new hospital, either on the current site or elsewhere in the town.
- Within Halton this is the redevelopment of the Halton Hospital site, including extending Captain Sir Tom Moore to incorporate all existing services and additional services, whilst releasing land to support the Hospital and Wellbeing Campus vision.

## What does this mean for WHH?

- Delivery of Trust services from modern, accessible and safe environments.
- Opportunities to develop service provision in appropriate clinical settings and expand opportunities to work with local partners or in external locations.

## Progress since last report

- First meeting with key internal stakeholders WHH Estates and Strategy Teams with Keir and Gilling Dod to develop the Strategic Estates Development Plan
- Confirmation of appointment of resource to develop Clinical Strategy and Strategic Estates Development Plan
- Continued discussion with NHS C&M around progression of case for co-located Urgent Treatment Centre

# New hospitals and strategic estates planning- part 2

Warrington and Halton Teaching Hospitals  
NHS Foundation Trust

Quality	People	Sustainability
Patient Safety ✓	Looking after our people ✓	Working in partnership ✓
Clinical effectiveness ✓	Innovating the way we work ✓	Working responsibly ✓
Patient experience ✓	Growing our workforce for the future ✓	Sustainable estate and digitally enabled ✓
Research, development and innovation ✓	Belonging in WHH	Financial sustainability ✓

Milestone	Date
Delivery of updated strategic estates masterplan	October 2026
Notification of UTC Bid outcome	TBC



**Contact details**  
**Carl Mackie**  
 Halton Health New Town and Strategy Manager  
[carlmackie@nhs.net](mailto:carlmackie@nhs.net)

# Living Well Virtual Hub- part 1



**Warrington and Halton  
Teaching Hospitals**  
NHS Foundation Trust

## Project Overview

- To lead the development of new Living Well Virtual Hub for Warrington place in partnership with stakeholders across Warrington.
- To replace previous council run “Mylife” service directory with a modern, accessible multi-functional online platform that serves as a one stop shop for many more service providers from across the borough ranging from small grassroots organisations to larger statutory providers.
- The new virtual hub forms part of a growing programme of work at Place to strengthen the offer around prevention, early intervention and empowering self-care through a “community-led” approach.
- The new platform empowers users to navigate their health and wellbeing journey more independently and is the single digital entry point for any health and wellbeing-related enquiries for the public and staff working in Warrington.

## What does this mean for WHH?

- Delivery of a new digital product under the Living Well umbrella which supports a broader shift from analogue to digital, hospital to community, and reactive care to prevention. It also supports the development of a digital blueprint for delivering the new neighbourhood health model across Warrington.
- Longer term, the online platform will support improving health outcomes, reducing inequalities and help reduce future demand and pressure on statutory health and care services across the Borough.

## Progress since last report

- Presented the Living Well Programme to national panel of judges for the HSJ awards- results announced 20<sup>th</sup> November.
- New map search feature live and updates to search function. AI search tool in development to further improve search results available on the platform.
- 413 new members to platform, 702 live activities, increase to 4,500 monthly active users, 126, 088 page views.
- Developed a multisector partnership agreement to oversee the longer- term direction and support of the platform.
- New pages on Living Well with Dementia and Early Years support published on platform in collaboration with multi-sector subject matter experts, cancer support page in progress.
- Winter campaign page in development, being led by voluntary sector-to contain curated content about support available over winter.
- Pilot business model has been launched together with update to membership options to allow eligible businesses to support Living Well in Warrington via the platform.

# Living Well Virtual Hub- part 2



**Warrington and Halton  
Teaching Hospitals**  
NHS Foundation Trust

Quality	People	Sustainability
<b>Patient Safety</b> ✓	Looking after our people	<b>Working in partnership</b> ✓
<b>Clinical effectiveness</b> ✓	<b>Innovating the way we work</b> ✓	<b>Working responsibly</b> ✓
<b>Patient experience</b> ✓	Growing our workforce for the future	<b>Sustainable estate and digitally enabled</b> ✓
<b>Research, development and innovation</b> ✓	Belonging in WHH	<b>Financial sustainability</b> ✓

Milestone	Date
Ongoing network development and onboarding to platform	April-Dec 25
One year pilot business subscription model	1 <sup>st</sup> Sept 25- 1 <sup>st</sup> Sept 2026
Content review and subject matter expert engagement workshops	Sept-Dec 25
Sustainability planning and evaluation	Sept 25- Jan 26



**Contact details**  
**Stephen Bennett**  
Head of Strategy & Partnerships  
[stephen.bennett13@nhs.net](mailto:stephen.bennett13@nhs.net)

**Rachel Moran**  
Strategic Project Manager  
[rachel.moran1@nhs.net](mailto:rachel.moran1@nhs.net)

# Completed Projects

## Halton Health Hub

- Halton Health Hub Phase 1 was completed in November 2022, enabling the delivery of orthoptics, optometry, audiology, and dietetic therapy services from within the Runcorn Shopping City centre in Halton Lea.
- Services in Phase 1 have since been expanded to add MSK therapies, a GP out-of-hours service, public health services, including weight management and smoking cessation, and a Wellbeing Service delivered by Wellbeing Enterprises CIC.
- In November 2023, Phase 2 opened. Phase 2 comprises a Community Diagnostics Centre, offering residents improved access to range of diagnostics and treatments usually only accessible via an acute hospital.

## Warrington Living Well Hub

- Over 35,000 have attended the Living Well Hub since the facility opened in March 2024. 88% of visitors to the Hub live in and around the central wards of the borough which are the most deprived areas of the town.
- The service model continues to evolve with the following new services commencing during the report period:
  - WBC Youth Service – “Get to Know” Drop-In: Every other Wednesday evening and alternate Friday afternoons.
  - WHH Phlebotomy - Now expanded service offer to full-day sessions on Tuesdays and Wednesdays in response to growing demand.
  - Kit 4 All – taking place on the first Friday afternoon of each month, offering new and pre-loved sports kit to help reduce barriers to physical activity.
- The Warrington Living Well programme (Living Well Hub, digital platform and Talking Points projects) has been shortlisted in the 2025 HSJ awards as an exemplar programme of work demonstrating a high-quality integrated care approach and provider collaboration. Representatives from each of the three projects within the programme presented to the judging panel in October 2025. The winner will be revealed in November.

## Community diagnostic centre

- Over 120,000 additional diagnostic tests have been undertaken in the new CDC spaces (Phases 1, 2 & 3) since Phase 1 went live in May 2023.
- Potential opportunity to expand the CDC development at the Halton Health Hub with further allocation of funding from the national programme. Business case has been developed. If successful, this would secure a further £2.5m of capital funding to progress a fourth phase of the programme and provide ophthalmology assessment services at the site in Runcorn Shopping City.

**COUNCIL OF GOVERNORS**

<b>AGENDA REFERENCE:</b>	<b>COG/25/11/58</b>			
<b>SUBJECT:</b>	<b>Declarations required by General Condition 6 (G6(3)) and Continuity of Service Condition 7 (CoS7) of the NHS Provider Licence</b>			
<b>DATE OF MEETING:</b>	13 November 2025			
<b>ACTION REQUIRED:</b>	<b>To Note</b>			
<b>AUTHOR(S):</b>	John Culshaw, Company Secretary			
<b>EXECUTIVE DIRECTOR SPONSOR:</b>	Nikhil Khashu, Chief Executive			
<b>LINK TO STRATEGIC OBJECTIVE</b>	All			
<b>EQUALITY CONSIDERATIONS: (Please select as appropriate)</b>	Please indicate who is impacted by the equality considerations:	<b>Patients</b>	<b>Workforce</b>	<b>Public</b>
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	<b>Yes</b>	<b>No</b>	<b>N/A</b>
	Further Information / Comments:			
<b>EXECUTIVE SUMMARY:</b>	<p>NHS foundation trusts are required to self-certify whether or not they have complied with the conditions of the NHS provider licence (which itself includes requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009, and the Health and Social Care Act 2012, and have regard to the NHS Constitution), have the required resources available if providing commissioner requested services, and have complied with governance requirements.</p> <p>The Trust Board (4<sup>th</sup> June 2025) approved the confirmed declarations and confirmed that no material risks have been identified as described.</p>			
<b>PURPOSE: (please select as appropriate)</b>	<b>Approval</b>	<b>To note</b> ✓	<b>Decision</b>	
<b>RECOMMENDATION:</b>	The Council of Governors is asked to note compliance with NHS Conditions G6 and CoS7 and approve the self-certification			
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	Trust Board		
	<b>Agenda Ref.</b>	<b>BM/25/06/41</b>		
	<b>Date of meeting</b>	4 June 2025		
	<b>Summary of Outcome</b>	Approved		
<b>NEXT STEPS:</b>	None			
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full			

**FOIA EXEMPTIONS  
APPLIED:**  
*(if relevant)*

None

**Declarations required by General condition 6 and Continuity of Service condition 7 of the NHS provider licence**

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (please select 'not confirmed' if confirming another option). Explanatory information should be provided where required.

**1 & 2 General condition 6 - Systems for compliance with licence conditions (FTs and NHS trusts)**

1 Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution. Confirmed OK

**3 Continuity of services condition 7 - Availability of Resources (FTs designated CRS only)**

**EITHER:**

3a After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. Confirmed

**OR**

3b After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.

**OR**

3c In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.

**Statement of main factors taken into account in making the above declaration**

In making the above declaration, the main factors which have been taken into account by the Board of Directors are as follows:

The Trust recorded an adjusted deficit of £16.8m which is £5.5m away from the £11.3m deficit plan (adjusted from £27.8m following receipt of £16.5m deficit support funding). This adjusted deficit is the value which NHSE monitors the Trust against and the movement from plan was approved by the ICS.

The annual capital programme was £21.7m (including IFRS16 and donated assets) and the actual spend for the year was £21.9m which was an allowable overspend.

The cash balance at the end of the year was £16.3m. The cash balance will be utilised to pay both capital (£8.4m) and revenue creditors.

There were no failures in financial governance during the year. The Finance and Sustainability Committee reviewed and scrutinised the financial position and performance of the Trust closely throughout the year and escalated any relevant items to the Board in the Chair's exception report. Furthermore, the Board reviewed the position and challenged forecast outturns and mitigations on a regular basis.

Capital has been monitored through the year via the Capital Planning Group and Finance and Sustainability Committee, with a particular focus on schemes over £0.5m.

Over the past 12 months the Trust has continued to have regular meetings with the ICS where the financial position, forecast and capital have been discussed, reviewed and challenged.

Furthermore, in April 2025, the Audit Committee approved the Going Concern Report and recommend that it is appropriate for the accounts to be prepared on the going concern basis

Signed on behalf of the board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

**Signature**

**Signature**

**Name** Steve McGuirk

**Name** Nikhil Khashu

**Capacity** Chair

**Capacity** Chief Executive

**Date** 04.06.2025

**Date** 04.06.2025

Further explanatory information should be provided below where the Board has been unable to confirm declarations under G6.

**COUNCIL OF GOVERNORS**

<b>AGENDA REFERENCE:</b>	<b>COG/25/11/59</b>			
<b>SUBJECT:</b>	<b>Audit Committee Chairs Annual Report 2025/26</b>			
<b>DATE OF MEETING:</b>	<b>13 November 2025</b>			
<b>ACTION REQUIRED:</b>	<b>To Note</b>			
<b>AUTHOR(S):</b>	Mike O'Connor, Chair of the Audit Committee Supported by Emily Kelso, Corporate Governance and Membership Manager			
<b>EXECUTIVE DIRECTOR SPONSOR:</b>	Steve McGuirk, Chair			
<b>LINK TO STRATEGIC OBJECTIVE</b>	SO1: We will ... Always put our patients first delivering safe and effective care and an excellent patient experience.			
<b>EQUALITY CONSIDERATIONS: (Please select as appropriate)</b>	Please indicate who is impacted by the equality considerations:	<b>Patients</b>	<b>Workforce</b>	<b>Public</b>
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	<b>Yes</b>	<b>No</b>	<b>N/A</b>
	Further Information / Comments:			✓
<b>EXECUTIVE SUMMARY:</b>	This report seeks to deliver assurance to the Council of Governors that the Audit Committee have met their Terms of Reference and have gained assurance throughout the reporting period of the Trust's performance.			
<b>PURPOSE: (please select as appropriate)</b>	<b>Approval</b>	<b>To note</b> ✓	<b>Decision</b>	
<b>RECOMMENDATION:</b>	The Council of Governors is asked to note the report providing assurance that the Audit Committee is meeting its purpose			
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	Audit Committee and Trust Board		
	<b>Agenda Ref.</b>	<b>AC/25/08/43, BM/25/10/110</b>		
	<b>Date of meeting</b>	28/08/2025, 01/10/2025		
	<b>Summary of Outcome</b>	Approved for reporting to Trust Board, noted		
<b>NEXT STEPS: State whether this report needs to be referred to at another meeting or requires additional monitoring</b>	None			
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full			
<b>FOIA EXEMPTIONS APPLIED: (if relevant)</b>	None			

## COUNCIL OF GOVERNORS

<b>SUBJECT</b>	<b>Audit Committee Chair Annual Report 2024-25</b>	<b>AGENDA REF</b>	<b>COG/25/11/59</b>
----------------	--	-------------------	---------------------

### 1. Background/Context

The Audit Committee is required to provide an annual report to both the Board and the Council of Governors, summarising its activities over the reporting period and highlighting any areas of concern where appropriate.

Acting on behalf of the Board, the Audit Committee is responsible for the independent review of the Trust's systems of integrated governance, risk management, assurance, and internal control. Its remit spans the entirety of the Trust's governance agenda, supporting the delivery of organisational objectives.

This report outlines the Committee's membership, its role, and the work undertaken during the year.

### 2. Key Elements

#### The Work of the Audit Committee

In year the significant issues that the committee considered in relation to financial statements, operations and compliance were as below. They were addressed through inclusion in the Internal Audit work plan and assurance sought for each element:

- 1. High assurance** was provided in the following: EPRR, risk management core controls, general ledger, accounts payable, accounts receivable, treasury management.
- 2. Substantial assurance** was provided in the following: Fit and proper persons, fractured neck of femur, patient activity data capture (six-week diagnostics) and IT service continuity.
- 3. Moderate assurance** was provided in the following: Consultant job planning.
- 4. Limited assurance** was provided for the following: Medical devices and WHO checklist/ NatSSIPs 2

There were no areas reported as providing no assurance.

#### Committee Membership and Attendance

Throughout the reporting period, the committee comprised a minimum of three Non-Executive Directors, with meetings quorate at two members. The Committee convened five times during the year. Non-Executive Director Michael O'Connor served as Chair of the Audit Committee.

All Committee members possess the relevant and recent financial expertise required for effective oversight. In accordance with best practice, the Chair of the Trust is not a member of the Audit Committee.

The summary of member attendance is provided below:

<b>Member</b>	<b>Attendance (Actual v Max)</b>
Michael O'Connor, Non-Executive Director	5/5
Cliff Richards, Non-Executive Director	4/5
Julie Jarman, Non-Executive Director	5/5
Jayne Downey, Non-Executive Director	5/5
John Somers, Non-Executive Director	5/5
Jan O'Driscoll, Non-Executive Director	0/5

Regular attendees at committee meetings included representatives from the Trust's external auditors, **Grant Thornton, Mersey Internal Audit Agency (MIAA)**—providing internal audit and counter-fraud services—as well as the **Chief Finance Officer** and the **Company Secretary**.

### **Terms of Reference**

The Committee's Terms of Reference were reviewed and agreed in April 2025 to ensure they continue to remain fit-for-purpose for the 2025/26 financial year.

### **Governance & Risk Management**

During the year the Trust continued to develop and enhance its governance and risk management systems and processes. It also fully appraised its key strategic risks and refreshed its Board Assurance Framework. Each strategic risk is allocated to a committee or the Executive Management Team Meeting for focused oversight and scrutiny, the BAF is reviewed in full by the Board at each of its bi-monthly meetings and at committee meetings in year.

The Audit Committee monitored and tracked all material governance activity during the reporting period to ensure that the system of internal control, risk management and governance is fit for purpose and compliant with regulatory requirements, aligned to best practice where appropriate and provides a solid foundation to support a **Substantial Assurance** rating from the Head of Internal Audit (HOIA).

### **Internal Audit Activities**

MIAA acted as internal auditors for the Trust during the year. Internal audit is an independent and objective appraisal service which has no executive responsibilities within the line management structure. It pays particular attention to any aspects of risk management, control or governance affected by material changes to the Trust's risk environment, subject to Audit Committee approval. A detailed programme of work is discussed with the Executive Team and set out for each year in advance and then carried out along with any additional activity that may be required during the year.

In approving the internal audit work programme, the committee uses a three-cycle planning and mapping framework to ensure all areas are reviewed at the appropriate frequency. Detailed reports, including follow-up reviews to ensure remedial actions have been completed, are presented regularly to the committee by internal audit throughout the year. All such information and reports are fully recorded in the minutes and papers prepared for each Audit Committee meeting.

### Assurance Framework Review

A robust and well-functioning Assurance Framework is essential to sound governance. It serves as a strategic tool for Boards to confirm that there is adequate, ongoing, and dependable assurance in place—supporting organisational stewardship and the effective management of key risks that could impact success.

Following a comprehensive review, it was concluded that the organisation’s current Assurance Framework is appropriately structured and aligned with NHS requirements.

Opinion	
<b>Structure</b>	The organisation’s AF is structured to meet the NHS requirements of assurance best practice model.
<b>Risk Appetite</b>	The organisation considers risk appetite regularly and the risk appetite is used to inform the management of the AF.
<b>Engagement</b>	The AF is visibly used by the organisation.
<b>Quality &amp; Alignment</b>	The AF clearly reflects the risks discussed by the Board.

### 2024/25 Head of Internal Audit Opinion,

The overall opinion for the period 1st April 2024 to 31st March 2025 provides **Substantial Assurance**, that that there is a good system of internal control designed to meet the organisation’s objectives, and that controls are generally being applied consistently.

### Counter Fraud Activity

The Trust’s Anti-Fraud programme was delivered by MIAA’s Anti-Fraud Service (AFS), in accordance with a plan agreed with the Audit Committee. The AFS supports the Trust in fostering an anti-fraud culture, deterring and detecting fraud, investigating allegations, and pursuing appropriate sanctions and redress.

During 2024–25:

- 16 potential fraud referrals were received.
- 4 referrals progressed to formal investigations.
- 11 referrals were closed.
- 1 referral remains open and will be carried forward into 2025–26.
- 1 investigation from 2023–24 was concluded.

The Trust achieved an overall ‘green’ rating in its self-assessment against the Government Functional Standard 013 for Counter Fraud.

## Data Security and Protection Toolkit (DSPT)

In line with NHS England requirements, MIAA conducted an assessment to provide assurance regarding the validity of the organisation's intended final DSPT submission. This review considered not only whether the submission was reasonable based on the supporting evidence but also evaluated the extent to which information risk was effectively managed within this context.

The scope of the assessment followed the recommendations outlined in the 2023 NHS England publication, *Data Security and Protection (DSP) Toolkit Strengthening Assurance Guide*.

Outcomes of the review:

- **Assessment of the Self-Assessment:** *Substantial Assurance*
- **National Data Guardian Standards:** *Moderate Assurance*

## External Audit

Grant Thornton LLP commenced its initial three-year term as Auditors to the Trust in January 2017. The company then commenced a two-year term in October 2020, following a competitive procurement exercise and recommendation by the Council of Governors. The contract contained the option to extend for additional years and following support from the Audit Committee and approval by the Council of Governors, an extension up to 30 September 2024 was agreed. In September 2024 a new three-year contract, with the option of one 12-month extension, for the provision of an external audit service by Grant Thornton LLP was approved.

## Opinion on Financial Statements

During the year the auditors reported on the 2024-25 financial statements. No material or significant issues were raised in respect of these statements and accounts. Technical support has been provided on an ongoing basis to the Trust and representatives of Grant Thornton have attended each Audit Committee meeting.

In auditing the financial statements, it was concluded that the Accounting Officer's use of the **going concern basis** of accounting in the preparation of the financial statements was appropriate.

Technical support has been provided on an ongoing basis to the Trust and representatives of Grant Thornton have attended each Audit Committee meeting.

## Fit and Proper Persons – Board Compliance

The Committee reviewed assurance that all directors continue to meet the requirements of the NHS England Fit and Proper Persons Test Framework and the Trust's Fit and Proper Person Policy. The annual report was submitted to the Regional Director of NHS England by the statutory deadline of 30 June 2025.

## Issues Carried Forward

The Audit Committee remains committed to ensuring that the Trust's system of internal controls and assurance processes are robust and fit for purpose. No significant or material issues were escalated to the Board of Directors or the Council of Governors during the reporting period.

The Committee will continue to monitor risk areas identified in the 2024–25 Internal Audit Plan, which may be prioritised over those in the 2025–26 plan, subject to alignment with the Trust's strategic risk assessment.

## Board Assurance Committees

During 2024–25, three Board assurance committees operated alongside the Audit Committee:

1. Quality Assurance Committee
2. Finance & Sustainability Committee
3. Strategic People Committee (streamlined as the Strategic People Committee in Common from 1 April 2025 to support integration)

Each committee was chaired by a non-executive director and included at least two non-executive directors. Committee chairs provided verbal updates to the Audit Committee, facilitating cross-committee assurance and enabling the identification of any gaps in oversight.

## 3. Conclusion

Throughout the year, the Audit Committee considered a broad range of matters relating to financial statements, operational performance, and regulatory compliance. Assurance was sought through collaboration with Internal Audit, other board committees, and key personnel across the Trust.

As the Chair of the committee, I report regularly to the Board of Directors via the Committee Assurance Reports, highlighting key assurance outcomes and any matters requiring escalation.

Committee meetings were observed by an elected governor, who reported quarterly to the Council of Governors on the conduct of meetings and the effectiveness of Non-Executive Directors in fulfilling their accountability role.

## 4. Recommendation

The Council of Governors is asked to note the report providing assurance that the Audit Committee is meeting its purpose

**Mike O'Connor**  
**Chair of Audit Committee**  
**August 2025**

**COUNCIL OF GOVERNORS**

<b>AGENDA REFERENCE:</b>	<b>COG/25/11/60</b>			
<b>SUBJECT:</b>	<b>Annual Council of Governors Knowledge and Effectiveness Survey - Outputs</b>			
<b>DATE OF MEETING:</b>	<b>13 November 2025</b>			
<b>ACTION REQUIRED:</b>	<b>To Note</b>			
<b>AUTHOR(S):</b>	Emily Kelso, Corporate Governance and Membership Manager			
<b>EXECUTIVE DIRECTOR SPONSOR:</b>	Steve McGuirk, Chair			
<b>LINK TO STRATEGIC OBJECTIVE</b>	SO3: We will ... Work in partnership with others to achieve social and economic wellbeing in our communities.			
<b>EQUALITY CONSIDERATIONS: (Please select as appropriate)</b>	Please indicate who is impacted by the equality considerations:	<b>Patients</b>	<b>Workforce</b>	<b>Public</b>
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	<b>Yes</b>	<b>No</b>	<b>N/A</b> ✓
	Further Information / Comments:			
<b>EXECUTIVE SUMMARY:</b>	<p>This report provides an overview of the Governor responses to the self-assessment survey.</p> <p>It provides evidence that the Council of Governors has undertaken a formal review of its effectiveness, with outputs determining actions to improve on those themes identified.</p> <p>The scores from the yes/no questions were largely positive.</p> <p>Key focus areas for improvement have been identified and actions are suggested to improve the Council of Governors knowledge and effectiveness.</p> <p>The Council of Governors together with the Company Secretary and Corporate Governance and Membership Manager are responsible for taking forward any actions for improvement identified in this report.</p>			
<b>PURPOSE: (please select as appropriate)</b>	<b>Approval</b>	<b>To note</b> ✓	<b>Decision</b>	
<b>RECOMMENDATION:</b>	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> <li>note the outputs of the knowledge and</li> </ul>			

	<p>effectiveness survey</p> <ul style="list-style-type: none"> <li>agree actions to drive improvement</li> </ul>	
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	Not Applicable
	<b>Agenda Ref.</b>	
	<b>Date of meeting</b>	
	<b>Summary of Outcome</b>	
<b>NEXT STEPS:</b> <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	None	
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full	
<b>FOIA EXEMPTIONS APPLIED:</b> <i>(if relevant)</i>	None	

## COUNCIL OF GOVERNORS

<b>Agenda</b>	<b>Annual Council of Governors Knowledge and Effectiveness Survey - Outputs</b>	<b>Agenda Reference</b>	<b>COG/25/11/60</b>
---------------	---	-------------------------	---------------------

### 1. Background/Context

The Council of Governors Effectiveness Review Survey has been completed in line with best practice.

The aim of the survey was to review the experience of Governors and their confidence in the tools and knowledge they have to be effective in their role and to identify areas for improvement which can be implemented to improve the Council of Governors effectiveness going forward.

#### **The Process**

The review process has been co-ordinated by the Corporate Governance & Membership Manager.

The views of Governors were sought through completion of an online survey. Responses including supporting comments were then collated and actions identified to improve the Council's effectiveness going forward.

#### **The Survey**

All responses have been treated in confidence i.e.; they are not individually attributed.

The survey consisted of 22 yes/no questions with the opportunity to make overall comments within the final question.

There were 15 responses received out of a possible 21 (this is the total number of governors in post at the time the survey was circulated) - a 71% completion rate.

### 2. Areas of Focus to improve the Effectiveness of the Council of Governors

It should be noted that most Governors responded with 'yes' to the statements in the survey.

There was a consistently high level of agreement among respondents regarding their understanding of Governor roles, meeting management, and the effectiveness of communication, with most questions receiving a 100% 'Yes' response rate.

Slightly lower agreement was observed for questions about consultation on forward plans (77.8% 'Yes') and involvement in Trust strategy development (66.7% 'Yes'), suggesting these are areas where Governors feel less engaged or involved.

The overall results indicate that while the Council of Governors is perceived as knowledgeable and effective in most areas, there is room for improvement in ensuring all Governors feel appropriately consulted and involved in strategic planning.

Based on the responses provided to the questionnaire, it is suggested that the following areas be considered for future development:

<b>Council of Governors</b>		
<b>Identified themes/areas for Improvement</b>	<b>Recommended actions to improve effectiveness</b>	<b>Date</b>
<b>Question5</b>		
<b>The Council of Governors is consulted on the development of forward plans for the Trust.</b>		
<b>Improve consultation of the Council of Governors on forward plans,</b>	<ul style="list-style-type: none"> <li>implement a structured engagement process that ensures Governors are involved early at key planning stages, supported by clear timelines and accessible briefing materials.</li> <li>Strengthen communication through regular updates and dedicated forums for discussion, giving Governor's opportunities to provide meaningful input and see how feedback influences decisions.</li> </ul>	Ongoing
<b>Question 6. The Council of Governors has been appropriately involved in the development of the Trust Strategy.</b>		
Strengthen the Council of Governors' involvement in the Trust Strategy	<ul style="list-style-type: none"> <li>establish a clear plan with defined engagement points, supported by dedicated governor working groups and regular two-way communication with Governors around the development of the Trust Strategy for the new integrated organisation</li> <li>Provide timely, accessible information and updates, align membership and community engagement plans with strategic priorities, and create feedback loops to show how input shapes decisions.</li> </ul>	30.06.26
<b>Q23: Any further comments or suggestions you wish to add</b>		
Q's 5 & 6 Consultation on developments usually filters down following board decisions. Although there are conversations in CoG's, it's usually only to ratify decisions taken elsewhere.	See above	Ongoing
For new Governors, a "Welcome" pack would be useful to include the current meeting calendar highlighting mandatory Gov meetings and those that are optional. Explanation of the committees and their purposes and any vacancies. Make it easy	<p>Governors are provided with a comprehensive Welcome Pack containing all relevant details upon joining the Trust.</p> <p>Given the high volume of emails received during the initial stages of induction, both the induction slides and the Welcome Pack have been uploaded to Team Engine to ensure easy and</p>	complete

to navigate getting to know how things work, before the avalanche of emails and meeting requests for all sorts of things hit the inbox!	ongoing access.	
I am very pleased with the direction of travel of the COG. We are fully informed around the current transformation and have more time than ever to ask questions and be involved	No actions	
The Council of Governors meeting agenda has improved and the attendance by NEDS allows for efficient communication. The governors get a short update from each board committee via NED presentation. The questions are directed to the correct person and more time is afforded for detailed answers.	No actions	

### 3. What are we doing well?

Whilst overall the results of the survey were positive, those areas noted that the Council of Governors were particularly positive, were:

- Understanding of Governors role and statutory duties
- Responding to the views of members
- Understanding of the Council of Governors role in appointment of the Chair and Non-Executive Directors
- Ensuring awareness of the Trust Values and the Council carrying out its work in accordance with the Trust Values
- Sufficiency in regularity of Council of Governors meetings
- Providing clear information as published in the Annual Report and Accounts

### 4. Conclusion

The feedback received on the Councils effectiveness has been largely positive. As anticipated review outputs have also identified some areas of focus and actions to improve effectiveness, as detailed above.

### 5. Recommendation

The Council of Governors is asked to:

- note the outputs of the effectiveness survey
- agree actions to drive improvement



### COUNCIL OF GOVERNORS

<b>AGENDA REFERENCE:</b>	<b>COG/25/11/61</b>			
<b>SUBJECT:</b>	<b>Amendments to the Constitution – Partner Governor Composition</b>			
<b>DATE OF MEETING:</b>	13 November 2025			
<b>ACTION REQUIRED:</b>	<b>To approve</b>			
<b>AUTHOR(S):</b>	Emily Kelso, Corporate Governance and Membership Manager			
<b>EXECUTIVE DIRECTOR SPONSOR:</b>	Nikhil Khashu, Chief Executive			
<b>LINK TO STRATEGIC OBJECTIVE</b>	SO1: We will ... Always put our patients first delivering safe and effective care and an excellent patient experience.			
<b>EQUALITY CONSIDERATIONS: (Please select as appropriate)</b>	Please indicate who is impacted by the equality considerations:	<b>Patients</b> ✓	<b>Workforce</b> ✓	<b>Public</b> ✓
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	<b>Yes</b>	<b>No</b>	<b>N/A</b> ✓
	Further Information / Comments:			
<b>EXECUTIVE SUMMARY:</b>	<p>The Trust’s Constitution states:  <b>45. Amendment of the constitution</b>  <b>45.1. The Trust may make amendments to its constitution if:</b>  <b>45.1.1 more than half of the members of the Board of Directors of the Trust voting approve the amendments;</b>  <b>and</b>  <b>45.1.2 more than half of the members of the Council of Governors of the Trust voting approve the amendments.</b></p> <p>This report sets out a recommendation to amend the Warrington and Halton Hospitals NHS Foundation Trust Constitution in accordance with Clause 45, which permits changes subject to approval by both the Board of Directors and the Council of Governors.</p> <p>The proposed amendment concerns the reconfiguration of the Trust’s Partnership Governor representation. Following the resignation of <b>Rachael Bagshaw</b>, Founder of <i>Walking Mums Cheshire</i>, as a Partnership Governor.</p> <p>To ensure continued representation from the voluntary sector and to align with the governance structure of Bridgewater Community Healthcare NHS Foundation Trust (BCH), it is recommended that the <i>Walking Mums Cheshire</i> Partnership Governor position be replaced with</p>			

	<p>a <b>Voluntary Services Representative</b> partner governor. This adjustment will maintain the number of Partnership Governors at five and strengthen collaboration between WHH and BCH.</p> <p>Subject to Council approval, this proposal will be presented to the Trust Board on <b>3 December 2025</b>, with immediate effect upon endorsement.</p>		
<b>PURPOSE:</b> (please select as appropriate)	<b>Approval</b> ✓	<b>To note</b>	<b>Decision</b>
<b>RECOMMENDATION:</b>	<p>It is recommended that the Council of Governors approve the proposed amendment to the Trust's Constitution to:</p> <ul style="list-style-type: none"> <li>• Reallocate the Partnership Governor position currently held by Walking Mums Cheshire to a Voluntary Services Representative.</li> </ul>		
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	Not Applicable	
	<b>Agenda Ref.</b>		
	<b>Date of meeting</b>		
	<b>Summary of Outcome</b>		
<b>NEXT STEPS:</b> <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	Submit to Trust Board		
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full		
<b>FOIA EXEMPTIONS APPLIED:</b> <i>(if relevant)</i>	None		

# COUNCIL OF GOVERNORS

<b>SUBJECT</b>	<b>Amendments to the Constitution – Partner Governor Composition</b>	<b>AGENDA REF:</b>	<b>COG/25/11/61</b>
----------------	--	--------------------	---------------------

## 1. Background/Context

In regard to amendments to the Trust’s Constitution, the current WHH Constitution states:

45. *Amendment of the constitution*

45.1. *The Trust may make amendments to its constitution if:*

45.1.1 *more than half of the members of the Board of Directors of the Trust voting approve the amendments; and*

45.1.2 *more than half of the members of the Council of Governors of the Trust voting approve the amendments.*

Once approved the Trust must ensure that the amended Constitution is properly published and made available to the public.

This report outlines the process and justification for the recommendation being made to reallocate the Partnership Governor position currently held by Walking Mums Cheshire to a Voluntary Services Representative.

## 2. KEY ELEMENTS

### 2.1 Background

Partnership Governors play a vital role in NHS Foundation Trusts by enhancing governance, accountability, and community engagement. They are typically appointed from key stakeholder organisations—such as local authorities, universities, and community groups—and bring diverse perspectives and expertise to the Trust’s Council of Governors.

Their responsibilities include:

- Holding the Trust’s Board of Directors to account by scrutinising performance and ensuring decisions reflect the interests of the wider community.
- Acting as a bridge between the Trust and the communities it serves, ensuring local needs and priorities are considered in decision-making.

The Trust’s current Partnership Governors represent:

- Warrington Borough Council
- Halton Borough Council
- Warrington & Weaver Vale Colleges
- Warrington Sikh Gurdwara
- Walking Mums Cheshire

In May 2025, the Governor Engagement Group proposed the appointment of **Rachael Bagshaw**, Founder of *Walking Mums Cheshire*, as an additional Partnership Governor. The group, launched in September 2024, connects mothers across Warrington and Cheshire through regular walks and events, promoting mental wellbeing and community support.

### 3.2 Update on Appointment

Following her appointment, **Rachael Bagshaw** has made the decision to step down from the Partnership Governor role after reflecting on its fit with her group’s aims. While the position offered valuable insight, it did not fully meet expectations for engagement, and time constraints made it difficult to continue.

### 3.3 Revised Partner Governor Composition Proposal

Recognising the importance of the third sector and its contribution to community health and wellbeing, it is recommended that the number of Partnership Governors remains at **five**. However, instead of continuing with the *Walking Mums Cheshire* representation, the position should be reallocated to a:

- **Voluntary Services Representative**

This adjustment aligns the membership of the **WHH Council of Governors** with that of **Bridgewater Community Healthcare NHS Foundation Trust (BCH)** and provides an opportunity for BCH’s Voluntary Services Representative Partnership Governor to join the WHH Council of Governors. This will strengthen collaboration between the Trusts and ensure continued representation of voluntary sector interests.

#### BCH Partner Governor Composition:

<b>Appointed and Partnership Governors</b>	
<b>Partnership organisation</b>	<b>Number of Appointed Governors</b>
Two representatives from statutory borough-based partner organisations (such as councils, Healthwatch or other statutory organisations). This will be reviewed and confirmed on an annual basis by the Chair and Lead Governor.	2
Voluntary Services Representative	1
Higher Education Institution	1
<b>Total</b>	<b>4</b>

## 4 Recommendation

It is recommended that the Council of Governors approve the proposed amendment to the Trust’s Constitution to:

- Reallocate the Partnership Governor position currently held by Walking Mums Cheshire to a Voluntary Services Representative.

If approved, the proposal will be presented to the Trust Board for consideration on 3 December 2025. Upon approval by the Trust Board, it will take effect immediately.

### QUALITY ASSURANCE COMMITTEE

<b>AGENDA REFERENCE:</b>	QAC/25/08/119			
<b>SUBJECT:</b>	Learning from Experience, Quarter 1 2025/26			
<b>DATE OF MEETING:</b>	12 August 2025			
<b>ACTION REQUIRED:</b>	The members of the Quality Assurance Committee are asked to note the contents of this paper.			
<b>AUTHOR(S):</b>	Nicola Edmondson, Associate Director of Governance, with input from Care Group and Corporate Leads.			
<b>EXECUTIVE DIRECTOR SPONSOR:</b>	Ali Kennah, Chief Nurse			
<b>LINK TO STRATEGIC OBJECTIVE</b>	SO1: We will ... Always put our patients first delivering safe and effective care and an excellent patient experience.			
<b>EQUALITY CONSIDERATIONS: (Please select as appropriate)</b>	Please indicate who is impacted by the equality considerations:	<b>Patients</b>	<b>Workforce</b>	<b>Public</b>
		√		
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	<b>Yes</b>	<b>No</b>	<b>N/A</b>
				√
	Further Information/Comments:			
<b>EXECUTIVE SUMMARY:</b>	<p>The Learning from Experience Report Quarter 1 2025/26 provides assurance of effective learning from experience across the organisation. The information within the report is a direct reflection of the information available on the Datix Risk Management System at the time of reporting and other relevant governance sources. These include</p> <ul style="list-style-type: none"> <li>• Incidents</li> <li>• Complaints</li> <li>• Claims</li> <li>• Health and Safety</li> <li>• Clinical Audit</li> <li>• Inquests</li> <li>• Quality Improvement</li> <li>• Research</li> <li>• Compliance and Patient Experience</li> </ul> <p>The report relates to data reviewed during the period of 01 April 2025 to 30 June 2025 with reference to the previous quarter (Quarter 4 2024/25) where relevant. The report contains both quantitative and qualitative data analysis, triangulated to demonstrate sustained learning through the ongoing development of knowledge, skills and behaviours to improve patient care and ensure a skilled workforce.</p>			
<b>PURPOSE: (please select as appropriate)</b>	<b>Approval</b>	<b>To note</b>	<b>Decision</b>	
		√		

<b>RECOMMENDATION:</b>	The Quality Assurance Committee is asked to note the contents of this paper.	
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	Quality Assurance Committee
	<b>Agenda Ref.</b>	
	<b>Date of meeting</b>	
	<b>Summary of Outcome</b>	
<b>NEXT STEPS: State whether this report needs to be referred to at another meeting or requires additional monitoring</b>	<b>Submit to Trust Board</b>	
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full	
<b>FOIA EXEMPTIONS APPLIED: (if relevant)</b>	Section 41 – confidentiality	

## QUALITY ASSURANCE COMMITTEE

<b>SUBJECT</b>	<b>Learning from Experience, Quarter 1 2025/26</b>	<b>AGENDA REF:</b>	<b>QAC/25/08/119</b>
----------------	--	--------------------	----------------------

### 1. BACKGROUND/CONTEXT

The purpose of this report is to assure the Quality Assurance Committee (QAC) that Warrington and Halton Hospitals Trust (WHH) is managing incidents, complaints, claims, health and safety, clinical audit, inquests, quality improvement, research, compliance and patient experience effectively and demonstrating the focus on learning and improvement to minimise risk to our patients, staff and the organisation.

The Learning from Experience Report Quarter 1 (Q1) 2025/26 notes the findings of the data reviewed during the period of 01 April 2025 to 30 June 2025, with comparison to Quarter 4 (Q4) 2024/25 where relevant. The report includes both quantitative and qualitative data analysis, using information obtained from the Datix Risk Management System and other relevant governance sources. This methodology has enabled triangulation of the data to demonstrate learning for the key workstreams cited above. The report includes a summary of themes, trends and key findings that have supported learning and actions for sustained improvement.

Healthcare is complex because its highly variable, uncertain and dynamic, characterised by complex sociotechnical systems with interactions between various components both human and technological.

The previous Serious Incident framework provided a linear approach to investigation that resulted in a series of actions that cover a point in time and often do not lead to sustainable change eg – Training of a small group of staff.

Continuous learning through a System Engineering Initiative for Patient safety (SEIPs) model creates a positive safety culture as one where the environment is collaboratively crafted, created, and nurtured so that everybody (individual staff, teams, patients, service users, families, and carers) can flourish to ensure brilliant, safe care by: Continuous learning and improvement of safety risks where systems support safety and reduce the risk of incidents occurring, and staff are able to change their behaviour to call out risks and create improvements.

The learning via the System Engineering Initiative for Patient safety (SEIPs) Framework describes how a work system (or socio-technical system, left) can influence processes (work done, middle), which in turn shapes outcomes (right). SEIPS prompts us to look for interactions rather than simple linear cause and effect relationships. When a learning response thoroughly examines the different work system components and their interactions safety actions can focus on wider system issues, not individuals.

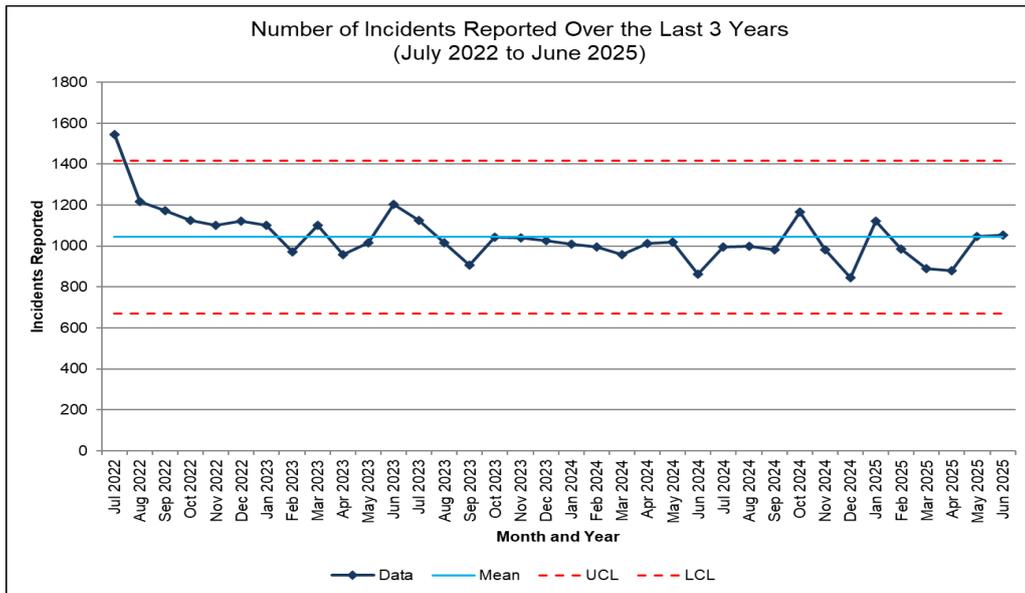
### 2. LEARNING FROM INCIDENTS

#### 2.1 Incident Reporting Position

The incident reporting position reflects the findings of the data reviewed during the period of 01 April 2025 to 30 June 2025, with comparison to Quarter 4 (Q4) 2024/25 where relevant. The data has been sourced from the Datix Risk Management System.

In Q1, there were 2980 incidents reported. This is a decrease of 18 incidents (0.6%) compared to Q4 where 2998 incidents were reported.

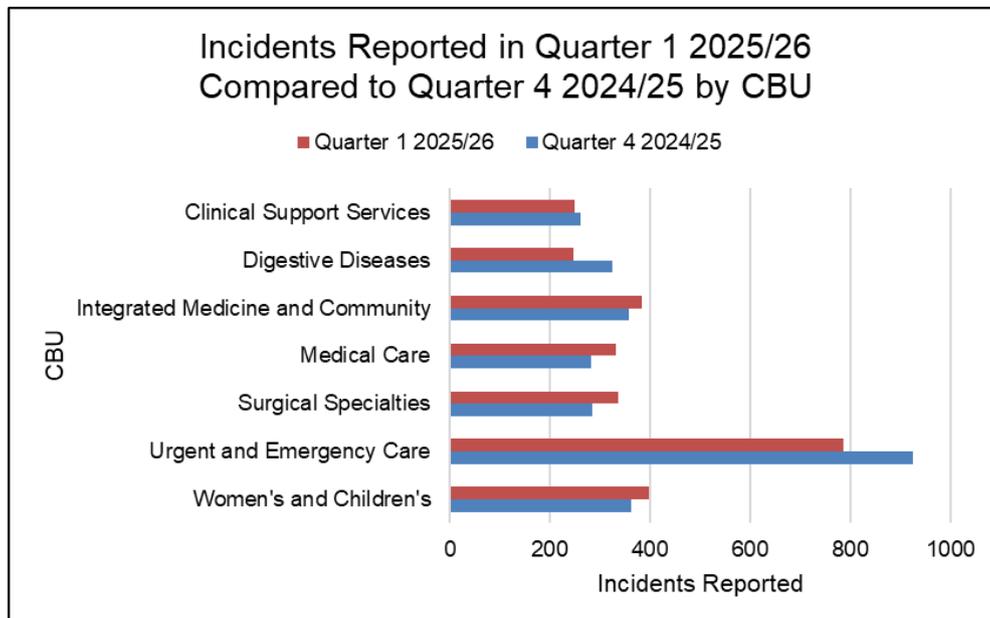
**Graph 1**



**2.2 Incident Reporting Position by Clinical Business Unit (CBU)**

In Q1 2734 incidents were reported across the CBUs, including Clinical Support Services (CSS). The remaining 246 incidents were reported under Corporate Support Services (174) and External Sites/Organisation (72). The top three incident reporting specialties for Corporate Support Services were Estates and Facilities (128, 73.6%), Digital Services (16, 9.2%), Integrated Governance and Quality (6, 3.4%) and Corporate Nursing (6, 3.4%).

**Graph 2**



The CBU with the largest increase in the number of incidents reported from Q4 to Q1 was Surgical Specialties with an increase of 51 incidents (17.8%). The below table shows a breakdown of the incidents reported under Surgical Specialties between Q4 and Q1 by severity. The increase in incidents will be explored further in **Section 2.3.3**.

Severity	Q1	Q4
No Harm	273	227
Low Harm	57	52
Moderate Harm	6	4
Severe Harm	0	3
Fatal	1	0

The CBU with the largest decrease in the number of incidents reported from Q4 to Q1 was Digestive Diseases with a decrease of 77 incidents (23.8%). The table below shows a breakdown of the incidents reported under Digestive Diseases between Q4 and Q1 by severity. The decrease in incidents will be explored further in **Section 2.3.2**.

Severity	Q1	Q4
No Harm	207	272
Low Harm	36	47
Moderate Harm	3	4
Severe Harm	0	1
Fatal	1	0

## 2.3 Themes and Learning from Incidents by CBU

### 2.3.1 Clinical Support Services

In Q1 there were 250 incidents reported in Clinical Support Services, compared to 262 in Q4. This is a decrease of 12 incidents (4.6%). The top three reporting specialties were Radiology (117), Pharmacy (46) and Outpatients (33). This is consistent with the top three specialties reported in Q4. Diagnostic Imaging Issues was the top reported theme with 53 incidents, followed by Medication (37) and Treatment and Procedure (31). Most incidents reported were no harm (182). There were 66 low harm and 2 moderate harm incidents.

The two moderate harm incidents were reported under Histology and related to delays in diagnosis and test results. The diagnosis delay incident progressed to a Multi-Disciplinary Team (MDT) Review. This related to a breast biopsy diagnosis. A breast biopsy was first reviewed by a Consultant on 05 June 2025 with a diagnosis suggesting a benign result. The initial report was sent out as an interim report but was not finalised. The case was discussed the following day at an MDT Meeting and a differing Consultant requested further specialist tests. Based on those results, the case was reviewed again, and the diagnosis was updated to suspicion of malignancy on 12 June 2025. The final report was released the same day. An investigation was undertaken on 18 July 2025.

A review of the Histology reporting pathway and its integration with the ICE system has identified several areas requiring strengthened controls and standardisation to enhance diagnostic accuracy, patient safety, and clinical communication. In response, several key system actions are being implemented:

- Consultants within the Histology Department have been advised that a report should not be validated without a formal agreement between two Consultants. This approach reinforces joint clinical accountability and ensures a consistent standard of diagnostic reporting. To support this process, the departments I.T. Lead has introduced a technical safeguard that prevents the transmission of Histology reports to the ICE system unless they have been validated by two Consultants. This measure reduces the risk of unverified information being accessed by Clinical Teams.
- To improve clarity in clinical reporting, all Histology reports are now required to specify whether additional investigations, such as special stains or molecular diagnostics, are

pending. This added transparency ensures that Clinical Teams are fully informed when making patient care decisions.

- The process for reviewing cases in MDT Meetings is also under review. Specifically, the objective is to ensure that only patients formally listed for discussion are reviewed via ICE. This change aims to strengthen patient confidentiality and ensure appropriate case selection.
- Targeted training has been launched for consultants to improve their understanding and use of the ICE system, with a focus on distinguishing between interim and final reports and is intended to minimise reporting errors and ensure clear communication across Clinical Teams.
- Next steps include finalising the dual-Consultant validation protocol, assessing the effectiveness of the newly implemented I.T. control, completing the MDT review process, and evaluating the impact of the training initiative to determine whether further support is required. Actions are expected to be completed by the end of Q3

The second moderate harm incident related to a delay in the results needed for an MDT Meeting and has been sent as an interface incident for an external review by Liverpool University Hospital.

In the Quarter 3 (Q3) Learning from Experience (LFE) paper, an explanation was given to an emerging theme in the Breast Service relating to a diagnostic imaging example, whereby 3 patients within a short period were screened too early in relation to the recommended timeframe. Radiology reported incidents involving mammograms conducted at intervals of less than six months have subsequently been monitored during Q4 and Q1. During the previous Q3, 2 incidents were reported compared to 1 reported in both Q4 and Q1, relating to patients who had received mammograms at intervals shorter than the recommended 6-month timeframe, showing improvement. Radiology will continue to monitor for any further incidents of this type throughout Q2.

Delays in issuing Radiology reports continues to be a theme both in terms of overall reporting capacity and (as highlighted in Q4). 2 incidents were reported in March 2025 (Q4), involving delays in issuing Radiology reports. These involved, one ultrasound list and one cardiac MRI scan, due to oversights in completing the report. An MDT was completed in Q1 for the incident involving the ultrasound list, as there was a delayed diagnosis of lymphoma because of the oversight. Learning included:

- Development of a robust process to ensure that all applicable examinations receive a report and that there are safety checks in place to ensure that no examinations are overlooked.
- An email with a list of unreported Radiology examinations is now sent to the Consultant Radiologists and the Radiology Modality Leads on a weekly basis.
- Additional further actions are being progressed to provide additional safety netting.
- Responsibilities and expectations of all Radiology staff involved in the reporting process have been outlined.
- A Standard Operating Procedure (SOP) has been produced to ensure all Radiology Examinations receive a report.
- Process in place to ensure possible misses are monitored and managed effectively to reduce the risk of patients being affected by delays.

It is expected that following completion of the review and implementation of the above described safety netting measures, that there will be a reduction in incidents of this type. An update will be provided in Q2.

### **Learning example relating to an Outpatients Department Nasoscope incident**

An incident was submitted concerning a Nasoscope which was used on a patient prior to undergoing the appropriate sterilisation process. This occurred due to three clinics running simultaneously and additional patients being seen from the Emergency Department (ED). The patient was taken from ED into the scope room and examined without the knowledge of the attending nurse. Following the procedure, the Doctor departed the room with the patient. Another Doctor entered the room and used the same scope, unaware that it had not been cleaned.

Once the error was identified, the patient was promptly informed, and an incident report was completed. The Matron initiated a thorough investigation to understand learning and any required system improvements. Key findings and factors included lack of communication between clinical staff regarding the use and cleaning status of equipment, high acuity levels, overlapping responsibilities between multiple clinics and emergency referrals and the absence of a clear, visible indicator confirming a scopes sterilisation status. To prevent recurrence of the incident:

- All staff were retrained on the cleaning and decontamination processes, including the Tristal wipes.
- There was the reiteration to use 'I am clean' green stickers.
- All medical staff were reminded of the importance of promptly notifying nurses following the use of any nasoscope to ensure timely adherence to the decontamination protocol.
- Processes were reviewed to improve coordination between Outpatient Clinics and ED, thereby reducing unscheduled patient transfers into the scoping area and mitigating the risk of procedural breaches.

As a result of these changes, the scope cleaning process is now more visible and robust. Since the introduction of the new protocols and staff training, no further incidents of this nature have occurred. This incident highlighted the importance of communication and adherence to cleaning protocols in maintaining patient safety. The proactive response and shared learning have led to meaningful system improvements, reducing the risk of recurrence and enhancing overall clinical governance.

### **Medication Dispensing Learning Examples.**

The Q4 Learning From Experience (LFE) report described an incident relating to delays in the supply of medications that were out of stock over a weekend and the associated learning outcomes. On investigation, it was identified that this error had occurred due to there being no dedicated member of staff with responsibility for reviewing and processing to-follow prescriptions at the weekend. In response this task was added to the weekend rota and the process of checking to-follows is embedded in the Weekend Teams workflows. There were no reported medication incidents relating to the to-follow process reported in Q1.

A theme was identified from reported incidents and the controlled drug audits which showed that expired controlled drugs were not being removed from ward and department-controlled drug cupboards in a timely fashion, presenting a risk that nursing staff may accidentally administer expired medication to patients.

Learning to address this issue included:

- A monthly rota has been created and is in place across all areas which hold controlled drugs are allocated a named Pharmacist or Pharmacy Technician who is responsible for stock checking that area's-controlled drug cupboard at month end and removing any medicines that will expire at the end of that month.

- Pharmacists/Pharmacy Technicians log completion of this task on a Microsoft Teams channel and compliance is monitored by the Senior Team in Pharmacy.

Following implementation of the above actions, it is expected that there will be a reduction in incidents of this type and improvements seen in future controlled drug audits. An update will be provided in Q2.

### **2.3.2 Digestive Diseases**

There were 250 incidents reported in Q1 compared to 324 in Q4. This is a decrease of 74 incidents (22.8%). There are no clear themes related to this decline in reported incidents, though it is noted that there has been a positive reduction in hospital acquired pressure ulcers and falls in Q1 across Digestive Diseases. There was an increase in incidents reported from Q3 to Q4 in line with progressing into the winter months and vacancies within the CBU. The decrease in incidents reported in Q4 to Q1 could therefore be a representation of the CBU's incident reporting returning to normal variation.

The top three themes in Q1 were Access, Transfer and Discharge (30, 12%), Staffing Levels (21, 8.4%) and Clinical Care Ongoing and Review (20, 8%). Most incidents reported in Q1 were no harm (202, 80.8%). There were 37 low harm incidents, 3 moderate harm and 1 fatal incident reported. There were no Patient Safety Incident Investigations (PSII) declared.

The fatal harm incident was identified following a Medical Examiner review; the patient was admitted to Ward A5 Gastroenterology and was subsequently discharged. Unfortunately, the patient was readmitted within 24 hours of discharge and later passed away. Questions were raised regarding the inpatient care and treatment and whether the discharge was appropriate. The incident progressed to an MDT. The review took place on 11 July 2025. The incident was downgraded to a no harm incident as the MDT review found that the treatment had been appropriate for the clinical picture at the time. The patient presented with a rectal bleed, with a working diagnosis of diverticular disease and unfortunately represented in the Emergency Department and died with a ruptured Abdominal Aortic Aneurysm (AAA). The bleed was managed appropriately with an outpatient follow up within 2 weeks and there was no clinical indication of an AAA when the patient was discharged.

Access, Transfer and Discharge was the highest reported theme in Q1. On analysis of the data 83.3% of these incidents positively reflect the staff/department who are recognising that patients are attending an outpatient facility when clinically unwell. They are escalated appropriately and interventions implemented in a timely manner. The patients are then transferred to Warrington Hospital for further management on the acute site. 9 of these incidents were from the Programmed Investigation Unit (PIU).

A further 9 patients were transferred from Ward B4/Day Case Unit (DCU), 5 were transferred to Warrington Hospital due to a recognised deterioration requiring an overnight stay and 2 incidents related to the moving of a pain list from the CT Suite to the ward and the moving of the DCU to the Captain Sir Tom Moore (CSTM) 2 ward to facilitate and maintain lists with unplanned short notice sickness. 5% patients were transferred from the Post-Anaesthetic Care Unit (PACU) to Warrington Hospital due to post operative complications, 2 were from Endoscopy at Halton Hospital and 2 directly from the CSTM Theatres due to acute deterioration or post operative complications that required a move to Warrington Hospital. 3 incidents were from wards at Warrington Hospital; 2 related to Ward A4, 1 was a delay in having a cubicle available which resulted in a prolonged stay in the Emergency Department, and one was a transfer of a patient to the Acute Coronary Care Unit (ACCU) for telemetry. 1 incident on Ward A5 Elective related to a discharge of a patient without a Package of care (PoC) in place.

The second most frequently reported theme related to Staffing. There has been scrutiny in the use of bank and agency staff to ensure that wards are staffed safely. The Trust has twice daily staffing meetings led by a senior Nurse who discusses staffing issues and supports wards with staff moves if required. During Q1 ward areas have been escalated with 1 or 2 additional patients on top of bed base (e.g. Ward A4 has 33 bed spaces but can be escalated to 35 patients) to support patient flow and this has increased the pressure on the workforce. The impact on the wards acuity and dependency levels is monitored through the Safer Nursing Care Tool (SNCT) with staff adding Red Flags (a marker that indicates a concern with staffing or acuity), these are reviewed by the Senior Nursing Team with professional judgements. No harm has presently been identified as a direct consequence of any staffing shortfalls.

Temporary staff are used as and when required to back fill any vacancy and to maintain safety and this is scrutinised by the Senior Team through weekly ward staffing roster reviews at a local level and by the Senior Nursing Team at the weekly NHS Professionals Meeting. An increase to the Healthcare Assistant (HCA) establishment on the Gastroenterology Ward has been agreed and the vacancy is being recruited to in recognition of an increase in the number of patients requiring enhanced care. This need is currently met by using bank or agency staff or moving staff from other areas to support where possible.

### **Learning example relating to a patient lost to follow up**

A 75-year-old female with Ulcerative Colitis, previously under the care of a Consultant Gastroenterologist, was last seen in 2014 at a clinical appointment and was discharged (as per e-outcome documentation). However, it was noted in a clinic letter from 2014 that the intent was to see the patient back in the clinic in a year's time. The patient was admitted in December 2024 with iron deficiency anaemia and was then referred to Gastroenterology. Prior to being seen in clinic, the patient had a Colonoscopy which revealed inflammatory stricture in the sigmoid colon (impassable with a scope), the patient was then seen in clinic where it was noted that she had not been regularly reviewed in clinic and an incident was submitted via the Datix Risk Management System. This concerned the delay and difficulty faced by the patient/Gastroenterology Team about how to perform periodic colitis surveillance in the patient's colon which was not now passable with an Endoscope. The areas for identified learning were:

- The patient was discharged in error from the Gastroenterology Clinic in 2014 when the plan was a follow up in one year. Due to the length of time between this discharge error and when the error was picked up (11 years), it was not possible to identify why this happened due to organisational changes, such as staff change over.
- There was a missed opportunity in 2022 when the patient was referred to the Colorectal Team. A Colonoscopy was performed; this revealed a mild stricture which was passable with a Gastroscope (biopsies showed mild inflammation only). The discharge letter mentioned no significant abnormality, although this is contrary to the Colonoscopy report, it was felt that the patient's case could have been flagged to the Gastroenterology Team at that point.

Actions taken include:

- Scope the possibility to setting up a system for colitis surveillance, (this has associated actions assigned for completion in August 2025, this is recorded within Datix)
- Sharing of the case with the Consultants involved for learning.

### **2.3.3 Surgical Specialties**

There were 355 incidents reported in Q1 compared to 286 in Q4. This is an increase of 69 incidents (24.1%). The top three themes in Q1 were Access, Transfer and Discharge (57,

16.1%), Medication (43, 12.1%) and Staffing Levels (33, 9.3%). The data shows that the increase is due to incidents relating to Access, Transfer and Discharge within areas across Surgical Specialties. Patient activity is being spread across other ward areas, including Wards A4, C20 and B3 at Halton Hospital.

There were 57 low harm, 5 moderate harm and 1 fatal incident reported. The fatal harm incident was reported after discussing the event at the Mortality Review Group. Learning identified a delay in the patient being operated on (with a fractured neck of femur), due to a 3 day wait in ED and a 4 day wait for surgery. The patient required multiple specialty input from the Medics and Surgeons, to plan care for the patient. The learning from time to Theatres was discussed in QAC on 08 July 2025. The Planned Care Triumvirate are reporting to the Trust's Executive Team on a weekly basis regarding time to Theatre for patients with a fractured neck of femur.

A Task and Finish Group is being developed, an element of this will be to implement and embed a bed escalation policy for patients who have sustained a fractured NOF. As part of this development, a fast bleep will be included and launched that will alert the Advanced Clinical Practitioner, Orthogeriatric, on call Orthopaedic Resident Doctor, Matron and Bed Manager to a patient who has sustained a fractured NOF and is in ED. The NOF fast bleep had been aimed to launch earlier this year; however, it was later felt that this should be launched at the same time as the fractured NOF Bed Escalation SOP, to streamline the process and allow for a smoother transition. This will allow for broader awareness of the launch date, (31 August 2025) and aims to give the best possible outcome of success. The effectiveness of the bleep implementation will be evaluated by regular monitoring of Key Performance Indicators (KPIs) and will report to the Hip Fracture Focus Group and the Patient Safety and Clinical Effectiveness Sub-Committee (PSCESC). The Executive Team are meeting weekly with the Planned Care Triumvirate to oversee progress against these actions.

The speciality is continuing to work with ED to develop a timelier pathway for Orthopaedic patients, particularly the fractured neck of femur (NOF) patients. This SOP has now been ratified. The National Hip Fracture data is reviewed monthly and is presented at the 6 weekly Hip Fracture Meeting, reporting through to PSCESC.

There were 43 medication incidents reported in Q1, 38 were no harms and 5 were low harms. The low harm medication incidents related to medication administration and prescribing errors. The incidents highlighted learning relating to communication and this has been shared in the Daily Safety Brief. Themes of the no harm incidents related to the prescribing of an incorrect dose, the same medication being prescribed as required, and as regular medication. The Pain Team now hold regular training sessions each Tuesday with the Resident Doctors. This is in addition to training on induction regarding appropriate pain relief and prescribing. The Doctors involved have completed a piece of reflection and supervision with a Consultant.

There were 33 incidents relating to staffing levels, 29 were no harm and 4 were low harms. These related to high acuity on the ward, reduced staffing levels and skill mix. E-Roster is reviewed daily, and the Matron attends a staffing meeting daily to discuss staffing levels, acuity and skill mix. The Lead Nurse and Matron also review staffing levels daily and link in with Ward Managers to ensure patient safety. In addition, there is a Revenue Request in progress for Ward A6 to have an additional Care Support Worker on a twilight shift to support patient safety.

### **Learning example relating to Category 3 pressure ulcer**

One moderate harm incident related to a Category 3 pressure ulcer which developed on the patient's elbow. Learning from this resulted in:

- Staff completing pressure prevention awareness training
- Extra patient checklists for skin integrity, spot check audits on the ward, medical device checks and mattress checks.
- The extra checks introduced are now being used across the Planned Care Group.
- Appropriate use of pressure relieving devices

There has been one Category 3 pressure ulcer incident since the implementation of the patient checklists. This incident occurred within short succession of the first, whilst learning was being embedded. Contributing factors to this pressure ulcer include the wait time in ED, time to Theatre and skin integrity of the patient. The checks are completed daily by the Nurse Coordinator and Matron for assurance of completion.

### **Learning example relating to clinical capacity**

A further moderate harm incident was regarding clinic capacity in the Fracture Clinic; an additional clinic capacity plan is now in place.

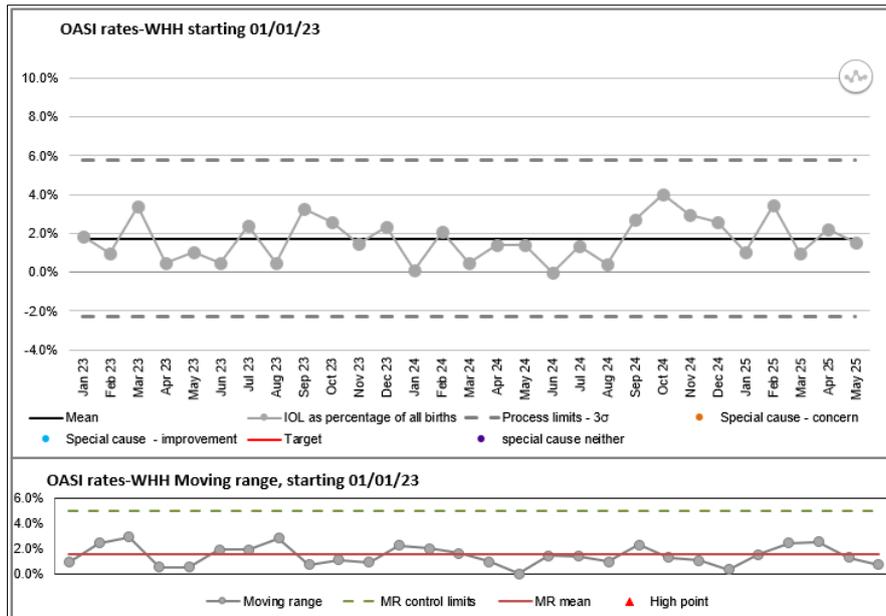
### **2.3.4 Women's and Children's**

There was an increase in patient safety events reported in the CBU in Q1 following a reduction in reporting in Q4 2024/25, the same pattern can be seen in Maternity specific patient safety events.

There was 1 severe harm case in Q1. This was related to a baby transferred to a tertiary unit for therapeutic cooling. This patient safety event will be investigated by the external Maternity and Newborn Safety Investigations Team. There were 13 moderate harm events. All related to incidence of Obstetric Anal Sphincter Injuries (OASI) (3rd and 4th degree perineal tears).

All cases of OASI are reviewed by the Maternity MDT through Intrapartum Review Group (IRG) and work continues to reduce rates following an increase in cases in February 2025 (6 cases). The below graph shows common cause variation.

### **Graph 3**



A cluster review of cases of OASI in Q4 has been completed and identified the following:

- No theme in mode of birth (50% vaginal birth/50% instrumental birth).
- No theme in relation to the individual practitioner supporting birth.
- 6/10 of births were conducted by Registrars (ST3-5).
- 2/10 women had previously experienced a third-degree tear.
- The OASI care bundle was not always documented as having been discussed with women at the time of booking.
- Manual perineal protection (part of the care bundle) is documented in the birth summary as being offered in 100% of cases. However further detail in the clinical narrative is present in only two cases. Further details and commentary would have supported identification of additional learning.

### Learning and Actions

- OASI Care Bundle and reducing the risk of perineal tears is now being discussed during booking and documented. Service to explore making this a mandatory field in BadgerNet.
- Learning to be shared with team in relation to providing additional narrative regarding the measures adopted during birth, in particular whether manual perineal protection has been offered and implemented.
- To continue to include teaching about OASI and manual perineal protection as part of Maternity mandatory training via Prompt and Obstetric led departmental teaching.

Other patient safety themes within the Maternity Service in Q1 include:

- Admission of term babies admitted to Neonatal Unit (NNU)
- Postpartum Haemorrhage (PPH) 1000ml-1500ml
- Postpartum Haemorrhage (PPH) >1500ml
- Neonatal – infant feeding concern

51 cases of term admission to the Neonatal Unit (NNU) were reported in Q1. This is an increase from Q4 when there were 32 cases of term admission reported in Q4. All cases of term admissions are reviewed through the Avoiding Term Admissions into Neonatal (ATAIN) Working Group, and this process identifies both good practice and learning. This is shared via the 'Learning from ATAIN' Newsletter, a formal ATAIN Action Plan is in place to ensure continuous improvement.

Previously postnatal readmissions had been a theme in patient safety events and a significant workstream was implemented to explore this and work towards an improved position.

A quarterly cluster review process of readmissions is in place. The Q4 cluster review of postnatal readmissions has been completed. For the period 01 January 2025 to 31 March 2025, 15 patients were readmitted to the Maternity unit following 579 births. This provides a readmission rate of 2.6%. This is a decrease of 1.6% from Q3 when there was a readmission rate of 4.2%. Of the 15 women readmitted, 11 were deemed unavoidable (73.3%) and 4 were deemed avoidable (26.7%). This is a 6.7% increase in avoidable admissions from Q3.

Three of the four avoidable readmissions were due to management of hypertension. The learning from the Q4 cluster review will feed into the Hypertension Working Group. The fourth avoidable readmission was due to mastitis. Review of this case highlighted inadequate feeding support prior to discharge from the hospital for this readmission. Learning has been shared with the Midwifery Team to reduce the risk of reoccurrence. Readmissions due to mastitis has shown a decrease of 18.1% from Q3 when significant increase in readmissions due to mastitis were noted. It appears the spike in Q3 was an anomaly and not a sustained concern. The team will continue to monitor this.

There were two readmissions for wound related reasons of which both were unavoidable, this equates to 11.76% of total readmissions. Following a change in how the wounds are managed a decrease of 0.24% is seen in Q3 and shows a sustained decrease from 50% of total readmissions in Q2. Furthermore, a year on year comparison of surgical site infections (SSI) shows in the period February to April 2024 the SSI rate was 7.15%. The same period in 2025 shows a SSI rate of 3.47% again highlighting good progress with this workstream.

There were no consistent unavoidable themes within the Q4 postnatal readmission cluster review. Other reasons for readmission included; mental health 5.9% (N=1), headache 5.9% (N=1), hypertension 11.76% (N=2), bleeding 11.76% (N=2) and generally unwell 17.6% (N=3). When reviewing the three patients who were unwell, one was Covid positive and two were thought to be suffering from viral infections.

There were 26 PPH  $\geq$ 1500ml incidents in Q1. This is a slight increase from Q4 when there were 23 cases. All cases of PPH  $\geq$ 1500ml are reviewed via the MDT Intrapartum Review Group (IRG), to ensure any urgent learning is enacted. Rates of PPH  $\geq$ 1500ml are also reported via the Maternity Dashboard to CBU Governance Meetings, PSCESC, QAC, and the Board of Directors.

There were 51 PPH 1000-1500ml in Q1, a small reduction from Q4 when there were 53. These cases have all been reviewed locally using a standardised proforma. Learning identified as part of the local review of PPH 1000-1500ml reflects the learning identified through the more formal IRG process.

In March 2025 there were two intrauterine deaths where the mother was on the Diabetes in Pregnancy Pathway. Robust ISRs were completed in both cases which identified learning regarding the Diabetes Pathways. As a result, the work plan of the MDT Diabetes Working Group was reviewed and new actions incorporated.

The group meets bi-weekly with senior oversight. The group has as one of its key actions completed a detailed care mapping exercise for both cases. This has further informed the action plan. All actions have clearly assigned owners and are currently on track for completion within expected timeframes.

Key priorities for the group include:

- Developing a Diabetes guideline aligned with the Northwest regional pathway for both Diabetes and Gestational Diabetes Mellitus (GDM).
- Addressing the current gap in dietetic services. Dietitians are essential members of the working group and have recently undertaken a review of their establishment. They have expressed a strong interest in enhancing support for the Maternity Service. To achieve 100% against the Saving Babies Lives Care Bundle, this is an essential service.
- Exploring the development of a joint clinic involving Dietitian, Diabetes Specialist Nurses (DSN) and Diabetes Specialist Midwives (DSM), where women can receive comprehensive advice on diet and condition management simultaneously.
- Enhancing midwife education to enable them to provide essential dietary advice throughout the pregnancy continuum, thereby supporting this service effectively.
- Staffing of the DSN role has been added to the risk register. Although an ECF application was previously declined, this will be reviewed.
- A Band 6 Specialist Midwife created to provide some interim support to the team has been agreed.
- Exploring the possibility of increasing Band 7 DSM hours to further support and develop diabetes services within Maternity.
- Review the Band 7 and Band 6 DSM roles.
- Options appraisal to be developed to support dedicated dietetic resource to the Maternity Diabetes Pathway.
- This review of DSM, DSN and dietetic roles will be done in line with the service time allocation tool included as part of the Maternal Medicine Network Diabetes in Pregnancy guideline (2025) to support a sustainable service based on population health and trends.
- Restructure of Antenatal and Gynaecology Outpatient scheduling to support MDT model and enable effective clinic day working.

### **2.3.5 Integrated Medicine and Community (IMC)**

There were 384 incidents reported in Q1 compared to 357 in Q4. This is an increase of 27 incidents (7.6%) compared to Q4. There was no severe harm incidents reported, there was 1 fatal and 4 moderate harm incidents reported in Q1. The fatal harm incident related to the transfer of a patient to ward B18 from another ward. Unfortunately, the patient was transferred on 15 litres of oxygen via a non-breather mask, and this was attached to an empty oxygen cylinder. Learning themes identified were the failure to reassess the deteriorating patient prior to the transfer from the ward. This will be shared via the Deteriorating Patient Steering Group. Following review, those staff identified have been asked to repeat their Acute Illness Management (AIM) course by September 2025. All staff on the ward have completed the oxygen therapy training via eLearning. There is a Trust wide Task and Finish Group and associated action plan progressing relating to the safe use of oxygen. A number of actions have commenced as a result

- Launch of an O2 transfer list
- Review of transfer and Oxygen Policies
- Training needs analysis reviewed and agreed, training commenced
- Equipment checking processes strengthened
- Procurement exercise underway for safe transport devices for O2 cylinders
- Agreed O2 cylinder allocation for each area, with checking process in place

The top reporting theme in Q1 was Antisocial/Abusive/Violent Behaviour with 92 reported, this is an increase of 19 from Q4 (26%) where 73 incidents were reported under the theme. Most of these incidents were reported under Ward A9 (56, 60.9%), followed by Ward B19 (21, 22.8%) and Ward A10 (4, 4.3%). Patient Antisocial Behaviour (51, 55.4%) was the top reporting sub-theme within the Antisocial/Abusive/Violent Behaviour theme. The second highest sub-theme was Patient on Staff Physical Assault (21, 22.8%). Most cases involved a patient who lacked capacity, and therefore use of the Trust's Unacceptable Behaviour Policy was limited, as the stated sanctions in policy would not have been appropriate. All staff are required to complete Conflict Resolution Training, and compliance for IMC is 94.30%.

Staff are supported to complete their de-escalation training to facilitate the management of these situations, current compliance for this training for the CBU is 57.93% against a target compliance of 85%. Actions taken include:

- Additional de-escalation training dates have been supplied and trajectories developed this has been discussed in the Health and Safety Sub Committee.
- Bespoke training has been arranged for Security Teams
- Staff affected by these incidents are supported by their line manager and CBU Team, with input from Occupational Health and/or the Wellbeing Hub, as required.
- WHH has commenced Trauma Based Training, further dates are confirmed. The aim will be to utilise a trauma informed approach to support Violence and Abuse Prevention and Reduction.
- Staff affected by these incidents are supported by their line manager and CBU Team, with input from Occupational Health and/or the Wellbeing Hub, as required, and the implementation of de-briefs post difficult situations have commenced to support staff.
- A risk-taking behaviours risk assessment was implemented across the Trust in July 2025, this aiming is to support staff to assess levels of mental health. An evaluation of its implementation will take place by the end of Q3.
- A number of these cases relate to patients presenting with mental health conditions. Work is ongoing to roll out trauma informed care, patient mental health risk assessments, least restrictive practice, and the "About Me trauma passport will be launched in September 2025. Work continues to review and launch the new Mental Health Strategy which is anticipated in quarter 4.

There were 60 reported Slips, Trips and Falls in Q1. In Q1, there were no falls categorised as moderate harm. The identified themes of learning related to an increased number of unwitnessed falls. Actions include a HCA being allocated to each bay on the wards to provide enhanced care, when assisting patients in the toilet, the staff member must remain outside of the area, wearing an identifiable yellow armband highlighting they cannot be disturbed. All ward areas have individualised falls action plans to support learning and improvement in place and minimise risk to patients. Falls within the Trust are discussed weekly at the Harm Free Care Meeting led by the Patient Safety Improvement Nurses.

16 of the Infection, Prevention and Control incidents (total of 45 in Q1) were related to Hospital Onset Covid-19 cases in Q1: 13 of these were hospital onset after 15 days and the other 3 were hospital onset on day 8 to 14. There was also an additional incident reported as a Covid ward outbreak. There has been an increase in Norovirus within IMC. Stringent walk to monitor IPC practices arounds have been undertaken in those areas that were affected. Current learning needs identified the need for correct handwashing and disposals of waste. Action plans are currently in place, with regular ad hoc walk arounds being undertaken by the Associate Chief Nurse and Infection Prevention Control Team.

During Q1, there were 10 reported cases of Hospital Onset Clostridium Difficile (CDI). The learning themes identified from these incidents are to ensure stool samples are obtained in a timely manner and patients are isolated, along with a daily review of those patients who are in receipt of Intravenous (IV) antibiotics.

- There is a Trust wide CDI Prevention action plan in place.
- The Brilliant Basics action plan has been coproduced with the Senior Nursing Team, with a project implementation plan developed by the Infection Control Team.
- The implementation of the Productive Ward initiative is underway to ensure consistency and alignment across all wards.

Updates are provided each month via the Infection Control and Associate Chief Nurse to the Chief Nurse. Information is also cascaded at the monthly Ward Managers Meeting, along with sharing at the monthly Housekeeper Meetings. Education for all staff groups forms a key component of the communication strategy that has been implemented. A system-wide seminar on CDI is planned, with the schedule currently being finalised.

Incidents reported in Q1, involving or referring to the use of the Trusts I-Bleep system, were of no harm. According to a triangulation assessment of previous incidents, the problems are complex and encompass the electronic systems design, the operational procedures now in use on the system and the procedures pertaining to entering and evaluating the tasks entered onto the I-Bleep system. The problems found are complicated and the system is Trustwide. The system is presently undergoing a thorough assessment and any issues identified are discussed with the Deteriorating Patient Group and are escalated and dealt with appropriately.

### **2.3.6 Medical Care**

There were 333 incidents reported in Q1 compared to 283 in Q4, an increase of 50 incidents (17.7%). The top 3 reporting specialties in Q1 were Critical Care (103, 30.9%), General Medicine (86, 25.8%) and Cardiology (53, 15.9%). This is consistent with the top 3 reporting specialties in Q4. Most incidents reported in Q1 were no harm (264). There were 4 moderate harm incidents, no severe and 1 fatal harm incident reported which related to a patient with a known history of post-stroke epilepsy (secondary to a hemorrhagic stroke in 2022), who was prescribed Ciprofloxacin for a Klebsiella chest infection. The patient was concurrently taking Levetiracetam for seizure management. It has been established that Ciprofloxacin can lower the seizure threshold and should therefore be prescribed with caution in individuals with epilepsy. Unfortunately, in this case, there was no documented discussion between the prescribing clinician and Pharmacy regarding this known drug risk. The patient subsequently experienced an increase in seizure activity. This led to aspiration pneumonia and despite clinical efforts, the patient sadly passed away. Following this incident, an ISR was undertaken, a Trust wide Pharmacy alert was issued to raise awareness of this potential drug interaction and to reinforce the importance of reviewing seizure history when prescribing medications known to affect seizure threshold.

The top 3 themes in Q1 were Access, Transfer and Discharge (66, 19.8%), Infection Prevention and Control (35, 10.5%), this was due to an increase in Covid, and Antisocial/Abusive/Violent Behaviour (29, 8.7%). The way people are treated in a calm group setting to facilitate settlement is one of the learning themes identified. WHH are presently recruiting Activity Support Coordinator volunteers to spend time with patients and help address this area of concern these are due to commence in role in quarter 3.

In Q1, there were 36 Mixed Sex Accommodation Breaches reported under the Access, Transfer and Discharge theme. While staff are expected to follow the Single Sex Accommodation

Guidelines for all patients receiving Level 1 care, breaches can occur, most commonly within the Intensive Care Unit (ICU) due to prolonged patient stays. According to the Trusts Policy 'Eliminating Mixed Sex Accommodation in Critical Care and ICU', clinically justified breaches may occur under specific circumstances such as bed shortages or predictable fluctuations in activity. In such instances, the ICU Team endeavors to cohort Level 1 patients by sex wherever feasible and proactively escalates to the Patient Flow Team to highlight the need for a suitable ward bed. A key theme identified is the delay in transferring Level 1 patients from ICU to ward based areas, often due to increasing capacity and demand pressures across the Trust. These issues are escalated daily to Patient Flow and Senior Managers to ensure timely resolution and compliance with guidance.

There were 28 Slips, Trips and Falls incidents reported in Q1. Following earlier efforts to improve quality, WHH is still making progress in reducing the number of falls. WHH has launched the 'Think Yellow campaign' to draw attention to patients who are at risk of falling. To ascertain if a patient poses a falls risk, a falls risk assessment must be done within 6 hours of admission to the Trust. After confirmation, the patient is given a pair of falls socks and a yellow wrist band. Every week, the risk assessment is revisited, or it may be reevaluated if the patient's condition worsens. Compliance against these risk assessments is recorded on the LION dashboard and overseen by the Chief Nurse during Quality Summits.

In addition, the importance of following best practice described is emphasised in the morning Safety Brief and covered during patient handover. All falls are also presented at the Weekly Harm Free Meeting and are undertaken with the Patient Safety Improvement Nurses who monitor any learning themes and action accordingly. Identified learning themes relate to increased falls within the toilet along with slips from the bedside chair, more emphasis has been on both aspects, for example staff must remain outside of the toilet for those patients who have been deemed at risk of falls and to ensure the correct footwear is worn.

### **2.3.7 Urgent and Emergency Care (UEC)**

There were 783 incidents reported in Q1, compared to 926 in Q4. This is a decrease of 143 incidents (15.4%). The top 3 reporting specialties in Q1 were Emergency Medicine (597, 63.5%), Acute Medicine (177, 22.6%) and Patient Flow (7, 0.9%). This is consistent with the top 3 specialties in Q4. Most incidents reported in Q1 were no harm (622). There were 14 moderate harms, 1 severe harm and 2 fatal harm incidents reported.

The top three themes in Q1 were Pressure Ulcer Present on Admission (159, 20.3%), Medication (82, 10.5%) and Antisocial/Abusive/Violent Behaviour (65, 8.3%). Medication consistently appears in the top three reported categories in UEC, although the majority are no harm incidents.

One of the fatal harm incidents related to a ligature incident. During the investigation process it was noted there was a delay in management of a patient with underlying mental health concerns, resulting in delayed treatment as the patient was not deemed as medically fit, therefore a psychiatric review was delayed. A PSII is currently underway, however learning themes identified from an ISR were incomplete nursing documentation, a lack of Mental Health support at the time of the initial incident as the patient was not deemed to be medical fit. Initial actions are being taken forward relating to this immediate learning, for example, a new risk-taking behaviours assessment has been implemented across the Trust. Conversations are ongoing with Core 24 colleagues to review the option of joint assessment.

The other fatal harm incident related to a patient on Warfarin, which was reverted to Clexane, due to a suspicion of necrotising fasciitis, however no International Normalised Ratios (INR) were taken to monitor the patient's Warfarin levels. Learning themes identified were that the

patient was reviewed by multiple different specialties during this time frame, including the on-call Medical Teams, the Surgical Teams and the Acute Care Teams; none of whom identified this patient required their INR to be checked. There was poor communication between teams, an ISR was undertaken and actions related to the:

- Delivery of targeted training to clinical staff on different anticoagulation products, their side effects and evidence-based guidance for anticoagulation management.
- This will be supported via existing e-learning platforms, staff meetings and in-person teaching sessions to provide further education from 04 August 2025, over an 8-week period.
- Learning has also been shared at the UEC Governance Meeting and fed back to all teams involved during the Unplanned Care Group Meetings.

The severe harm incident related to the communication of escalating a deteriorating patient between ambulance handover from Paramedics and the Nursing Team. The learning and actions from this were:

- To review the Emergency Ambulance handover times
- Change the nursing allocation within the department and ensure any delays in handover are highlighted through the management structure e.g. Patient Flow, Silver Command and if required, further escalation to the Executive Team.

The number of patients admitted with occurrences of Moisture Associated Skin Damage (MASD) or other wounds to the skin has decreased from Q4 to Q1 by 16 with 51 incidents reported in Q1 compared to 67 in Q4. ED staff are completing body maps as part of undertaking initial risk assessments for patients arriving to the department, which is highlighting this as an issue. A Tissue Viability Nurse referral is performed if necessary, and occurrences are then reported on Datix and disseminated as interface incidents with the community and other providers for awareness and referrals to our Trust's Safeguarding Team are completed. In May 2025, there has been implementation of the Quality Improvement (QI) project 'rock around the clock'. Each patient requiring pressure relief has a clock template above their bed indicating the time and their last position, to reduce the likelihood of them being placed in one position at any time and allows for staff to alternate patients sitting or lying positions. Senior Nurse walkabouts are also monitoring the quality of care plan and care provided ensuring this aligns with the individual patient risk assessment.

As highlighted in Q4 when reviewing medication incidents, the Trusts Medication Safety Improvement Nurse monitors recurring patterns and themes. Medication incident themes have been identified, including incorrect prescribing, omitted medicines, medications being prescribed both as regular doses and on a pro re nata (PRN or 'as needed') basis, delays in administering prescribed medications and errors related to insulin prescribing.

A medication error theme regarding medications being prescribed both as regular doses and, on a PRN, or 'as needed' basis, is currently under review by the Trust's Medicines Management Team. In response to a theme of omitted medicines, the Associate Chief Nurse has engaged with the Chief Pharmacist and the Trusts Patient Safety Nurse to facilitate collaborative efforts aimed at reviewing the issue. Key improvement actions are being developed, findings and recommendations will be reported through to future QAC Meetings upon completion of this review. Additionally, there is a developing theme of patients not bringing their own medications upon arrival to the department. Incidents reported via Datix are currently being reviewed to enable identification of any required improvements.

In Q1, a total of 65 incidents related to Antisocial/Abusive/Violent Behaviour were reported. The most frequently reported sub-theme was patient antisocial behaviour (23) followed by physical

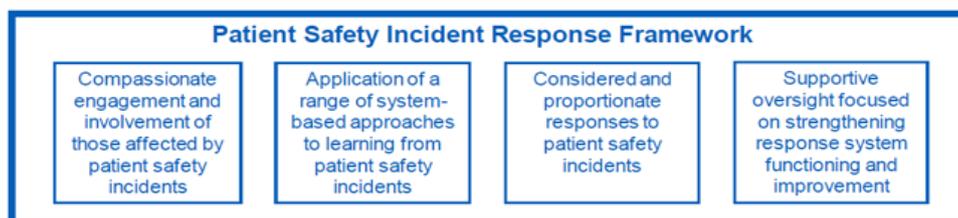
assaults by patients on staff (15). In many cases, such behaviour was linked to the patient’s clinical condition, such as psychosis or delirium. Most of these incidents occurred within the UEC therapeutic area. The Trust has implemented several measures to address such behaviour, including the Unacceptable Behaviour Policy, the use of body worn cameras and enforcement of a three-strikes policy supported by behaviour warning letters. When necessary, Police and Security Teams are called to assist.

An initiative commenced in January 2024, ‘Right Care Right Person (RCRP)’. This initiative is for police to determine those patients who have absconded and who are possibly at risk. Phase 1 and Phase 2 went live on 13 May 2024. Cheshire Police, together with UEC staff and the Trust, completed the initial 4-week trial of monitoring and feeding back of any issues. Phase 3 roll out commenced in November 2024. Themes identified from these are that since the utilisation of the Situation, Background, Assessment and Recommendation (SBAR) Tool, staff have shared the relevant information with Cheshire Police which enables them to make the next step decision promptly, reducing further delays.

The evidence shows that during Q1, Warrington Hospital made 16 calls to Cheshire Police, for patients who absconded from the hospital site. The Police responded to 11 of these calls and did not respond to the remaining 8, no patient harm occurred as a result. In comparison to Q4 there were 19 calls, 7 of which were responded to. An Engagement Meeting is held monthly to undertake a review of all cases to determine if anything could have been done differently, to support shared learning across the Trust in line with Cheshire Police. The developed SBAR tool has now been rolled out across the Trust, with positive feedback received. Cheshire Police have also commenced utilising the tool with other Trusts within the Northwest.

## 2.4 Patient Safety Incident Response Framework (PSIRF) – Learning and Improving Patient Safety

Figure 1



Further education and training have been undertaken in line with the Trusts Training Needs Analysis (TNA). The Patient Safety Training Compliance is:

- Patient safety level 1: 98.52%.
- Patient safety level 1 for Board of Directors and Senior Leadership Teams 100%.
- Patient safety level 2: 90%.
- 31 staff have undertaken Gateway Training and Consultancy Ltd. Systems Based Approach to Learning from Patient Safety Incidents training during April and May 2025.

- 6 staff have undertaken Gateway Training and Consultancy Ltd. Ensuring Patient, Family and Staff Involvement in Learning from Patient Safety Incidents in June 2025, this assisting enhanced patient, family and/or carer involvement and support of those affected.
- Funding has been secured for Oversight Training and will be delivered by Gateway Training and Consultancy Ltd. Further dates are currently being arranged with the provider.
- As part of a training review with Learning and Development, it was identified that the initial interpretation of the TNA was incorrect based on NHS England Guidance and all staff are required to complete Level 1 Patient Safety. This will increase the current numbers by 1800 at an additional cost of around £2500. It has been confirmed that such additional training proposals will need to go through a new Mandatory Learning Oversight Group, this is planned to take place in Q3.

During Q1 an action plan has been developed to support understanding and ensure measures are being understood regarding improvement and learning, producing clear improvement actions on completion of learning responses.

The following improvement actions will thus be progressed during Quarter 2 (Q2):

- Learning themes within Datix will be reviewed, updated and become mandatory.
- Review of the action plan template in the learning responses will be undertaken to include and improvement action.
- Review of the learning response templates will be progressed to check that the Systems Engineering Initiative for Patient Safety (SEIPS) checklist is integral to all.
- PSII categories will be added to Datix, to inform analysis of themes.
- A review of the themes from the PSII's will be undertaken and these presented to the newly formed Sustained Learning Group.
- Scrutiny and gap analysis of themes against QI workstreams will be undertaken.
- Development of improvement workstreams where there are any gaps – led by the Care Groups/CBUs and supported by QI and the Patient Safety Specialists.
- Development of mechanism to the Executive Led Safety Oversight Meeting (SOM) to celebrate success and learning.
- The Mersey Internal Audit (MIAA) PSIRF report was presented at the Audit Committee in June 2025. Of the 5 identified actions, 3 have been completed and 2 are progressing and remain on track.
- During Q2, an audit of the Duty of Candour monitoring process will be undertaken from the Datix System in line with Regulation 20.
- The Trust continues to participate with PLACE and the Integrated Care Board (ICB) partners across Cheshire and Mersey to share learning to further support the embedding of PSIRF and Learning from Patient Safety Events (LFPSE).

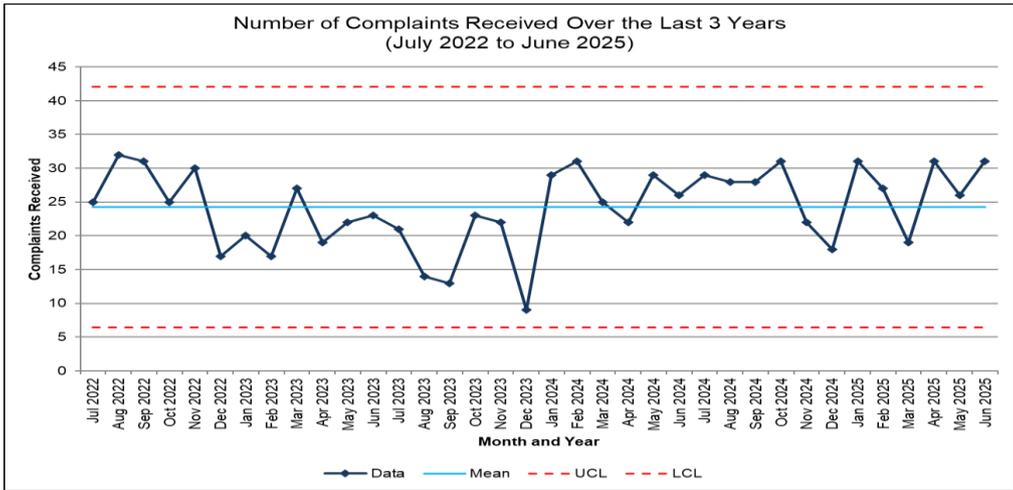
### **3. LEARNING FROM COMPLAINTS AND PATIENT ADVICE AND LIAISON SERVICE**

#### **3.1 Complaints**

##### **3.1.1 Complaints Received**

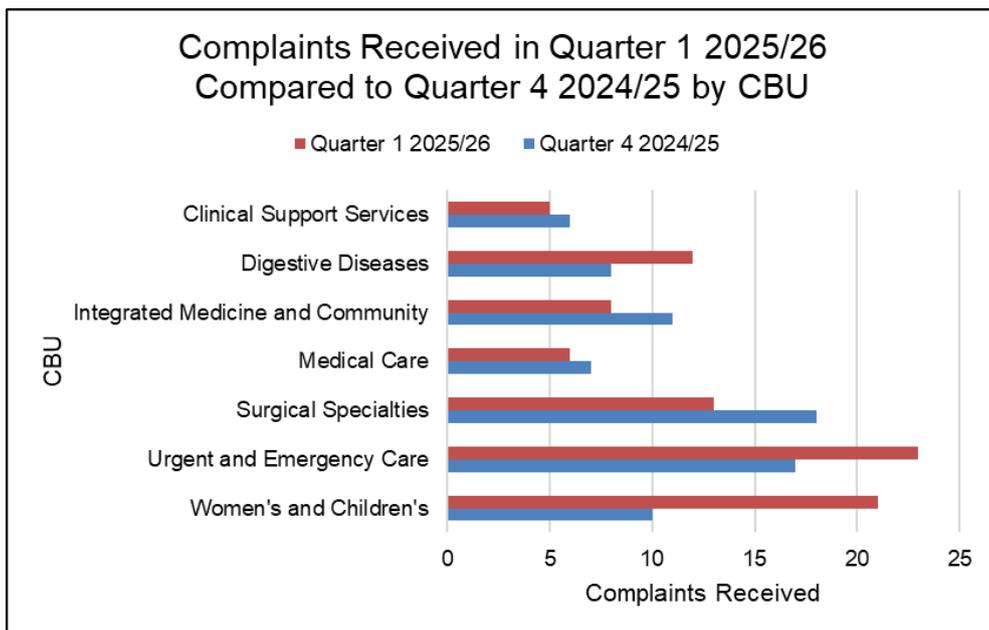
In Q1, there were 88 complaints received. This is an increase of 11 complaints (14.3%) compared to Q4 where 77 complaints were received.

#### **Graph 4**



The CBU with the largest increase in the number of complaints received from Q4 to Q1 was Women’s and Children’s with an increase of 11 complaints (110%). On review of the themes, there were 5 complaints that were related to the care and support during pregnancy for Maternity Care. There are no emerging themes that are of cause for concern and all complaints were relating to differing aspects of care. The CBU with the largest decrease in the number of complaints received from Q4 to Q1 was Surgical Specialties with a decrease of 5 complaints (27.8%).

**Graph 5**

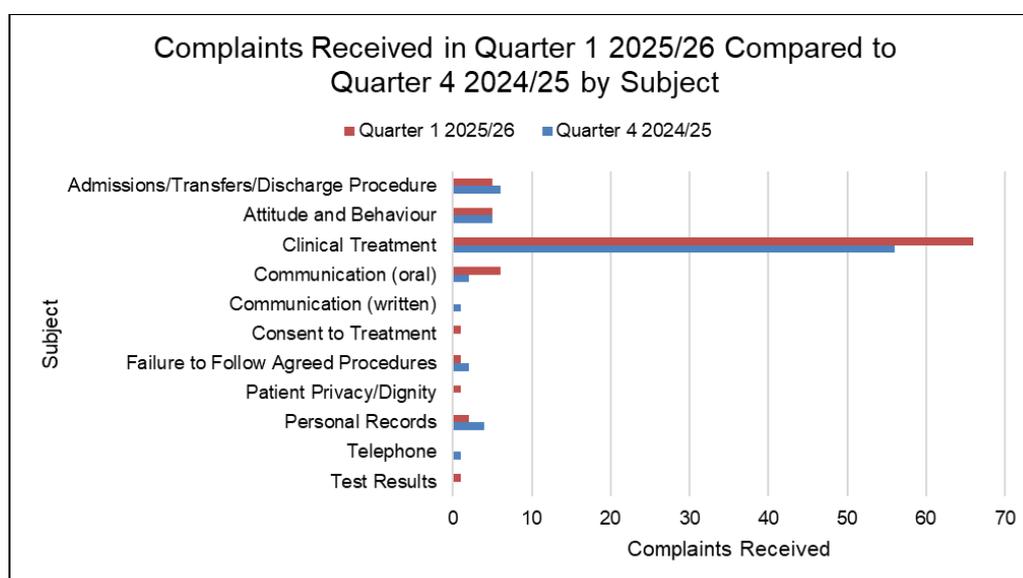


The breakdowns for complaint themes are based on the complaints primary subject as complaints are multifactorial and could consequently have more than one subject linked. Clinical Treatment remains the most common theme of complaints received. A review of the complaint categories is being undertaken as part of the complaint's integration workstream.

There were 66 Clinical Treatment complaints received in Q1 compared to 56 in Q4, an increase of 10 complaints (17.9%). The top 3 sub-themes of Clinical Treatment complaints in Q1 were Coordination of Medical Treatment (48), Poor Care (4) and Delay in Treatment (4).

Clinical Treatment complaints appear across all CBUs in Q1. Urgent and Emergency Care had the highest number of received Clinical Treatment complaints in Q1 with 20 (30.3%). This was followed by Women's and Children's (17, 25.8%) and Surgical Specialties (10, 15.2%). This is consistent with the number of overall complaints received within the CBUs.

**Graph 6**



### 3.1.2 Complaints Closed

In Q1, there were 66 complaints closed. This is a decrease of 22 complaints (25%) compared to Q4 where 88 complaints were closed. The following table demonstrates the outcomes for the complaints closed in Q1 compared to Q4. Note, partially upheld complaints are those where aspects of the complaint are upheld but the main issues are not.

Outcome	Q1	Q4
Not Upheld	29	37
Partially Upheld	32	43
Upheld	5	8
<b>Total</b>	<b>66</b>	<b>88</b>

### 3.1.3 Learning Examples from Complaint Investigations

You Said	We Did
<b>Clinical Support Services</b>	
A patient was not referred for equipment and reablement care on discharge from Ward B3	An action plan was completed which was delivered through personal objectives being set for the individual Therapists directly

by the Occupational Therapist due to a misunderstanding of out of area services.	involved in patients care. This was supported by the Clinical Educator and Specialist Clinical Therapists.  A further team learning and reflection session was undertaken based upon the outcomes of the investigation. This learning was also shared through the Therapy Managers Meeting and Therapy Service-wide Governance Meeting.
<b>Digestive Diseases</b>	
Complainant raised concerns regarding the lack of continuity in care following transfer to escalation Ward B4. Concerns were raised at the time but there was no escalation to senior staff.	Ward B4 now has a designated Ward Manager and stable Senior Team in place for the times when Ward B4 has been opened. They will oversee and monitor the ward care and action any concerns promptly.
<b>Surgical Specialties</b>	
Concerns were raised over the length of time taken to rebook patients for surgery following a cancellation by the Trust, which caused delays for Urology treatment.	An audit with clear actions identified this will be undertaken by the Governance Lead for Urology to ensure that patients are relisted for surgery within the 28-day pathway for any cancelled surgeries.
<b>Women's and Children's</b>	
Following admission to the Paediatric Ward, parents were advised to contact the ward directly, should they have any concerns. The information shared had misled the family to understand that the patient would be readmitted to the ward without having to go through the Emergency Department.	The Discharge Checklist is being reviewed to ensure that guidance for patents/carers is clear, should they have any further concerns following discharge. This will include advising parents/carers that they can contact the ward for advice, however if readmission is required, they will need to take their child to the Emergency Department for a further review and assessment.
<b>Integrated Medicine and Community</b>	
A Patient was placed on end-of-life care, with a syringe driver prescribed. The medication however was not administered timely causing a delay in pain relief being given to patient.	Nursing staff have been enrolled on further palliative care training, to help develop a deeper understanding of the emotional needs of families and appropriate pain management for end-of-life patients.
<b>Medical Care</b>	
Communication with family during patients' admission has been below expected standards, with language used that felt patronising and belittling. This caused the family of patient who was sadly deteriorating distress.	As a result of poor communication, the Practice Based Educator is spending time with staff on the ward to educate and monitor their verbal and written communication and to support improvements.
<b>Urgent and Emergency Care</b>	
A patient's pain was inadequately controlled and despite an initial pain score check being taken on admission (of 2/10), the patients	The Emergency Department are reviewing the current clinical observation charts to include pain scores, as a prompt to staff to recheck pain levels so that any further

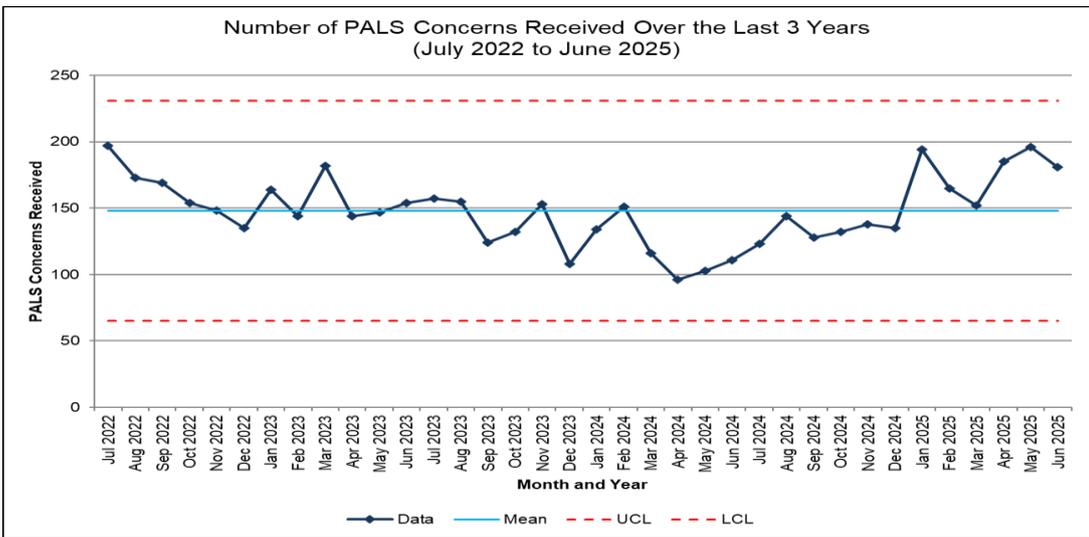
pain increased with no further pain scores recorded.	escalation of pain relief medications can be acted on promptly.
--	---

**3.2 Patient Advice and Liaison Service (PALS)**

**3.2.1 PALS Received**

In Q1, there were 562 PALS concerns received. This is an increase of 51 concerns (10%) compared to Q4 where 511 PALS concerns were received. This spike is due to the initiation of the new complaints processes from December 2024 where all families are offered a meeting and concerns are aimed to be addressed quickly and informally.

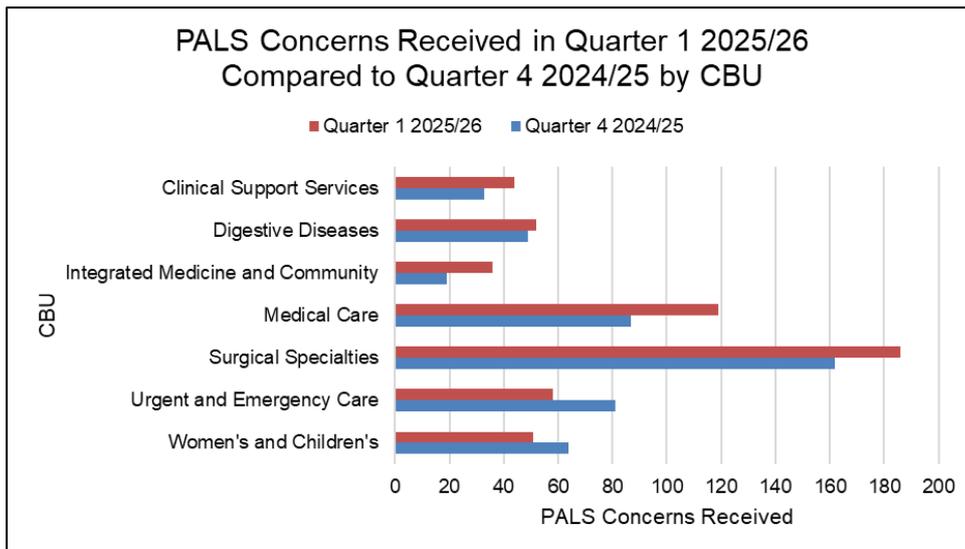
**Graph 7**



The CBU with the largest increase in the number of PALS concerns received from Q4 to Q1 was Integrated Medicine and Community with an increase of 17 concerns (89.5%). Clinical treatment remains the highest reported theme within the Integrated Medicine and Community PALS received from Q4 however, Admissions, Transfers and Discharge Procedures had a notable increase in Q1 (1 concern received in Q4 compared to 7 received in Q1). 6 of these concerns related to unsafe discharges across different wards within the Trust. There are improvement workstreams underway relating to deconditioning and length of stay.

The CBU with the largest decrease in the number of PALS concerns received from Q4 to Q1 was Urgent and Emergency Care with a decrease of 23 concerns (28.4%).

**Graph 8**

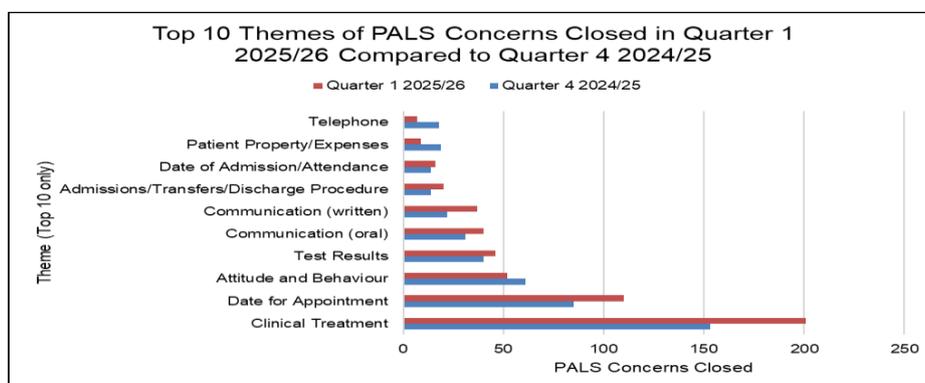


### 3.2.2 PALS Closed

In Q1, there were 565 PALS concerns closed. This is an increase of 78 concerns (16%) compared to Q4 where 487 PALS concerns were closed. This increase is consistent with the increase in concerns received.

The top 3 themes for PALS concerns closed in Q1 were Clinical Treatment (201), Date for Appointment (110) and Attitude and Behaviour (52). This is the same top 3 themes for PALS concerns closed in Q4.

Graph 9



## 4. LEARNING FROM QUALITY IMPROVEMENT AND KNOWLEDGE AND EXPERIENCE

### 4.1 Learning from Registered QI Projects Completed Q1

Nine QI projects were recorded as complete within Q1 and are highlighted in **Appendix 1** together with their project progress score (based on the scoring method used by the Institute of Healthcare Improvement) and impact statement.

### 4.2 Learning from the Application of Knowledge and Evidence Service (KES)

#### **4.2.1 A Joint Intelligence Approach to Investigate and Understand Inequalities in Educational Attainment in Warrington**

Until 01 July 2025 WHH Knowledge and Evidence Service held a Service Level Agreement (SLA) with Warrington Public Health Team to provide evidence and best practice insight to support decision making.

A joint Intelligence Project Group formed of Warrington Borough Council Public Health Knowledge and Intelligence, Business Intelligence, and Education Teams was formed to undertake unified analysis and intelligence gathering to assess why Key Stage 4 attainment in disadvantaged pupils in Warrington generally lower than disadvantaged pupils nationally.

The KES was commissioned by Warrington Public Health Qualitative Researcher, Frances Mann, to provide 5 summaries of evidence on the impact on educational attainment of:

- Health inequalities
- Looked after children
- Disadvantaged children
- Family typologies
- Special Educational Needs (SEN)

#### **Evidence Informed Interview Schedule with Heads of Schools and Key Areas of Focus**

The evidence provided highlighted key areas to investigate which in turn informed the interview questions that were asked of several heads of secondary and some primary schools.

The evidence highlighted how the SEN journey in schools significantly impacted on multiple issues including attainment and attendance, which subsequently informed a more focussed investigation of this topic in interviews with local heads to begin to uncover where improvements in this area might impact positively on attainment.

#### **A Call to Arms for the Whole System – 12 Recommendations and 12-point Delivery Plan**

Whilst forming a core section of joint intelligence summary report, the evidence was also presented in May 2025 as part of Educational Disparities Research and underpinned several of the 12 recommendations which the (then) Director of Public Health and the Director for Education outlined in the report. These are now being taken forward by the Response Group.

#### **An Improvement in Different Elements of Young Peoples Livers Will Impact Attainment**

As a result of the report, Warrington Borough Council are now looking at disadvantaged families and the impact of poverty on not just healthy life expectancy, but also on attainment, learning potential and young people's opportunities.

#### **4.2.2 Working Together to Improve Women's Health Offer for Warrington**

The Portfolio GP, Interim Medical Advisor, and Clinical Lead Planned Care approached the KES to secure a review of evidence and best practice exploring what a women's health offer in Warrington might encompass, focusing on community Gynaecology services, intermediary services and Women's Health Hub provision. A steering group up was established with colleagues from different areas in the region including WHH Consultants and the Cheshire and Mersey Central ICB Team.

The review identified providers who were leading the way in women's health provision who the steering group were then able to contact. Due to the complex nature of a women's health offer the decision was made, in consultation with the Gynaecology Network to narrow focus to sexual

health, specifically addressing the benefits of Mirena coil and reducing waiting times in Gynaecology.

### **Mirena Coils for Non-Contraceptive Purposes**

A specification, built on learning obtained from other areas, has been agreed for a local enhanced service, with funding secured at Place level from NHS England to test the concept of providing the Mirena coil for menstrual problems and HRT in the community with appropriate funding.

### **Predicted Waiting Time Reduction from 6 Months to 6 Weeks**

There is an expectation that when fully established, the community service will significantly reduce waiting times. This is already apparent in the contraceptive world where waiting times for coil provision in primary care settings is now only six weeks compared to six months when delivered by a sole provider. The waiting time could be up to six months if the offer was from only one provider. If successful this could be extended to other procedures as an intermediary offer, it would lead to reduced waiting times and reduce workload in Secondary Care.

## **5. LEARNING FROM SAFETY ALERTS**

The Trust uses the Daily Safety Brief to share learning on a wider scale. There were 45 alerts issued in Q1: 15 in April 14 in May and 16 in June. This is the same number of alerts as Q4. When alerts are issued, some will be shared over several days giving staff an opportunity to see the alert. National Patient Safety Alerts are also shared widely and can provide learning from incidents that have occurred. Some examples of the alerts shared in Q1 are as below:

### **Safety Alert – Oxygen Cylinder Duration**

A safety alert was issued giving guidance following a recent incident, where it was highlighted that there was a lack of awareness amongst staff regarding the duration of time a portable oxygen cylinder will last – as used by inpatient wards for patient transfers. Ward Managers/Matrons were asked to ensure that the staff referred to the guidance and that the information was laminated in their inpatient areas.

### **Medicines Safety – Learning from Incidents April 2025**

Learning was shared from some of the medication incidents which occurred in April 2025. See **Figure 2** for details of the lessons learned.

### **National Patient Safety Alert – Potential Contamination of Non-Sterile Alcohol-Free Skin Wipes**

The alert concerns the potential contamination of non-sterile alcohol-free skin cleansing wipes with *Burkholderia* SPP; measures to reduce patient risk. The alert was issued by the UK Health Security Agency (UKHSA) and they are investigating an outbreak of *Burkholderia* *Stabilis* involving individuals across the UK, linked to wipes. The below actions have been completed:

- For intravascular access device care: ensure local guidance and practice reflects National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England. Non-sterile alcohol-free wipes are not suitable for this purpose.

- NHS Trusts and Independent Sector Laboratories are requested to submit any isolate form a new infection with Burkholderia Cepacia Complex, including any new isolations from cystic-fibrosis patients to the UKHSA.

Figure 2

## 6. LEARNING FROM CLAIMS

### 6.1 Clinical Claims

#### 6.1.1 Clinical Claims Received

There were 29 Clinical Claims received in Q1. This is an increase of 5 claims (20.8%) compared to Q4 where 24 claims were received.

### 6.1.2 Clinical Claims Closed

There were 21 ongoing Clinical Claims closed in Q1; 10 with damages totalling £1,808,496.08 (including costs of instructing Trust solicitors), 3 successfully repudiated and 8 withdrawn including closed due to lack of further correspondence from the claimant.

Specialty	Damages Paid	Number of Claims
Acute Medicine	£2,000.00	1
Cardiology	£580,172.05	1
Emergency Medicine	£113,624.00	2
Gynaecology	£98,348.20	2
Obstetrics	£551,737.33	2
Spinal Surgery	£392,921.50	1
Trauma and Orthopaedics	£69,693.00	1
<b>Total</b>	<b>£1,808,496.08</b>	<b>10</b>

### 6.2 Non-Clinical Claims (Employee Liability/Public Liability)

#### 6.2.1 Non-Clinical Claims Received

There was 1 Public Liability Claim and no Employer Liability Claims received in Q1.

Public Liability	Number of Claims
Accident / incident that may result in injury / harm	1
<b>Total</b>	<b>1</b>

#### 6.2.2 Non-Clinical Claims Closed

There were 4 Employer Liability Claims closed with damages of £246,380.80 and 2 Public Liability Claims closed with damages of £18,219.00 (including costs of instructing Trust solicitors) in Q1.

	Damages Paid	Number of Claims
<b>Employer Liability</b>		
Abusive, violent, disruptive or self-harming behaviour	£40,443.00	2
Accident / incident that may result in injury / harm	£7,560.26	1
Infrastructure or resources (staffing, facilities, environment etc.)	£198,377.54	1
<b>Public Liability</b>		
Consent, confidentiality or communication	£7,421.00	1
Infrastructure or resources (staffing, facilities, environment etc.)	£10,798.00	1
<b>Grand Total</b>	<b>£264,589.80</b>	<b>6</b>

The 2 claims settled regarding abusive, violent, disruptive or self-harming behaviour related to.

- Assault of Care Assistant by a patient on 1:1 care, resulting in a strain injury to the neck and shoulders
- Agitated patient who struck a member of staff on their face.

### 6.3 Claims Learning and Actions

When a new claim is received, it is triangulated with the Datix Events (incidents) and Complaints Modules and linked accordingly. Details of the learning from claims closed with damages is below.

The incidents below were identified at the time of the incident and prior to receipt of the claim. One of the claims settled with damages related to Spinal Services. Spinal Services have now been transferred to The Walton Centre.

Clinical Issues	
Incident Date: 10/04/2023 Delay in diagnosing fractured neck of femur. Linked to previous complaint, also discussed at the Clinical Claims Review Group.	
Lessons Learned	Action Taken
X-ray should have been carried out	Patient attended the Emergency Department following a fall. Hip fracture was not indicated on patient's initial attendance to the Emergency Department on 09 04 23. The patient represented on 19 04 23 due to ongoing pain. NICE guidance recommends that surgery is undertaken within 36 hours post injury to ensure the best outcome.  Learning actions completed were: <ul style="list-style-type: none"> <li>• All locum and temporary doctors were supported with access to the Policies and Procedures home page for referencing.</li> <li>• The Painful Hip Pathway was highlighted to all clinicians and was a focus of an education session provided by the Practice Education Facilitators.</li> <li>• The Trusts underperformance of 'time to Theatre' of hip fractures was discussed at the Patient Safety Meetings to review how to improve. Actions were agreed; these are being monitored weekly by the Executive Management Team</li> </ul>
Clinical Issues	

<p>Incident Date: 14/08/2017</p> <p>Alleged failure to adequately assess and/or repair obstetric tear following delivery. Poor outcome requiring further surgery – fistula(ae) and faecal/fatal incontinence.</p>	
Lessons Learned	Action Taken
<p>Unsupported expert evidence – both experts agree that there was a failure to perform a rectal examination prior to the repair of the episiotomy on 14 August 2017. If this examination had occurred, the claimant would have been diagnosed with a fourth-degree tear. As a result of the admitted failure, the claimant required a more extensive surgery.</p>	<p>A protocol is now in place to ensure a rectal examination has been performed before and after any perineal repair.</p>

Clinical Issues	
<p>Incident Date: 13/03/2020</p> <p>Carried out unnecessary c-section.</p>	
Lessons Learned	Action Taken
<p>Make sure a patient is consulted and able to give informed consent for their given circumstances for any procedure. Importance of good, clear communication and the recording of information and conversations held with the patient.</p> <p>Documentation of communication with patient – side effects to procedures or delivery of Duty of Candour.</p> <p>If phones are to be used in areas such as Theatre, make patients aware of this and the reason why.</p> <p>There is no clear consensus around exactly how long before a c-section a scan should be done, but this should be on the day of the planned c-section.</p> <p>When carrying out a category 3 c-section, the Registrar should discuss this with the On-Call Consultant in case there are elements of the care plan that are to be clarified.</p>	<p>The Trust Breech Presentation Guideline was updated to clarify the need for examination of baby’s position before planned caesarean sections.</p> <p>Anaesthetic Team discussed the learning points from the incident. This included the importance of communication with patients about use of phones in Theatre, their positioning and their expectations regarding reassurance of patients undergoing spinal anaesthetic.</p> <p>Before discharge, ensure patients are adequately supported to deliver treatments such as Dalteparin Injections.</p> <p>Protocols are being reviewed in relation to scanning before c sections</p> <p>The need for incident reports when unexpected events in Maternity Theatres occur was reinforced</p> <p>Lessons learned from the incident investigation was shared and discussed with all Obstetricians and Maternity Staff.</p>

Clinical Issues	
<p>Incident Date: 13/09/2022</p> <p>Delay in diagnosis of carcinoma.</p>	
Lessons Learned	Action Taken

<p>When patient attended in April 2022, there should have been a referral to a Gynaecologist for examination and a second opinion which may have potentially detected the cancer earlier.</p> <p>In July 2022, the second attendance for post-menopausal bleeding should have prompted an urgent referral for an outpatient hysteroscopy appointment.</p>	<p>The Rapid Access Pelvic Assessment Clinic (RAPAC) have now changed their policy around the triage process. When the GP referral letter is received from choose and book, the additional narrative is added in a comments section and if more than one appointment is necessary, this is requested at the same time rather than waiting until the RAPAC appointment has been completed first.</p>
---	---

Clinical Issues	
Incident Date: 17/12/2018	
The failure to consider and pursue a diagnosis of infective endocarditis was a breach of duty which led to progression of the disease and resultant embolic stroke in June 2019.	
Lessons Learned	Action Taken
<p>Unsupportive expert evidence.</p> <p>The case stresses out the importance of communication between specialties and primary healthcare, as well as between hospitals.</p>	<p>Continuation of the Joint Microbiology/Cardiology MDT Meeting. A good part of the transoesophageal echocardiogram lists is for investigating endocarditis now. The MDT has raised awareness of the condition within the Trust.</p>

Clinical Issues	
Incident Date: 07/03/2017	
Alleged clinical negligence arising out of the complications of undergoing an operation on the claimant's neck on 07 March 2017 and subsequent death of the patient on 09 March 2017.	
Lessons Learned	Action Taken
<p>Breach of duty expert evidence:</p> <p>Nursing Teams – criticised the pre-operative assessment and the recovery period, not managed appropriately. The decision to discharge was inappropriate in the circumstances and post-operative observation should have been more frequent.</p> <p>Anaesthetic Teams– would expect a patient with recent pneumonia to have been formally asked about ongoing respiratory symptoms and for these to be documented in depth, as well as chest auscultations to be performed. Felt that post-operative assessment scores should have dictated medical review prior to discharge.</p> <p>Spinal Teams – criticised the pre-operative assessment and the consenting process. Critical of the post-operative case and the decision to discharge considering the past medical history and recent pneumonia. The</p>	<p>The expert reports were shared with the Trust and an independent investigation has been conducted.</p> <p>Spinal surgery at the Trust remains suspended.</p>

<p>deceased should have been kept in hospital for a further period of observation and monitoring of temperature and oxygen requirements.</p> <p>Causation expert evidence:</p> <p>Felt that had patient been kept in hospital longer, it is likely that a progressive deterioration in the deceased's condition would have been recognised. With earlier and effective treatment, on the balance of probabilities, the death would have been avoided.</p>	
---	--

The Clinical Claims Review Group meets every quarter to assist in the management of claims and the risk arising from the claims. The last meeting was held on 30 April 2025 where an update was provided regarding open cases which had previously been reviewed by the Group (25 claims). One new claim was discussed.

## 7. LEARNING FROM INQUESTS

At the time of reporting on 04 July 2025, there were 35 Coroner's Inquests open. Of these, 1 has a linked complaint, none are linked to a PSII, 7 have a linked MDT review and 5 have legal representation. There were 31 Inquests opened in Q1. This is an increase of 3 Inquests (10.7%) compared to Q4 where 28 Inquests were opened.

### Example of learning from an inquest in Q1

An Inquest which took place on 15 May 2025, highlighted that the outcome of multi-agency discharge event (MADE) is not recorded in patient records. Prior to the Inquest, the Coroner requested further statements to address a referral made to the Community Matrons. On review of the patients record on Lorenzo and a discussion with the ward staff, the Head of Legal confirmed a referral wasn't made by the Inpatient Team. On attendance at the inquest, the coroner highlighted that the GP had referenced a MADE which had taken place prior to discharge and it was at that point that the referral was made. During the inquest, further enquiries were made by the Head of Legal and the witnesses in attendance, and it was identified that the outcome of MADEs are not recorded within the patient records. The Head of Legal met with the Director of Operations and Performance and the Deputy Chief Operating Officer on 23 May 2025 to highlight the importance of documenting outcomes in patient records when they are discharged because of a MADE. The Director of Operations and Performance has confirmed that the learning will be shared with Bridgewater for further investigation. From a Trust perspective, it will be reiterated at the next MADE, that Trust processes are to be followed for any support provided by Bridgewater.

A Mock Inquest specifically for the Nursing Teams took place on 20 June 2025 and was supported by Hill Dickinson. This was arranged to improve knowledge around the Coronial process given the increase in the number of nursing staff being called to give evidence at Inquests. Following the success of the Mock Inquest, funding has been made available to run another event in January 2026.

The Inquest Policy was ratified in April 2025 and is now available on the Trust intranet.

## 8. LEARNING FROM COMPLIMENTS

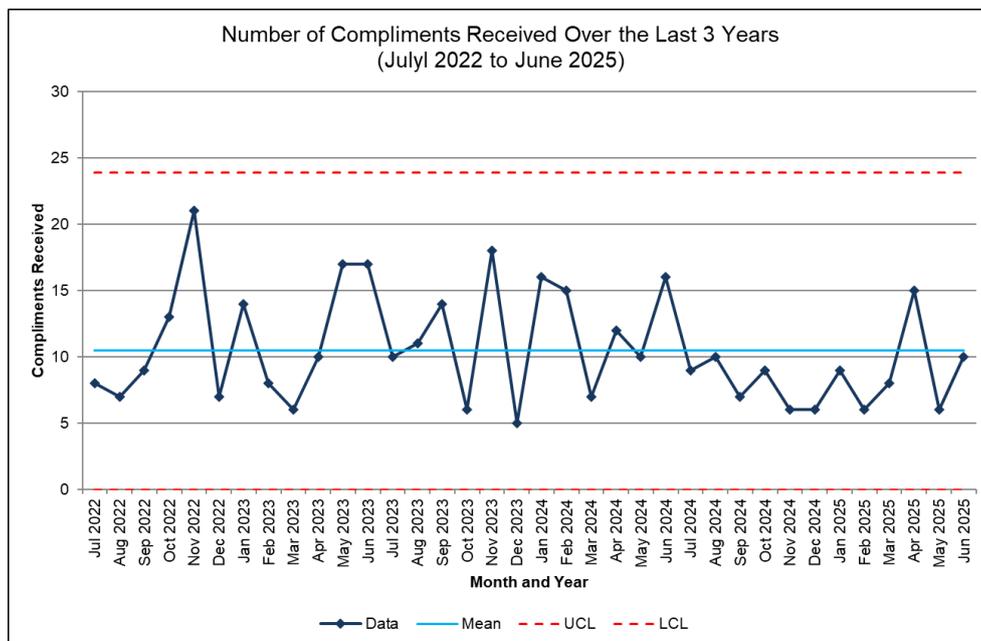
In Q1, there were 31 compliments received. This is an increase of 8 compliments (34.8%) compared to Q4 where 23 compliments were received.

A positive safety culture is one where compliments are fed back to staff in the same way as incident investigations. Compliments are a very useful tool for WHH to be able to identify what areas are working well. It has been identified that compliments are often received within letters of complaint, whereby the patient or relative will take the time to acknowledge the positive impact of staff members involved in their care. However, compliments are likely to be underreported.

In Q1, improvements have been made to the compliment’s module on Datix to make it easier for staff to capture this data. A field within the compliment’s module has been added to capture the themes of compliments and staff types that the compliment relates to. Work is underway with the Patient Experience Team to further improve this data. A centralised compliments inbox will be established in Q2.

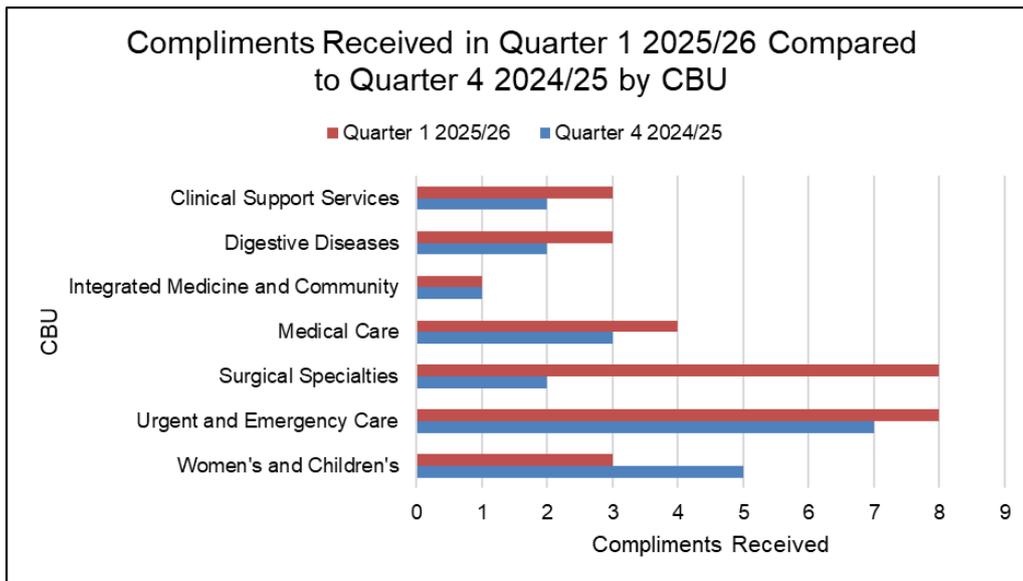
In Q1 the Trust received 11 compliments for compassion and kindness shown to our patients and 15 compliments relating to excellent care and treatment.

**Graph 11**



The CBU with the largest increase in the number of compliments received from Q4 to Q1 was Surgical Specialties with an increase of 6 compliments (300%). There was only one CBU which had a decrease in the number of compliments received from Q4 to Q1, Women’s and Children’s with a decrease of 2 compliments (40%). Integrated Medicine and Community had no change in compliments received (1).

**Graph 12**



## 9. LEARNING FROM PATIENT EXPERIENCE AND INCLUSION

The Patient Experience and Inclusion Team continue to develop patient stories. These patient stories are a combination of digital format and face to face presentations with either the patient or a representative. The stories are shared across multiple committees, not limited to: Patient Experience and Inclusion Sub-Committee, QAC and the Trust Board of Directors. The purpose is to highlight areas of improvement required and identify good practice for shared learning.

During Q1, patient stories shared have included:

- **May QAC**  
 My Early Pregnancy Experience face to face presentation from a patient suffering early pregnancy loss on two occasions and their experience as a patient. The experience highlighted improvements required in pathways, the environment and communication. Lessons learned have enabled:
  - Pathway reviews within the Early Pregnancy Assessment Unit.
  - Reiteration to the Northwest Ambulance Service (NWAS) of the pathway for pregnant women at all stages of pregnancy.
  - Training to relevant staff with support from the Bereavement Midwives.
  - Sharing the story with Maternity and Ward C20 Teams.
  - A Corridor Care SOP has been put in place with set criteria to exclude instances of this kind for early pregnancy loss.
- **June Trust Board**
- **Paediatric Emergency Department Experience** face to face presentation highlighted the experience in hospital for a 14-year-old child following an accident. Reflecting on what was important for the child, celebrating effective communication in a way that was appropriate and understood, involvement in the care plan and compassion. Lessons learned have enabled the Trust to celebrate and recognise:
  - Good practice of seeing the person in the patient.
  - Good communication style and the positive impact.
  - Positive MDT working.
  - Positive recognition for the teams working well under pressure.

The Patient Experience and Inclusion Team use several methods to gain valuable qualitative and quantitative data and feedback from patients, carers and families. This enables the Trust to

review areas of concern and celebrate good practice and enables areas to initiate improvements required from the learning identified via feedback.

The Patient Experience and Inclusion Team have initiated a project to review and improve the Trust usage and experience of the feedback via the Friends and Family Test. The aim of the project seeks to increase response rates, streamline and improve collection methods ensuring real time data and enhance positive experience outcomes for patients, their families and carers.

WHH has a variety of services available to support interpretation and translation for:

- Non-English speakers
- People for whom English is not their first language.
- British Sign Language users
- People with a visual or hearing impairment.
- People with a learning disability
- People who require d/Deaf or deaf blind communications

WHH utilises independent and fully trained interpreters ensuring that the Trust meets its quality standards and that patients are supported by bilingually competent, neutral, independent and professionally trained interpreters.

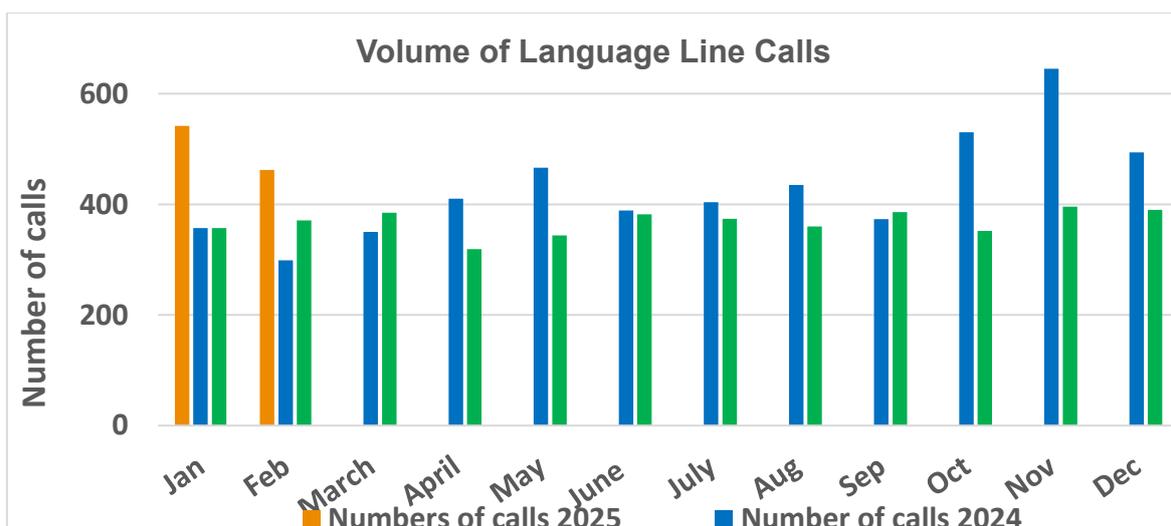
Quality and provision of Interpretation Services is monitored through the Patient Experience and Inclusion Sub Committee. This is presented in a high-level dashboard bi-monthly.

Interpretation services are predominantly provided by:

- **Language Line Solutions** ® for patients of whom English is not their first language. This service is available 24 hours a day, 7 days a week as an audio and video on demand service available in over 200 languages (not for British Sign Language). Table 1 provides a comparison of the number of calls per month between 2023 to 2025.
- **The Big Word** provides telephone and face to face foreign language interpretation services when required. Table 2 provides a summary of service requests made and the percentage fill rate over the last financial year. When interpreters could not be provided staff either access Language Line Solutions ® or their appointment may be rearranged to accommodate.
- The Deafness Resource Centre provides face to face interpreters for patients who are d/Deaf and require British Sign Language interpretation. As demonstrated in Table 3 it is pleasing to note continuous improvement in the provision of British Sign Language Interpretation support for the d/Deaf community. This data is also supported by feedback from Signing Solutions, a local advocacy group, who have provided detail of a survey carried out in the d/Deaf community. The survey detailed that since the Healthwatch Deaf Report in 2022 the hospital has improved in their provision of interpretation from 5% to 85 %.

The Patient Experience and Inclusion Team have been shortlisted as finalists at the Picker Experience Network Awards 2025; these taking place on 2 October 2025.

**Table 1**  
**Language Line Solutions - A comparison of the number of calls per month between 2023 to 2025**



**Table 2**  
The Big Word - service requests made and the percentage fill rate 2024 year to date.

Month	Service Requests	Services Fulfilled	% fill rate
April 2024	41	35	74%
May 2024	42	30	81%
June 2024	37	34	78%
July 2024	41	36	82%
August 2024	49	46	84%
September 2024	34	31	92%
October 2024	42	41	96%
November 2024	47	43	95%
December 2024	41	38	96%
January 2025	54	32	68%
February 2025	53	34	55%
March 2025	Data not yet available		

**Table 3**  
British Sign Language Interpretation bookings comparisons 2023 to date

	Deafness Resource Centre	Language Line
Dates – 2023/2024	Number of bookings	Number of bookings
Quarter 1 (April 2023 – June 2023)	21 Active bookings	3 Active bookings
Quarter 2 (July 2023 – September 2023)	30 Active bookings	5 Active bookings
Quarter 3 (October 2023 – December 2023)	29 Active bookings	5 Active bookings

<b>Quarter 4 (January 2024 - March 2024)</b>	<b>52 Active Bookings</b>	<b>11 Active Bookings</b>
<b>Total</b>	<b>92 Active bookings</b>	<b>24 Active bookings</b>

<b>Dates – 2024/2025</b>	<b>Number of bookings</b>	<b>Number of bookings</b>
<b>Quarter 1 (April 2024 – June 2024)</b>	<b>56 Active bookings</b>	<b>4 Active bookings</b>
<b>Quarter 2 (July 2024 – September 2024)</b>	<b>49 Active bookings</b>	<b>8 Active bookings</b>
<b>Quarter 3 (October 2024 – December 2024)</b>	<b>49 Active bookings</b>	<b>5 Active bookings</b>
<b>Quarter 4 (January 2025 - March 2025)</b>	<b>33 Active Bookings*</b>	<b>13 Active Bookings*</b>
<b>Total</b>	<b>138 Active bookings</b>	<b>30 Active bookings</b>

During Q1, progress has included:

- Evaluation of areas with low response rates to provide a plan of targeted support
- Mapping of wards and departments to ensure efficient reporting in line with discharge codes and Clinical Business Units. This has included support from our business Intelligence Teams within the Trust.
- Presentations have been delivered at internal meetings to discuss current plan and actions including Patient Experience and Inclusion Sub-Committee, Chief Nurse Check in and Nursing, Midwifery and AHP Forum.
- Review of internal provision for inputting paper-based surveys and scoping use of Volunteers to support.
- Defining of a Volunteer role to support collation, collection and inputting of surveys.
- Review potential integration of the FFT system into the Patient Engagement Portal.
- Successful League of Friends bid is supporting the Trust to procure two fixed digital stations enabling patients to provide feedback as they leave the hospital sites. These will be situated at both Warrington and Halton hospital sites main entrances.
- Introduction of Patient Experience and Inclusion Team observations to ensure public facing reporting up to date and collaboration work with model ward.

As a result of feedback received, examples of improvements planned or undertaken include:

- The accredited deaf training sessions which took place during Q4 2024/25, had all 11 colleagues successfully complete and pass the Introduction to British Sign Language course.
- The Volunteer service has now commenced in its introduction of KPIs to support service evaluation. Initially the system supports the review of the number of active volunteers and the number of hours of support Volunteers have provided the Trust by month. The Trust had 47 volunteers actively volunteering in the organisation, providing 4772 hours of support across 28 opportunities over Q1.

- Celebrations have taken place on 2 and 8 June in relation to Volunteers week, supported by an enhanced Volunteer recruitment campaign resulting in the recruitment of 52 new volunteers. These Volunteers have been invited to inductions taking place through June and July 2025.
- In Q1 new volunteers were recruited to support the Trust Bereavement Team, Chaplaincy and Spiritual Care Team, with increased numbers of volunteers supporting the PALS Team. New roles are being scoped for reintroducing dining companions and introducing new volunteers to support the Palliative Care and End of Life Team.
- Following due diligence and procurement processes the Head of Patient Experience and Volunteer and Experience Manager have procured a new volunteer system to support the Trust. This has ensured a saving of £4065 for the Trust. The new system, named Better Impact, will provide enhanced support for the management of the Volunteer service. Onboarding to the new system will take place over June and July 2025.

During Q1, Trust Board Observations took place at Warrington supported by the Executive Team, Non-Executive Colleagues and Governors. Observations were carried out on 7 departments including wards B18, A9, C20, B14, A5 elective, B10/11 and ACCU. Feedback has been collated and shared with the departments and is monitored by the Patient Experience and Inclusion Sub-Committee. Whilst no formal actions were raised on this occasion, it was pleasing to note good practice across all areas observed.

## **10. LEARNING FROM CLINICAL AUDIT**

### **10.1 Learning from National Audits**

#### **National Audit of Dementia (NAD) Round 6 Summary**

The National Audit of Dementia care in general hospitals (NAD) examines aspects of care received by people with dementia in general hospitals in England and Wales. Round 6 of NAD collected data between August 2023 - January 2024. The audit was open to all general acute hospitals in England and Wales providing acute services on more than one ward which admits adults over the age of 65.

#### **Key Findings**

The Trust audit findings for Round 6 of NAD were positive, with the key metrics all scoring above the national average.

Progress has already been made increasing the number of patients being screened for delirium using the 4AT. This is reflected in the audit's findings from this audit, round 6 (44%) compared to the previous audit, round 5 (13%) with the National average for round 6 being 38%.

#### **Learning**

Although the results were favourable, there is further progress required to ensure that all individuals at risk of delirium are screened effectively using the validated 4AT screening tool.

Also, it has shown the need to explore how the dementia form on Lorenzo can be utilised to monitor compliance of the 'this is me document' and the Abbey Pain Tool.

The associated action plan for improvement will be embedded over the course of 2025. The 4AT Screening has been added to the Risk Register ID: 1559 with associated actions to address the risk. A quality Improvement project is underway focussing on improving the use of the 4AT.

**Assurance rating (using Trust assurance rating matrix): HIGH Assurance**

## 10.2 Learning from Local Audits

### **Interventional Radiology World Health Organisation (WHO) and Local Safety Standards for Invasive Procedures, (LOCSSIPs) Re-Audit**

#### **Summary**

LocSSIPs, or Local Safety Standards for Invasive Procedures, are a set of guidelines developed to ensure the safe execution of invasive medical procedures. They are based on the National Safety Standards for Invasive Procedures (NatSSIPs) and tailored to the specific context and practices of each clinical area. The aim of this audit is to establish the use of the Radiology WHO checklist or LOCSSIP for applicable procedures and to compare with the results of previous audits.

#### **Key Findings**

2 of the 4 standards shown improvement compared to the 2024 audit:

No left/right laterality abbreviations used - improvement from 88% to 96%.

Two signatures present on LocSSips – person completing and second checker improvement was noted increasing from 88% to 93%.

#### **Learning**

Improvements were made to the forms after the results of the last audit to improve compliance with laterality. The figures have improved for this audit, so the actions have shown to work.

The new revised LocSSips forms have been filtering through the system so hopefully by the next audit the figures will have improved again.

As part of the revision, other sections of the forms were e.g. we included the question 'Does the patient have a pacemaker' on the PICC Line LocSSips to improve safety for the patient. Previous audit results were fed back to the staff with some improvements, but compliance reduced in two other areas ('completion of safety checklist' and 'scanned onto EPR and sign out completed') which had been better in previous years; 100% compared to 98.15% and 97.14% compared to 93.52% respectively. The actions for improvement include feeding the results back to the staff to keep compliance above 90% and to continue to work towards improving this percentage on a year-by-year basis.

**Assurance rating (using Trust assurance rating matrix): HIGH Assurance**

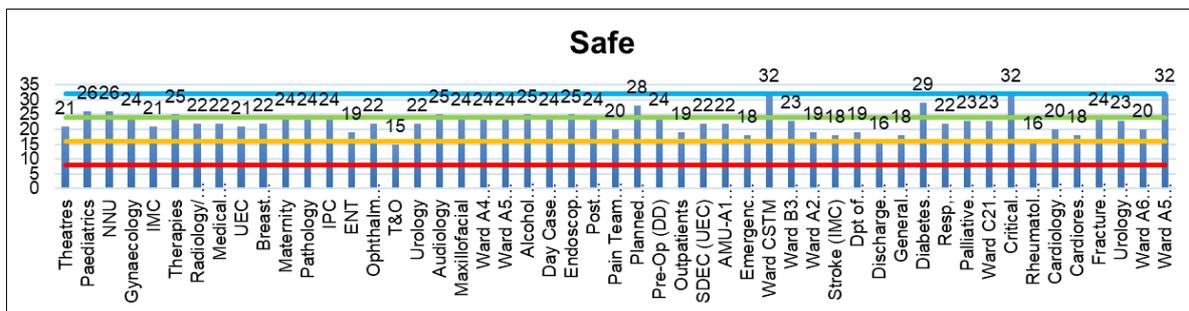
## **11. LEARNING FROM COMPLIANCE**

### 11.1 Single Assessment Framework Progress

The Single Assessment Framework is supported by an online form that outlines regulatory standards aligned with the five CQC Key Questions (Safe, Effective, Caring, Responsive, Well-led). The document aims to prompt discussion about how well wards and departments are meeting the key regulatory standards that may not be monitored or measured elsewhere. The process enables ward and department teams to understand their compliance with the key CQC Quality Statements, what they do well, and what they may need to improve. All teams are required to complete the self-assessment annually.

To date 95% of wards and departments within the Trust have completed their initial self-assessments. An evidence directory is currently being compiled in support of the scores that have been submitted for each of the 34 Quality Statements. Gaps in submitted evidence will be regularly reviewed to ensure ongoing compliance with the self-assessment process. The figure 3 below details the current breakdown of self-assessment scores for the SAFE domain, illustrating how results are displayed across wards and departments, offering a visual reference point for benchmarking performance. The Framework of Assurance process, supported by evidence collection, is designed to increase overall scores through targeted improvement.

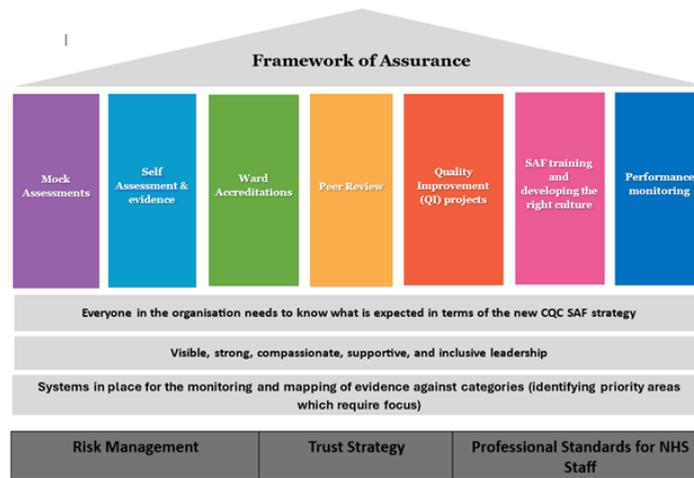
Figure 3



Regular meetings take place with each CBU to assess evidence submitted against the CQC Quality Statements. The frequency of these meetings is determined by the self-assessment scores and robustness of supporting evidence. Wards and departments with lower scores receive increased monitoring and targeted support through more frequent meetings, ensuring focussed efforts on areas requiring improvement.

The ratings are being reviewed alongside other Compliance Pillars associated with the Framework of Assurance as detailed in the below figure.

Figure 4



Performance data will be presented at the Quality Compliance Oversight Group (QCOG) as per the cycle of business. By sharing evidence portfolios aligned to the CQC Quality Statements, ward and department teams can learn from one another, fostering a culture of shared learning and continuous improvement across the Trust.

### Quality Compliance Oversight Group (QCOG)

There has been 1 QCOG meeting held in Q1. Items reported to the QCOG meeting held on 19 May 2025, reflected the quality compliance work, as well as a presentation outlining IRMER (The Ionising Radiation - Medical Exposure) regulations 2017. The learning updates were as follows:

- Outcomes of the CQC Engagement Meeting Q4 (March 2025)
- Presentation of the Single Assessment Framework (SAF)
- Review and update in relation to actions stated in the CQC Must Do's and Should Do's from previous Trust inspections – CQC and Well Led review July 2019 and Maternity service January 2024.
- Policy Progress (Regulation 17 update).
- Details of open CQC enquiries.

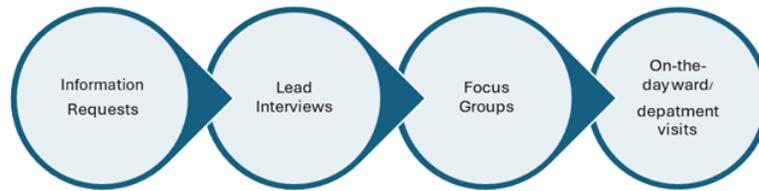
### 11.2 Learning from Mock Assessments and Other Sources of Assurance

The Medicines Management Mock Assessment was undertaken on 10 April and 16 May 2025. The outcomes of the assessment are currently being compiled. The assessment included visits to a cross section of areas across the 3 core Business Units. The scope of the assessment areas was prioritised by primarily examining Medicines Management Audit information, as well as taking into consideration ward accreditation feedback, a review of the Must Do's and Should Do's and reviewing risk, incidents, complaints, CQC enquiries and other Governance performance data.

The ward/department checklists used for the assessment were informed by previous CQC Medicines Management questions and local intelligence. The Chief Pharmacist reviewed and signed the documentation off as being up to date and relevant for our needs.

In addition to the on-the-day checks at ward and department level, the assessment was designed to mirror the way in which a CQC assessment would be delivered. Figure 5 below illustrates the methodology used.

**Figure 5**



A Chief Pharmacist from a large, neighbouring Trust supported the assessment. The documents requested for review were selected by them. They lead on the 2 staff focus group sessions on the day, they audited patient journeys (to review the medicines management throughout the duration of the patients' care), and they also visited several wards and departments.

A report of findings will now be compiled and shared in Q2. Evidence of outstanding practice will be highlighted, as well as action plans which will be devised to address and support issues that come out of the assessment process.

The Safeguarding Mock Assessment was undertaken on 03 June 2025 (the original date in March had to be postponed due to external factors). The results will be compiled. The approach was to do a focus visit on the Urgent and Emergency Care Clinical Business Unit including other areas. The scope of the assessment areas was initiated following advice from External Assessors. The process mirrored that of the Medicines Management assessment including Focus Group sessions to gather feedback from staff across the Trust and an opportunity to interview key staff such as the Chief Nurse and Head of Safeguarding.

### 11.3 CQC Engagement Meetings

The Q1 CQC Engagement Meeting was held on Monday 31 March 2025. The learning updates included:

- CQC Update. Advice from the CQC around their Assessment (reporting) template. There is a CQC Assessment Report due for publication soon and it has been written using the Single Assessment Framework. The report can be used as a benchmark. It will provide an opportunity to understand the new format, and the way in which assessment feedback is to be delivered. The imminent report follows CQC inspection of Liverpool University Hospitals NHS Foundation Trust (LUHFT) as a benchmark.
- The service level discussion focussed on Surgery and a presentation was delivered by the Surgical Triumvirate, detailing what the service provides, the performance against quality performance targets, risks, concerns and good practice.
- Fragile services were discussed and the CQC acknowledged good practice regarding learning opportunities and how WHH identify when a service needs additional focus and support, and what outcomes are required for a service to no longer be classed as fragile.
- WHH quality updates were delivered under the CQC 5 domains – Safe, Responsive, Effective, Caring and Well Led. Key areas of focus and learning were discussed under each heading.

### 11.4 CQC Enquiries

During Q1, five new enquiries were logged with the Trust. Each enquiry provides an opportunity to reflect, evaluate and learn. Measures to address issues are put in place and revisited to ensure they are fit for purpose. Recommendations are tracked through the Trust 's established governance systems including the use of Datix for recording incidents, concerns, investigations, and actions. In addition, themes and recommendations are triangulated across multiple workstreams—such as PSIs, complaints, PALS, legal processes, and patient experience

### **11.5 Planned Work for Q2 to Embrace Learning**

- A programme of mock assessments will be scheduled on a bi-monthly basis.
- Continued work to reduce the number of outdated policies with oversight on improvement via the Safety Oversight Meeting.
- Full findings from the Medicines Management and Safeguarding mock assessment will be compiled and shared with relevant teams. Action plans will be initiated to address areas for improvement.
- Terms of reference and cycle of business documentation have been reviewed and updated accordingly to ensure the continued effectiveness of the Quality and Compliance Oversight Group.
- CQC Engagement took place on 17 July 2025, a review of the meeting has taken place to support preparedness for well led inspection.
- Continue to process all CQC Enquiries.

## **12. LEARNING FROM RESEARCH AND DEVELOPMENT ACTIVITY**

### **12.1 Halton Clinical Research Unit**

Following on from the delivery of several commercial clinical trials, the Halton Clinical Research Unit team held a “debrief” to identify good practice, areas for improvement and to share learning across the team.

The debrief revealed that our processes comply with national metrics and that recruitment targets were met. The debrief recommended:

- Proposing more ambitious recruitment targets.
- Moving back to huddles on clinic days.
- Establish finance contact for Sponsor representative early in trial set up.
- Establish a discharge from research letter and support pack for participants finishing trial participation.

The first three recommendations will be incorporated into normal working processes with responsibility for adhering to these processes assigned to the study leave, who is a named individual in the team.

Working processes within the Research and Development Department are reviewed regularly where change implementation can be assessed and corrective plans drawn up if required.

The final recommendation will form an improvement project lead by a senior member of the team. The project will be planned with appropriate timeframes and evaluation.

## **13. RECOMMENDATIONS**

The members of Quality Assurance Committee are asked to note the contents of this report.

**APPENDIX 1 – Registered QI Projects Completed Q1**

Project Aim	Project Lead(s)	Start Date	Completed Date	Project Outcome	Impact	QIP Certification Criteria Met?
To improve care process completion rates from 65.2% (2023/24) to >90% in the >12 age group in the year 2024/25 in our Paediatric Diabetes Unit at Warrington Hospital.	Gowri Prathap, Satish Hulkiere	01/01/2025	02/05/2025	4.5 Sustainable improvement.	The National Paediatric Diabetes Audit (NPDA) recommends that Paediatric diabetes teams should be aware of which patients in their service have retinopathy so that diabetes management advice can be appropriately tailored. We made it easier to book in eye screening with increased and more accessible communication with families, improving the process and raising awareness of its importance. We also offered several approaches to collecting urine samples. Overall health check completion rates for the over 12yrs age group increased from 65% to 94.5%. Urine ACR completion improved from 69.6% to 95.9%. Eye screening completion improved significantly from 68% to 93%.	Yes
To improve the knowledge and confidence of oxygen therapy by 20% and 30% respectively among resident doctors and nursing staff by 1st April 2025 on ward B18.	Kuvira Manamperi	16/12/2024	16/05/2025	3.0 Modest improvement.	A growing body of literature suggests that healthcare professionals often lack sufficient knowledge and confidence in the management of oxygen therapy. The implementation of the oxygen therapy education interventions resulted in a 27.3% increase in understanding various oxygen delivery devices.	Yes

					The interventions also led to a 23.9% increase in confidence in oxygen prescribing and a 33.7% increase in confidence related to setting oxygen targets.	
To improve the percentage of correctly completed oxygen prescriptions made by prescribers for patients on respiratory ward B18 by 10% by April 2025.	Rionach McCarron	16/12/2024	16/05/2025	2.5 Changes tested, but no improvement.	Oxygen is frequently misused or administered without an appropriate prescription. Within WHH we have noticed the number of correct oxygen prescriptions for patients are poor and not in line with the national guidelines. Despite the initial intervention of ward champion who modelled good practice and reminded staff to complete prescriptions, there was a decrease in the percentage of correctly completed oxygen prescriptions which resulted in the median value of correctly completed oxygen prescriptions decreasing to 33%, down from 60%.	Yes
To improve ED medical student average confidence of performing cannulation and venipuncture by 25%.	Toby Peebles	02/09/2024	29/04/2025	3.0 Modest improvement.	Junior doctors are often required to perform skills such as venipuncture and cannulation whilst on placement on challenging patients in out of hours scenarios leading to high pressure situations. Doctors without a good foundation can struggle and this can have a knock-on impact to confidence and patient care. After undertaking a survey amongst foundation year and medical students the data	Yes

					suggested that their skills and confidence could be improved. After 3 PDSA cycles providing opportunities for extra practice, formal teaching sessions and development of an advice sheet, there was an improvement in both confidence in cannulation (30%) and confidence in venipuncture (10%).	
To achieve 70% compliance of 2-year reviews for patients on Depo-Provera contraception as per FSRH guidelines by 25 February 2025.	Uma Roy Prabhakaran Tamara Robinson-Burke	01/09/2024	20/05/2025	3.0 Modest improvement.	According to FSRH Guidelines: A re-evaluation of the risks and benefits of using Depo-Provera for all women should be carried out every 2 years in those who wish to continue use. It was evident that these reviews at our practice were not being carried out. The initial audit findings were presented showing that 0 patients had a review meeting full FSRH criteria to clinical staff and provided posters with a flowchart to raise awareness and increase education. We also utilised the recall system for patients which is available on Sysmon, which prompts reviews. This led to 60% of eligible patients for a 2-year review receiving one and hitting all criteria as per FSRH guidelines.	Yes
To improve the quality and frequency of mouthcare received by patients admitted to the Forget Me Not Unit	Lauren Hanson	28/10/2024	02/04/2025	3.0 Modest improvement.	Improvement achieved amongst a small number of patients. Although this impact does not directly relate to the aim statement there is	Yes

from 0% to 25% by 31 March 2025.					improvement in the process from the data presented.	
To improve the knowledge about side effects and management of long-term usage of opioid analgesics by 5% by April 2025 in patients with mild to moderate level of pain on ward K25.	Babu Dharmarajan	02/09/2024	06/05/2025	2.5 Changes tested, but no improvement.	Insufficient information provided to assess impact.	No
To reduce inappropriate abdominal x ray requests made by Surgical Specialties to less than 5% within 4 months.	Nevash Maraj	02/09/2024	04/04/2025	3.5 Improvement.	An Audit of Abdominal X Ray Requests over a 6-month period at the trust found that an average of 21% of requests over a 2-week period did not include the agreed indications within Trust policy and were therefore deemed inappropriate. Two changes were tested to improve clinician's knowledge of approved indications for Abdominal X Rays: 1. A simple poster outlining "appropriate" and "inappropriate" referral criteria displayed in the orthopaedic and surgical seminar room, and 2. A single slide in the weekly Foundation Doctor Bulletin which highlighted "appropriate" and "inappropriate" referral criteria Inappropriate referrals were reduced to 7% following the implementation of these changes.	Yes

<p>To reduce the number of paediatric asthmatic hospital admissions by 20% at WHH by 31 October 2024.</p>	<p>Elly Thomason</p>	<p>28/07/2023</p>	<p>02/05/2025</p>	<p>4.5 Sustainable improvement.</p>	<p>Previously, children and young people with asthma at WHH are followed up in general paediatric clinics spread across all the paediatric consultants. The appointments were 15 minutes long and these patients had little or no respiratory nurse specialist involvement in their care. There was no diagnostic testing (FeNO and spirometry) availability within the clinic.</p> <p>Setting up the severe asthma clinic and seeing the patients in this dedicated specialist clinic (some with shared care arrangements with MDAS) resulted in the average number of hospital/A&amp;E attendances for asthma decreasing by 44% in the year following attending severe asthma clinic compared with the 12 months before being seen in the clinic. Additionally, prior to attending the severe asthma clinic, only 33% of the patients had input from the Warrington paediatric respiratory nursing team. 100% of patients now have input following attendance at this clinic.</p>	<p>Yes – Certificate of excellence award</p>
---	----------------------	-------------------	-------------------	-------------------------------------	---	--