

<b>Meeting</b>	Council of Governors
<b>Date</b>	Thursday 26 February 2026
<b>Time</b>	14:30 – 16:30
<b>Location</b>	Clinical Skills Lab, St Catherine’s Health Centre

<b>Agenda Item</b>		<b>Lead</b>	<b>Action</b>
1.	Welcome and Apologies for Absence	Steve Igoe	Note
2.	Declarations of Interest	Steve Igoe	Note
3.	Minutes of Previous Meeting	Steve Igoe	Approve
4.	Action Log	Steve Igoe	Note
5.	Chair’s Update – <b>Verbal</b>	Steve Igoe	Note
6.	Lead Governor Feedback – <b>Verbal</b>	Sheila Hillhouse	Note
<b>Items for Discussion and Decision</b>			
7.	Committee Updates		Note
	7.1) Estates and Capital Committee	Steve Igoe	
	7.2) Charitable Funds Committee	Lesley Davies	
	7.3) Quality Committee	Dr Steve Ryan	
	7.4) Finance Business Performance Committee	Meredydd David	
	7.5) Audit and Risk Committee	Meredydd David	
	7.6) Research and Innovation Committee – <b>Verbal</b>	Steve Igoe	
	7.7) People Committee – <b>Verbal</b>	Lesley Davies	
8.	Ratifications of Electronic Resolutions – <b>Verbal</b>	Cate Herbert	Note
	- Appointment of Steve Igoe as Joint Chair		
	- Appointment of Lisa Greenhalgh as Joint NED		
	- Appointment of Lesley Davies as Joint Deputy Chair		
	- Appointment of Meredydd David as Joint SID		
	- Appointment of Azets		

<b>Wallet Items for Information</b>			
9.	Integrated Performance Report	All NEDs	Note
10.	Board of Directors' Minutes	Steve Igoe	Note
<b>Closing Business</b>			
11.	Meeting Review	Steve Igoe	
12.	Any other Business	Steve Igoe	
<b>Date and Time of Next Meeting</b>			
To be confirmed			

<b>Meeting</b>	Council of Governors
<b>Date</b>	Thursday 30 October 2025
<b>Location</b>	Board Room, Education Centre, Arrowe Park Hospital

**Members present:**

SI	Steve Igoe	Acting Joint Chair
SH	Sheila Hillhouse	Lead Public Governor
RT	Robert Thompson	Deputy Lead Public Governor
MP	Manoj Purohit	Public Governor
PP	Peter Peters	Public Governor
AL	Andy Liston	Public Governor
NW	Neil Wright	Public Governor
KJ	Keith Johns	Public Governor
IH	Ian Huntley	Public Governor
DF	David Funston	Public Governor
ABG	Andrew Bradley-Gibbons	Staff Governor
SPW	Sue Powell-Wilde	Appointed Governor
GB	Gary Bennett	Appointed Governor

**In attendance:**

LD	Lesley Davies	Joint Non-Executive Director
HS	Haris Sultan	Joint Non-Executive Director
MD	Meredydd David	Joint Non-Executive Director
CB	Chris Bentley	Joint Non-Executive Director
NS	Dr Nikki Stevenson	Medical Director & Deputy CEO
JR	Julie Roy	Deputy Chief Nurse (deputising for SW)
DS	Debs Smith	Joint Chief People Officer
MS	Matthew Swanborough	Interim Joint Chief Strategy Officer
JF	Josh Fitzsimmons	Interim Deputy Chief Finance Officer (deputising for MC)
AH	Ali Hughes	Interim Joint Director of Corporate Affairs
CH	Cate Herbert	Board Secretary
JJE	James Jackson-Ellis	Corporate Governance Officer

**Apologies:**

TC	Tony Cragg	Public Governor
JJ	Julie Jellicoe	Staff Governor
SV	Sunil Varghese	Staff Governor
PB	Philippa Boston	Staff Governor
AK	Anand Kamalanathan	Staff Governor
SR	Dr Steve Ryan	Joint Non-Executive Director
SL	Sue Lorimer	Non-Executive Director
JH	Janelle Holmes	Joint Chief Executive
SW	Sam Westwell	Chief Nurse

HK Hayley Kendall  
 MC Mark Chidgey

Chief Operating Officer  
 Chief Finance Officer

Agenda Item	Minutes	Action
1	<p><b>Welcome and Apologies for Absence</b></p> <p>SI welcomed everyone to meeting, including new Governors. Apologies are noted above.</p>	
2	<p><b>Declarations of Interest</b></p> <p>No new interests were declared and no other interests in relation to the agenda items were declared.</p>	
3	<p><b>Minutes of Previous Meeting</b></p> <p>The minutes of the previous meeting held on 31 July were <b>APPROVED</b> as an accurate record.</p>	
4	<p><b>Action Log</b></p> <p>The Council of Governors <b>NOTED</b> the action log.</p>	
5	<p><b>Chair's Update</b></p> <p>SI provided a verbal update, referencing the current operational challenges including the recent CQC inspection and a critical incident.</p> <p>SI confirmed that Sir David Henshaw had stepped down as Joint Chair and that SI is currently Acting Joint Chair. SI added Sue Lorimer was also stepping down and a recruitment process had been agreed to recruit a Joint Non-Executive Director with a financial background.</p> <p>SI stated meetings continued to be held MC and PwC to review the Trust's financial position and mitigation plans.</p> <p>NS provided an update on Emergency Department (ED) pressures, noting that challenges are consistent across the UK, with high attendances and the use of corridors and escalation areas for care, as referenced in the recent CQC report. NS added the current building was not designed for this level of demand, but integration with WCHC offers opportunities to redesign pathways and ease pressure on ED.</p> <p>NS highlighted ongoing challenges with the 12-hour standard and explained improvement work was underway with Emergency Care Improvement Support Team (ECIST) to review processes, which have been assessed as consistent and effective.</p>	

SPW queried whether the recent increase in ED attendances was part of a normal trend.

NS explained that last year figures were around 280–300 patients and it was significantly higher this year, noting the rise was multifactorial, including perceptions around GP access and the impact of virtual consultations, which sometimes lead patients to attending ED.

RT asked about the Trust's performance for ambulance handover times.

NS reported that 90% of ambulance handovers are completed within 30 minutes.

PP gave an example of a recent visit to ED and suggested improvements in temporary waiting areas to ensure this was comfortable for patients.

NS confirmed that trolleys were being supplemented with beds for longer waits, all with pillows, and that new areas will reduce crowding. Additional measures include comfort bags and pressure-relieving mattress.

NW queried if an assessment had been undertaken to determine if patients attending ED could be seen elsewhere by another care provider.

NS advised this had been undertaken and showed a number of attendees had already been seen by a GP. NS added as part of the integration pathways would be redesigned to ease pressure on ED.

NS reported a critical incident had been declared in Sterile Services due to contamination of surgical equipment, caused by a combination of spray and aging equipment. NS stated as a result, approximately 900 operations have been cancelled since 16 October, however a small number of operations have been completed, and the Trust was prioritising trauma patients.

NS confirmed that new chemicals are now being used, and new equipment is being purchased. NS added restarting elective activity would take time, and harm reviews for affected patients are ongoing.

NS explained the Trust was still under critical incident status, with progress being made and updates given to NHSE.

RT asked if any similar incidents had occurred elsewhere.

NS explained that similar incidents have happened in other Trusts, though not to the same degree, and noted that learning across the

	<p>NHS could be improved. NS added the spray issue has been reported to the MHRA, but no national alerts have been received from other Trusts.</p> <p>The Council of Governors <b>NOTED</b> the update.</p>	
<b>6</b>	<p><b>Lead Governor Feedback</b></p> <p>SH provided a verbal update and highlighted the Cheshire and Merseyside Governor Symposium took place in September and positive feedback had been received by other Governors.</p> <p>SH added Governors were due to take part in the Patient-Led Assessments of the Care Environment (PLACE) at Arrowe Park and Clatterbridge in October.</p> <p>SH also welcomed new Governors to their first meeting.</p> <p>The Council of Governors <b>NOTED</b> the update.</p>	
<b>7</b>	<p><b>NHS Oversight Framework (NOF)</b></p> <p>AH provided a verbal update, summarising the new NOF including the various domains and sub-domains and set out how performance will be assessed to provide a Segment score.</p> <p>AH highlighted the Trust has been placed in Segment 4 and was 0.03 below Segment 3 and this would be updated each quarter.</p> <p>RT queried the segmentations.</p> <p>AH explained that segmentation ranges from Segment 1 (best performing, minimal oversight) to Segment 5 (special measures), with monthly monitoring by NHSE. The threshold differences are narrow.</p> <p>AH agreed to share the NOF specification document with members.</p> <p>NS commented that specialist Trusts generally score higher, while most acute Trusts rank lower due to their varying operational challenges and pressures.</p> <p>Members discussed the importance of managing public perception regarding the Segment score, acknowledging the Trust had various operational challenges which were being addressed.</p> <p>Members suggested that the Trust's social media presence could be strengthened to share their improvements as well as positive patient stories.</p> <p>The Council of Governors <b>NOTED</b> the update.</p>	Ali Hughes

8

### **WCHC/WUTH Integration Progress Update**

MS gave a presentation, recapping the Wirral System Review recommendations and summarising the 100 day integration plan progress covering November 2024 – March 2025 and the two-year integration plan.

MS set out the longer-term plan regarding the statutory transaction so that both Trusts would become a single organisation, noting the aim to was to commence as a new Foundation Trust by Q1 2027/28.

MS stated both Boards had also approved the approach, noting this was a merger by acquisition of WCHC by WUTH.

SH queried the Trust's relationships with primary care providers.

NS stated the Trust was strengthening partnership working, noting the Wirral Provider Alliance had been established which was envisioned to be a valuable forum for driving relationships and improvements across the Wirral system.

NS added the Deputy Medical Director attended primary care meetings and was fostering strong relationships. NS noted Wirral system partners were increasingly working together within neighbourhoods, aligning efforts with the ambitions of the NHS 10-Year Plan.

IH noted a cost saving of opportunity of approximately £13m, with delivery across three financial years had been identified and queried the delivery of this.

NS stated this was a projection and challenges remained given the requirement to reduce the overall Trust workforce.

SPW asked about the communication with staff regarding the merger and their views on this.

AH explained internal and external communications had been published, noting this included regular staff briefings, manager drop-in sessions, and CEO video. A Better Together - our journey to integration stakeholder publication had also been produced. AH added staff across both Trusts continued to submit questions and the Executive team were promptly responding to those and sharing the responses on the staff intranet.

NS added staff were also engaging in the development of the Joint Strategy and this was particularly welcome.

SPW requested that the video with the Joint Chief Executive setting out the key integration messages be shared with members.

	<p>AH agreed to circulate the video to members.</p> <p>The Council of Governors <b>NOTED</b> the presentation.</p>	Ali Hughes
<b>9</b>	<p><b>NHS 10-Year Health Plan</b></p> <p>MS explained that in July NHS England published the 10 Year Health Plan which outlined three key shifts in healthcare delivery, notably from hospital to community, from analogue to digital and from treatment to prevention. MS added a presentation had been appended to the report to brief members on this.</p> <p>MS commented that WUTH was well-placed to lead this shift and the merger with WCHC already underway, noting there was a clear focus on neighbourhood care, digital transformation, and health equity. MS added the development of the Joint Strategy provides the scale and structure to deliver on the Plan’s ambition.</p> <p>Members discussed the Plan, including the opportunities and challenges for the Trust and commented about the lack of detail regarding addressing health inequalities, noting this was not an issue the NHS could address by itself.</p> <p>The Council of Governors <b>NOTED</b> the presentation.</p>	
<b>10</b>	<p><b>Committee Updates</b></p> <p><b>10.1) Charitable Funds Committee</b></p> <p>DS alerted members that the Committee approved the proposal to formally close the Tiny Stars appeal on 30 November 2025, which was in line with the expected completion date of the Neonatal Unit refurbishment.</p> <p>DS noted the Board approved the closure in October and this would be communicated across the Trust and to stakeholders.</p> <p>DS also alerted members to the funding position as at 31 July.</p> <p>DS summarised the various “Advise” and “Assure” matters from the Committee meeting on 27 August.</p> <p><b>10.2) Finance Business Performance Committee</b></p> <p>JF alerted members that the Trust ended month 5 with a deficit of £9.6m which is an adverse variance to plan of £7.3m and includes the benefit of £7.0m non-recurrent mitigations. The mid-case forecast remains an adverse variance of £13.0m and contains significant risk.</p> <p>JF stated income performance was £5.7m behind plan and pay including underachievement of CIP and ICS savings target is</p>	

£3.5m overspent. JF added the total CIP target is £46.1m comprising of an internal CIP of £32m and an ICS savings target of £14.1m. Of the £32m, £31m has been identified.

JF summarised the various “Advise” and “Assure” matters from the Committee meeting on 17 September.

### **10.3) Quality Committee**

JR alerted members that the Committee had received a thematic review following the recent 4 Never Events. This review provided strong assurance that the causes had been identified, and corrective action was being taken.

JR also alerted members that the Committee received a moderate rating internal audit review of the Infection Prevention and Control (IPC). SR noted this primarily related to the governance of the IPC BAF and it had been agreed to triangulate this with the Trust BAF.

JR summarised the various “Advise” and “Assure” matters from the Committee meeting on 17 September.

### **10.4) Research and Innovation Committee**

NS advised there were no issues to alert members and summarised the various “Advise” and “Assure” matters from the Committee meeting on 15 September.

### **10.5) Audit and Risk Committee**

SI alerted members that the Committee undertook a deep dive into the BAF Risk 6 related to financial sustainability.

The Committee discussed the challenging financial position for the Trust, and the requirement to make further efficiencies despite transacting £54m in recurrent Cost Improvement Programme (CIP). The position was also exacerbated by ongoing high risk regarding the Trust’s cash balance and requirement for deficit support funding.

SI summarised the various “Advise” and “Assure” matters from the Committee meeting on 1 September.

SH queried the required savings and if these had been identified.

SI indicated a significant amount of savings would be delivered through the merger with WCHC, allowing clinical services to come together to improve patient experience as well corporate services restructure.

IH queried the consequences of not delivering the Trust’s financial plan.

SI stated increased intervention from regulators was likely and there was a risk to Trust that it could breach its licence conditions.

#### **10.6) People Committee**

LD provided a verbal update, and alerted members that 144 applications had been received for the Mutually Agreed Resignation Scheme (MARS), of which 8 were approved and 12 remained being considered.

LD also alerted members that the Committee discussed the new Health and Safety Executive (HSE) Violence and Aggression Reduction Standards and noted the Trusts own progress to reduce this in line with the Violence and Aggression Strategy which was a priority for the Trust for 2025/26.

LD alerted members that the Committee agreed to increase risk 4 of the Board Assurance Framework from a risk score of 12 to 16. This reflected the ongoing sickness absence and the potential impact of the integration programme which might also impact on recruitment and sickness absence.

RT asked about the upcoming resident doctor industrial action and the Trusts plan for this.

NS advised robust planning was taking place via the Trust's EPRR and the Cheshire and Merseyside industrial action rate card would be adopted for rota cover.

SH queried the reasons for sickness absence.

DS explained the top 3 reasons were mental health, gastro and cold/flu and short-term driven instead of long term. DS added the sickness absence rate was an improved position compared to same period last year. DS noted the position was being maintained so far as it was usual to see sickness absence increase during winter.

IH queried if the Trust had approached other Trusts who had low sickness absence to understand if any good practice could be established.

DS stated sickness absence was generally lower in specialist and community Trusts. DS referenced the revised Attendance Management Policy launched last year and a recent review of sickness absence mechanisms, incorporating learning from organisations outside the NHS.

The Council of Governors **NOTED** the Committee Updates.

<p><b>11</b></p>	<p><b>Council of Governors Effectiveness Review</b></p> <p>CH provided an overview of the outcome following the effectiveness review, noting all responses to the survey returned positive results and the self-assessment of the Terms of Reference found no areas recommended for amendment.</p> <p>CH stated two areas for improvement were identified from the survey comments, these related to engagement and interaction with staff and members of the public. CH added the Corporate Governance team will convene a small task and finish group to address this.</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> <li>• <b>APPROVED</b> the statement of effectiveness found at section 1.3; and</li> <li>• <b>NOTED</b> both the outcomes of the effectiveness survey, and the self-assessment against the Terms of Reference.</li> </ul>	
<p><b>12</b></p>	<p><b>Lead Governor</b></p> <p>CH requested approval for the re-appointment of SH as Lead Governor to the end of her term as Governor to September 2026.</p> <p>The Council of Governors <b>APPROVED</b> the re-appointment of Sheila Hillhouse as Lead Governor to September 2026.</p>	
<p><b>13</b></p>	<p><b>Ratification of Electronic Resolutions</b></p> <p>SI sought ratification of the electronic resolutions in relation to the appointment of the Joint Chief Executive, Haris Sultan and Chris Bentley.</p> <p>The Council of Governors <b>RATIFIED</b>:</p> <ul style="list-style-type: none"> <li>• The appointment of the Joint Chief Executive;</li> <li>• The appointment of Haris Sultan as Joint Non-Executive Director; and</li> <li>• The appointment of Chris Bentley as Joint Non-Executive Director</li> </ul>	
<p><b>14</b></p>	<p><b>Integrated Performance Report</b></p> <p>Members agreed that most topics had been discussed throughout the meeting and no questions were raised.</p> <p>The Council of Governors <b>NOTED</b> the report.</p>	
<p><b>15</b></p>	<p><b>Board of Directors' Minutes</b></p> <p>The Council of Governors <b>NOTED</b> the Board of Directors' Minutes.</p>	
<p><b>16</b></p>	<p><b>Meeting Review</b></p>	

	<p>Members commented it had been a useful meeting, and key topics had been discussed. Members agreed that everyone felt able to contribute effectively.</p> <p>No comments were made.</p>	
<b>17</b>	<p><b>Any other Business</b></p> <p>SI stated Paul Dixon had stepped down as Governor and thanked him for his contributions. SI added Steve Ryan had also been appointed as Joint NED.</p> <p>CH stated Governors were welcome to observe Board sub-Committees as a regular attendee or one-off and invited Governors to contact the Corporate Governance team to arrange this.</p>	

*(The meeting closed at 16:45)*

No.	Date of Meeting	Minute Ref	Action	By Whom	Action Status	Due Date
1	30 September 2025	7	To share the NOF specification document	Ali Hughes	Complete. Emailed to Governors on 19 November 2025.	November 2025
2	30 September 2025	8	To share the video with the Joint Chief Executive setting out the key integration messages	Ali Hughes	Complete. Emailed to Governors on 19 November 2025.	November 2025

<b>Report Title</b>	Committee Updates – Estates and Capital Committee
<b>Date of Meeting</b>	3 November 2025
<b>Author</b>	Steve Igoe, Chair of Estates and Capital Committee

<b>Alert</b>	<ul style="list-style-type: none"> <li>○ The Estates and Capital Update summarised estates statutory compliance figures, reactive maintenance performance, facilities compliance and health and safety reporting. Members discussed reactive maintenance performance, acknowledging this was decreasing and that a further deterioration was anticipated due to reduced overtime available, in line with the Trust’s financial mitigation plan.</li> <li>○ A deep dive presentation was provided relating to fire safety. Members acknowledged the significant improvements made since 2021 to improve compliance but noted some residual risks remained and requested that mitigation for these risks be provided to the next meeting.</li> <li>○ Following the acquisition of the Frontis building on the Arrowe Park site earlier in the year the Committee discussed the future use of the building. Committee agreed with the recommendation to demolish the building and requested that a timeline for this and longer-term proposal for the redevelopment of the site be provided to Committee in due course.</li> </ul>
<b>Advise</b>	<ul style="list-style-type: none"> <li>○ Violence and aggression continued to be the highest non-clinical incident reported with a total of 206 in Q1 2025/26 which was an increase of compared to Q1 2024/25. Committee were assured that new arrangements introduced by the Head of Security were beginning to reduce the risk and targeted efforts had already shown early positive impact.</li> <li>○ The Trusts capital programme totalled £26.105m for this financial year and at month 5 spend remained below plan. Committee acknowledged there was a risk that some schemes will not be complete by year end and work was underway to complete a capital reforecast.</li> <li>○ Phase 4 of the Urgent &amp; Emergency Care Upgrade Programme (UECUP) was complete and operational, and phase 3 was now underway. The costed risk register had been reduced by £900k, however various phase 3 challenges had become visible due to the condition of the existing building and equalled £900k. The revised planned completion date was now August 2026.</li> </ul>
<b>Assure</b>	<ul style="list-style-type: none"> <li>○ Fire Safety Level 2 compliance across all the Divisions has improved, however Emergency Care, Medicine, Surgery and Women’s and Children’s Divisions remain below the 90% compliance target. An improvement plan remains in place to meet compliance.</li> </ul>

	<ul style="list-style-type: none"> <li>○ Significant progress has been made in the delivery of the larger capital scheme's such as Neonatal Unit and Sterile Services performing to both delivery and financial plans.</li> </ul>
<b>Review of Risks</b>	<ul style="list-style-type: none"> <li>• Committee discussed the Board Assurance Framework and agreed the risks relating to its portfolio appeared accurate and reflected the current position.</li> </ul>
<b>Other comments from the Chair</b>	<ul style="list-style-type: none"> <li>• This was the last meeting of the Estates and Capital Committee, moving forward the Finance Business Performance Committee will have oversight and receive assurance on performance related to estates, capital and safety.</li> </ul>

<b>Report Title</b>	Committee Updates – Charitable Funds Committee
<b>Date of Meeting</b>	11 November 2025
<b>Author</b>	Lesley Davies, Joint Non-Executive Director & Committee Chair

<b>Alert</b>	<ul style="list-style-type: none"> <li>○ Tiny Stars Appeal. A press release has been produced in readiness of the closure of the Tiny Stars appeal. Discussions are underway to agree the Charity’s next significant campaign and, in the meantime, fund raising activities will be allocated to the remaining restricted funds.</li> <li>○ Future fund-raising activities planned for the rest of the year include the Winter Ball, Hospital Carol Service, an evening with Paul Burrell and book signing and an Abseiling event.</li> </ul>
<b>Advise</b>	<ul style="list-style-type: none"> <li>○ The Committee was updated on the Charity’s fund-raising activities and current income to date. Patient Wish and Tiny Stars remain the largest funds. The Committee also discussed the pressures on fund raising income and donations given the economic climate and competition from other charities. Without new income streams, the cost of running the charity would disproportionately impact smaller funds. For 2025/26 the fixed costs recharge to WUTH for running the Charity stands at an estimated £161k per annum and the Charity has a stretch income target of £242k in order to secure a return on investment.</li> <li>○ Funds are currently behind forecasts, but the main fund-raising activities are planned over the new few months with the aim to achieve the targets set</li> <li>○ The Committee was provided with a verbal financial update</li> </ul>
<b>Assure</b>	<ul style="list-style-type: none"> <li>○ Good progress is being made with the neonates redevelopment and the expected completion and launch of the new ward is planned for early December. Cot space has been increased by removing a theatre, and infrastructure upgrades have been completed, including new pipes, ventilation and generators. The Committee was given assurance that the project will also be delivered within budget</li> </ul>
<b>Review of Risks</b>	<ul style="list-style-type: none"> <li>● The Committee reviewed the Charity’s strategic risks. Two historical risks (added in 2003 and 2006) have now been closed following significant improvements. These risks were originally raised during a period when the charity was in a very different position, and the mitigating actions taken have removed the likelihood of recurrence. The remaining two risks were reviewed and mitigation discussed</li> </ul>
<b>Other comments from the Chair</b>	<ul style="list-style-type: none"> <li>● The Committee noted the good progress being made and the planned activities for the rest of the year</li> </ul>

<b>Report Title</b>	Committee Updates – Quality Committee
<b>Date of Meeting</b>	21 January 2026
<b>Author</b>	Dr Steve Ryan, Chair of Quality Committee

<b>Alert</b>	<ul style="list-style-type: none"> <li>• It received a verbal report from the Chair of the Patient Safety Quality Board (PQSB). A key area of concern was highlighted by a narrative received by the PQSB from a relative about the unscheduled care that their family member had received on the corridor used as an overflow from the emergency department. This was a deeply impactful story and gave the staff from the department the opportunity to voice their concerns, that this was not where and how they wanted to deliver care to anyone. Subsequently senior colleagues held a meeting to agree actions to address specific issues raised about the care this patient received.</li> <li>• Wider impacts of high levels of patient attendance in the Emergency Department (up to 370 per day) included seeing clinical staff having to be moved from their usual place of work to support the teams in the emergency department. It was clear that clinical leaders did not wish to “normalise” corridor care but needed to arrange for appropriate resources to be deployed to provide the best care possible in the circumstances.</li> <li>• In response a total of ninety-nine escalation beds had been opened to address the high level of inpatient need. The investment to increase qualified nurses in the emergency department was nearly complete, but the need to recruit more clinical support workers remains.</li> <li>• The Trust had reached its annual threshold for cases of hospital acquired Clostridiodes difficile by the 21st of January and very likely will pass the threshold. This will negatively impact its scoring &amp; ranking on the National Outcomes Framework.</li> </ul>
<b>Advise</b>	<ul style="list-style-type: none"> <li>• It received the Learning from Deaths report that provided assurance on mortality review processes and outlined learning opportunities arising from the reviews. An update was given on the increase in Hospital Standardised Mortality Rate (HSMR) identified in the first half of 2025. This was associated with significant problems with clinical coding at the time. There is an opportunity to correct the relevant codes which will be completed by May, when we should have an accurate figure for the HSMR for that period. Given the pressures on the coding service this was felt to be a reasonable timeframe.</li> <li>• Compared to planned timescales, the review of the Patient Safety Incident Response Framework (PSIRF) has been delayed. However, an update indicated the principle direction</li> </ul>

	<p>of travel; quicker, less bureaucratic reviews prompting faster learning and dissemination. Themes from PSIRF activity such as tissue ulcers have been identified and will form part of our integrated quality improvement programme for 2026/2027</p>
<b>Assure</b>	<ul style="list-style-type: none"> <li>• It received the high-quality Cancer Services Annual Report which gave assurance that cancer care is underpinned by continued progress in improvement, personalisation and framed against the Trust's values. There is continued progress in improving cancer waiting times. There is strong collaboration with partners including the McMillan Cancer Information and Support Centre. A year-on-year increase in cancer diagnoses being made (4,626 in 2024/25) was particularly evident in urology with an increase over 4 years from around 800 to around 1350 diagnoses. The national patient cancer experience survey had highlighted urology as an area where patients reported a less good experience than expected and the Committee asked for a deep dive into this area.</li> <li>• The monthly Maternity and Neonatal Service Report (including the Maternity Incentive Scheme Year 7 declaration) was provided. The Committee was able to receive the details of compliance with each element and sub-element of the scheme and recommends that the Board gives its approval for the Chief Executive Officer sign-off the relevant submission to NHS Resolution. The level of compliance has been supported by the review of the Local Maternity and Neonatal System who will attend this Board meeting.</li> <li>• The Committee received its part of the report on the Trust's progress with the Equality Delivery System- Domain 1 relating to clinical services. The report had also been received at the Wirral Community Health and Care Trust since this was a review of musculoskeletal service provided collaboratively. The Committee was assured that the rating of achievement of the 4 sub-domains was appropriate.</li> </ul>
<b>Review of Risks</b>	<ul style="list-style-type: none"> <li>• The Committee reviewed BAF risk 3 (the delivery of outstanding care) and determined there was no need to advise modifying the risk rating. Actions to mitigate gaps in controls which were noted at the meeting, will be added to the template (e.g. maternity, equality delivery and cancer services)</li> </ul>
<b>Other comments from the Chair</b>	<ul style="list-style-type: none"> <li>• The Committee benefitted from receiving really clear and helpful reports that enabled it to conduct its business.</li> </ul>

<b>Report Title</b>	Committee Updates – Finance Business Performance Committee
<b>Date of Meeting</b>	15 December 2025
<b>Author</b>	Meredydd David, Chair of Finance Business Performance Committee

<b>Alert</b>	<ul style="list-style-type: none"> <li>At the end of November, month 8, the Trust is reporting a deficit of £23.3m which, excluding Deficit Support Funding (DSF), is a £8.9m adverse variance to plan.</li> <li>At month M8 the Trust is forecasting a £13.1m adverse variance to plan under the mid case scenario. The Trust has agreed a series of turnaround actions which If implemented in full would be sufficient to deliver the approved plan of £22.1m under a best case scenario.</li> <li>The Trust’s exit run rate deficit for 2025/26 stands at £40.9m, compared to a required underlying deficit of £22.1m. The modelled Cost Improvement Programme (CIP) level of 5% would need to increase to approximately 10% to deliver a compliant plan.</li> <li>The Committee recognised the significant challenges associated with delivering the 2026/27 control total of £9.1m, including a CIP target of 10%. The Trust’s MTFP is clear on the drivers of deficit and the improvement programmes required to address these</li> <li>The referral to treatment position for October was significantly impacted by the sterile services incident which resulted in the cancellation of 1,378 elective cases in October and November</li> </ul>
<b>Advise</b>	<ul style="list-style-type: none"> <li>The revenue support application for December had been received, and the Trust requires a further £11.5m between January and March 2026. It was noted future applications were not guaranteed and that the Trust has a cash mitigation plan which outlines the actions the Trust will take to preserve cash.</li> <li>The Committee received an update on the first-cut plan due for submission and the risks and challenges to complying with the nationally required control total of £9.1m. Trusts that do not submit compliant plans would not be eligible for Deficit Support Funding in 2026/27 which in WUTH’s case would be £9.1m</li> <li>The Committee endorsed the net reduction to the 25/26 Capital plan of £1.388m. This is primarily an adjustment to realign to the NHSE approved business case for urgent care.</li> <li>The number of patients waiting 65+ weeks has increased to 26 from 4 between September and October due to the sterile services incident.</li> <li>There was significant discussion on digital innovation, staff training and expertise and that investment in this area is required and will be a challenge due to financial pressures.</li> <li>There had been a positive change in 4 hour performance, noting type 1 increased from 42.83% to 50.82% in month.</li> </ul>

	<ul style="list-style-type: none"> <li>• Approval to award a contract for a one-off capital purchase of an MRI scanner was agreed and would progress to Board.</li> <li>• A full Business Case for Optimising Patient Flow for Acute Medicine and Frailty Same Day Emergency Care (SDEC) and a case for Reconfiguration of Patient Flow were recommended for Board approval</li> </ul>
<b>Assure</b>	<ul style="list-style-type: none"> <li>• Completed Subject Access Requests (SARs) have improved month on month since February but remain below the target completion rate. The volume of requests received are consistent with previous months in the calendar year</li> <li>• Coding completions by the freeze date in September was marginally below target which is an improved outcome.</li> <li>• The Trust is in a good position regarding cloud and networking, though a refresh would be required within 2–3 years</li> </ul>
<b>Review of Risks</b>	<ul style="list-style-type: none"> <li>• Noted the RAG rating for risks highlighted that financial stability, financial sustainability, and financial efficiency were red, cash was amber, and agency spending, and capital was green. Noted that the Trust’s most immediate risk remains the cash position.</li> <li>• It was agreed to review risk rating for risk 7 “Failure to robustly implement and embed our Digital plans and ambitions will adversely impact on our service quality and delivery, patient care and carer experience” with to understand this further and update the BAF accordingly.</li> </ul>
<b>Other comments from the Chair</b>	<ul style="list-style-type: none"> <li>• The Trust faces significant financial challenges which are being addressed in detail, strategically and robustly whilst maintaining focus on clinical performance and improvements. The monthly PWC challenge meetings are helpful as the Trust can also demonstrate its “grip and control” in these sessions. The cash position is critical and is the major immediate financial risk.</li> </ul>

Council of Governors  
26 February 2026

Item No 7.5

<b>Report Title</b>	Committee Updates – Audit and Risk Committee
<b>Date of Meeting</b>	10 December 2025
<b>Author</b>	Meredydd David, Meeting Chair of Audit and Risk Committee

<b>Alert</b>	<ul style="list-style-type: none"> <li>• This year’s core standards assessment has been assessed as compliant with this area being reviewed by MIAA and assurance levels reported are moderate.</li> <li>• There are large backlogs with responding to subject access requests (SARs), which is an area impacted by vacancies and long-term sickness coupled with high demand. There is a risk of enforcement action from the ICO due to the backlog, and a business case has been developed to deal with this.</li> <li>• Clinical coding backlog has improved and recent performance has been stronger than previous months, and there are mitigation plans to try to continue this. This is still a risk area and the Trust’s mortality rates have been affected by this because the Trust has uncoded activity, but is prioritising all deaths, which means that mortality rates only appear to have increased. This is now being addressed.</li> <li>• Cyber security and the gaps in controls which were seen through the cyber incident, including password control contributed to the learning identified and these actions need to be implemented, but team capacity is impacting the timely delivery of this.</li> </ul>
<b>Advise</b>	<ul style="list-style-type: none"> <li>• It was noted that of the key business continuity risks on the register all other than the critical care air handling unit failure has been addressed. This particular risk has not been addressed with capital spend because there are suitable alternatives available in the event of a business continuity issue</li> <li>• The financial assurance report showed solid performance. Future reports would include aged debt comparison</li> <li>• Internal Audit follow up report indicated that some LocSSips recommendations have been delayed. It was agreed that this should be referred to the Quality Committee so they are sighted on this delay.</li> <li>• It has been decided the annual review of the Standing Financial Instructions will be held back to allow the incorporation of the revised procurement thresholds available from January 2026 and will include any relevant delegations to a Group Board to allow this to be used from the point that a group governance model is constituted.</li> <li>• An update was received on the significant risks on the Trust risk register which relate to cyber, and noted that in addition to these, there are 7 rated as high and 2 as moderate. Progress</li> </ul>

	<p>made to date, including the removal of generic accounts, segmenting medical equipment, and commencing integration work with WCHC was outlined.</p>
<b>Assure</b>	<ul style="list-style-type: none"> <li>• There were no issues to escalate from the meeting held with internal audit after the Audit Committee</li> <li>• The Head of Security has been fully engaged on both lockdown incidents and other EPRR matters and has significant experience in this area. Further work is being done in preparation for the introduction of Martin's Law and the Audit Committee will receive a further update on its implementation.</li> <li>• The trust meets or exceeds model health benchmarks for procurement waivers and has increased its control measures for non-pay spend.</li> <li>• The Internal Audit Anti-Fraud progress report showed eleven components as green and one as amber which was due to the fraud risk assessment requiring a refresh this year. This amber rating has been implemented across all MIAA client Trusts to reflect the requirements.</li> <li>• Internal Audit provided substantial assurance on the Recruitment Process and Procurement Process audits.</li> </ul>
<b>Review of Risks</b>	<ul style="list-style-type: none"> <li>• Of the 12 risks on the BAF, 6 are scoring high and there are no proposed changes to the scoring.</li> <li>• It was agreed to review how the audit recommendations are managed, monitored and escalated through the appropriate Committees, including via EARC.</li> </ul>
<b>Other comments from the Chair</b>	<ul style="list-style-type: none"> <li>• The impact of the financial pressures and workload peaks on various teams is beginning to manifest in delays in some actions and recommendations being delivered. Thus the referral of action plans and recommendation from Internal Audit to relevant sub-committees for more timely monitoring.</li> </ul>

Council of Governors  
26 February 2026

Item 9

<b>Title</b>	Integrated Performance Report
<b>Area Leads</b>	Executive Team
<b>Author</b>	Executive Team
<b>Report for</b>	Information

### Executive Summary and Report Recommendations

This report provides a summary of the Trust's performance against agreed key quality and performance indicators to the end of December 2025 (or latest available months data).

Performance is represented in SPC chart format to understand variation and a summary table indicating performance against standards. The metrics are grouped into Executive Director portfolios with individual metrics showing under each domain identified in this report. Commentary is provided at a general level and by exception on metrics not achieving the standards set.

Grouping the metrics by report domains shows the following breakdown for the most recently reported performance:

#### Summary of latest performance by Domain (excluding CFO and CIO):

Domain	Achieving	Not Achieving	No Target	Total
<b>Workforce</b>	<b>3</b>	<b>1</b>	<b>-</b>	<b>4</b>
<b>Operations</b>	<b>2</b>	<b>15</b>	<b>1</b>	<b>18</b>
<b>Quality and Safety</b>	<b>12</b>	<b>8</b>	<b>4</b>	<b>24</b>

**All Metrics** For latest available data, where agreed targets have been defined, 19 metrics were achieving the agreed target and 31 were not achieving target.  
N.B. There are 7 metrics without target at present.

It is recommended that the Council:

- Note performance to the end of December 2025 (or latest available months data).

### Contribution to Integrated Care System objectives (Triple Aim Duty):

<b>Better health and wellbeing for everyone</b>	Yes
<b>Better quality of health services for all individuals</b>	Yes
<b>Sustainable use of NHS resources</b>	Yes

Contribution to WUTH strategic objectives:	
<b>Outstanding Care:</b> provide the best care and support	Yes
<b>Compassionate workforce:</b> be a great place to work	Yes
<b>Continuous Improvement:</b> maximise our potential to improve and deliver best value	Yes
<b>Our partners:</b> provide seamless care working with our partners	Yes
<b>Digital future:</b> be a digital pioneer and centre for excellence	Yes
<b>Infrastructure:</b> improve our infrastructure and how we use it.	Yes

1	Implications
1.1	Implications for patients, people, finance, and compliance, including issues and actions undertaken for those metrics that are not meeting the required standards, are included in additional commentaries and reports by each Executive Director.

## 2 General guidance and Statistical Process Charts (SPC)

2.1	<div data-bbox="212 801 1433 1057" data-label="Diagram"> <p>The diagram illustrates SPC charts under two main categories: Variation and Assurance. Under Variation, there are three sub-categories: 'Special Cause Concerning variation' (orange H/L), 'Special Cause Improving variation' (blue H/L), and 'Special Cause neither improve or concern variation' (purple up/down). Under Assurance, there are three sub-categories: 'Consistently hit target' (blue P), 'Hit and miss subject to random variation' (grey ?), and 'Consistently fail target' (orange F). Each sub-category is represented by a circular icon with a corresponding letter and a small line graph showing data points.</p> </div> <p><b>Orange dots signify a statistical cause for concern. A data point will highlight orange if it:</b></p> <ul style="list-style-type: none"> <li>Breaches the lower warning limit (special cause variation) when low reflects underperformance or breaches the upper control limit when high reflects underperformance.</li> <li>Runs for 7 consecutive points below the average when low reflects underperformance or runs for 7 consecutive points above the average when high reflects underperformance.</li> <li>Runs in a descending or ascending pattern for 7 consecutive points depending on what direction reflects a deteriorating trend.</li> </ul> <p><b>Blue dots signify a statistical improvement. A data point will highlight blue if it:</b></p> <ul style="list-style-type: none"> <li>Breaches the upper warning limit (special cause variation) when high reflects good performance or breaches the lower warning limit when low reflects good performance.</li> <li>Runs for 7 consecutive points above the average when high reflects good performance or runs for 7 consecutive points below the average when low reflects good performance.</li> <li>Runs in an ascending or descending pattern for 7 consecutive points depending on what direction reflects an improving trend.</li> </ul> <p>Special cause variation is unlikely to have happened by chance and is usually the result of a process change. If a process change has happened, after a period, warning limits can be recalculated, and a step change will be observed. A process change can be identified by a consistent and consecutive pattern of orange or blue dots.</p>
-----	---

<b>Dashboard</b>	All Indicators
<b>Lead</b>	All Execs

KPI	Latest date period	Measure	Target	Variation	Assurance	Mean
Sickness absence % - in-month rate	Dec 25	6.30%	≤5%			5.98%
Staff turnover % - in-month rate	Dec 25	0.32%	≤1%			87.76%
Mandatory training % compliance	Dec 25	91.72%	≥90%			92.59%
Appraisal % compliance	Dec 25	88.32%	≥88%			0.86%
4-hour Accident and Emergency Target (including APH UTC)	Dec 25	58.37%	≥95%			61.2%
Number of inpatients not meeting the Criteria to Reside	Dec 25	120	-			157
Patients waiting longer than 12 hours in ED from a decision to admit	Dec 25	897	≤0			634
Proportion of patients more than 12 hours in ED from time of arrival	Dec 25	21.16%	≤0%			18.1%
Ambulance Handovers: % < 30 mins	Dec 25	58.71%	≥95%			54.3%
Ambulance Handovers: % < 45 mins	Dec 25	76.77%	≥100%			72.8%
18 week Referral to Treatment - Incomplete pathways < 18 Weeks	Dec 25	59.34%	≥92%			58.7%
Referral to Treatment - total open pathway waiting list	Dec 25	47125	≤47941			45265
Referral to Treatment - cases exceeding 52 weeks	Dec 25	1046	≤668			1514
Referral to Treatment - cases waiting 78+ wks	Dec 25	0	≤0			6
Cancer Waits - reduce number waiting 62 days +	Nov 25	161	≤77			137
Cancer - Faster Diagnosis Standard	Nov 25	67.14%	≥77%			72.9%
Cancer Waits - % receiving first definitive treatment < 1 mth of diagnosis (monthly)	Nov 25	87.82%	≥96%			91.4%
Cancer Waits - % receiving first definitive treatment < 1 mth of diagnosis (quarterly)	Sep 25	90.84%	≥96%			92.7%
Cancer Waits - 62 days to treatment (monthly)	Nov 25	73.19%	≥85%			74.7%
Cancer Waits - 62 days to treatment (quarterly)	Sep 25	75.36%	≥85%			75.0%
Diagnostic Waiters, 6 weeks and over - DM01	Dec 25	90.75%	≥95%			92.9%
Long length of stay - number of patients in hospital for 21 or more days	Dec 25	189	≤79			166
Clostridioides difficile (healthcare associated)	Dec 25	7	≤8			11
Pressure Ulcers - Hospital Acquired Category 3 and above	Dec 25	6	≤0			2
Duty of Candour compliance - breaches of DoC standard for Serious Incidents	Dec 25	0	≤0			0
Patient Safety Incidents	Dec 25	1314	-			1202
FFT Overall experience of very good & good: ED	Dec 25	73.7%	≥95%			76.0%
FFT Overall experience of very good & good: Inpatients	Dec 25	95.2%	≥95%			95.5%
FFT Overall experience of very good & good: Outpatients	Dec 25	98.0%	≥95%			95.4%
FFT Overall experience of very good & good: Maternity	Dec 25	100.0%	≥95%			96.2%
Patient Experience: concerns received in month - Level 1 (informal)	Dec 25	214	≤173			226
Patient Experience: complaints in month per 1000 staff - Levels 2 to 4 (formal)	Dec 25	2	≤3			3
Falls – Moderate to Severe Harm	Dec 25	0.18	≤0			0.14
WUTH Average RN Day Staffing Fill Rates	Dec 25	90.0%	≥90%			88.8%
WUTH Average RN Night Staffing Fill Rates	Dec 25	94.0%	≥90%			90.4%
WUTH Average CSW Day Staffing Fill Rates	Dec 25	87.0%	≥90%			87.1%
WUTH Average CSW Night Staffing Fill Rates	Dec 25	99.0%	≥90%			99.6%
MRSA Cases	Dec 25	1	≤0			0
MSSA Cases	Dec 25	0	≤0			2
% of adult patients VTE risk-assessed on admission	Dec 25	95.9%	≥95%			97.3%
Never Events	2025/26	4	≤0			
NEWS2 Compliance	Dec 25	88.6%	≥90%			89.3%
Mortality (SHMI)	Aug 25	1.039	0.95-1.05			1.021
Number of studies open	Dec 25	42				
% of current studies meeting recruitment target	Dec 25	26.2%				
% of open studies with a commercial sponsor	Dec 25	4.8%				

### Workforce Domain Matrix

		ASSURANCE				
					No Target	
VARIATION						
						
			Appraisal % compliance Staff turnover % - in-month rate	Sickness absence % - in-month rate		
	Mandatory training % compliance					
						

## Workforce Summary

### Highlights

KPI	Latest date period	Measure	Target	Variation	Assurance	Mean
Sickness absence % - in-month rate	Dec 25	6.30%	≤5%			5.98%
Staff turnover % - in-month rate	Dec 25	0.82%	≤1%			87.76%
Mandatory training % compliance	Dec 25	91.72%	≥90%			92.59%
Appraisal % compliance	Dec 25	88.32%	≥88%			0.86%

### Areas of Concern

#### Sickness

Sickness absence levels continue to improve but remain above the Trust's 5% target.

Latest performance is 6.30% in-month which is an increase since Nov but an improved position compared to both Dec'24 (6.68%). The rolling absence reduced for the sixth consecutive month and currently stands at 6.03%.

The top 3 reasons are cold, cough, flu, Gastro and mental health (anxiety/ stress/depression). Notably cold, cough and flu were up by 5.46% from Nov.

The LT sickness reduced to 1.46% and ST increased to 4.84%.

Clinical Support Division (4.44%) and Corporate Support (4.55%) were below target. Surgery Division was the highest at 7.97%, followed by Estates, Facilities and Capital 7.56% and ED 6.85%.

The three main staff groups for sickness are: Additional Clinical Services, Estates and Ancillary and Nursing and Midwifery.

BAF risk 4 currently stands at 16 (it was increased from 12) due to the increased likelihood of sickness absences during winter pressures, significant period of change for corporate services and the impact Trust financial pressures are having on delivery (vacancy freeze etc).

Through the Sickness Absence project extensive work is being undertaken across the Trust consisting of targeted interventions tailored to the requirements of the Trust, all in addition to BAU sickness absence management.

The Trust has a robust Attendance Management Policy which is working well however, we recognise that some staff groups (Estates and Ancillary, Additional Clinical Services (CSWs) and Nursing and Midwifery) are more affected than others. The Trust continues to implement a wide range of supportive interventions as well as robust application of the policy.

### Forward Look (Actions)

#### Sickness

##### Proactively supporting physical health and wellbeing:

- Continuation of the communication campaign 'Every Day Counts' aimed at raising awareness that the Trust are proactively tackling sickness.
- Continuation of the flu programme focusing on both targeted areas and outbreak wards to prevent increase in flu related absence.
- Updated return to work Covid guidance re staff testing.
- Designing a new meningitis contact tracing proforma to ensure consistency and timely prophylaxis (antibiotics) treatment.
- Designing a 12-month wellbeing plan for ED.
- Latest Well WUTH & WCHC programme in progress with 15 attendees in total, from both Trusts.
- New Well WUTH and WCHC intranet site in development
- New Well WUTH & WCHC promotional video to increase uptake through both powerful individual stories and increased awareness.
- Wellbeing Surgeries took place in January focused on mental health and further surgeries scheduled for February.
- New staff smoking cessation clinic commenced in January.
- Cervical Screening Living Well Bus (mobile clinic) attended 7 January and is scheduled to return in February and March. Early screening is key to prevent cancers and promote health.
- Wellbeing featured at Leaders in Touch and the Well WUTH & WCHC video will be played as part of a future Monthly All Staff Briefing.
- Mental Health First Aid support session undertaken for MHFA Trained staff at both Trusts.
- Professional Nurse Advocate wellbeing session undertaken.

##### Managing Absence:

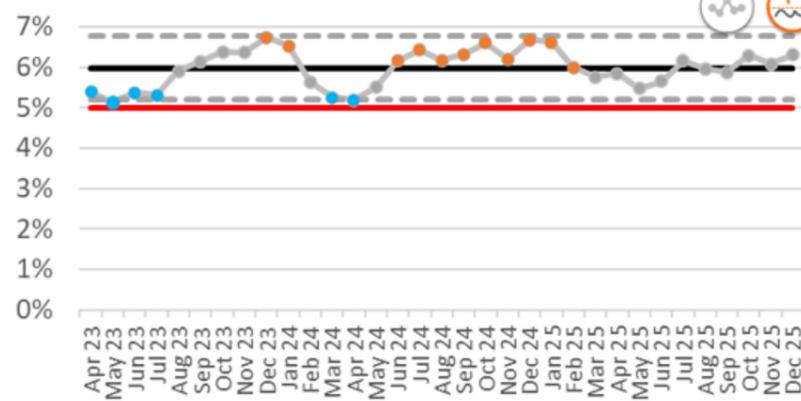
- The return-to-work programme Well WUTH has been renamed as Well WUTH & WCHC and has been operationalised following the pilot. The pilot evaluation demonstrated strong measurable improvements in participants' emotional, psychological and physical wellbeing. The pilot was validated and the programme established.
- New Sickness Transformation Project 'Shaping the Plan' sessions undertaken and further session planned to increase stakeholder buy in, shared accountability and action focused.
- Both OHP and OHA waiting times have reduced.
- Focus on Resident Doctors' sickness and new RTW SOP agreed at JLNC.

		<ul style="list-style-type: none"><li>• Continuation of sickness absence training.</li><li>• High impact action plans for each Division focused on hot spots.</li><li>• Proactive targeted letters issued to individuals with trend for sickness during December / Christmas leave period.</li><li>• HR drop-in sessions provide managers with access to dedicated HR resource to support with case management.</li><li>• The Attendance Management Policy continues to be embedded, and numbers of final stage hearings continue to increase.</li><li>• Local Sickness Audits remain on going and are reported into WSB as BAU within the Performance Report.</li></ul>
--	--	--

### Sickness absence % in month rate

CQC Domain : Safe

Sickness absence % - in-month rate

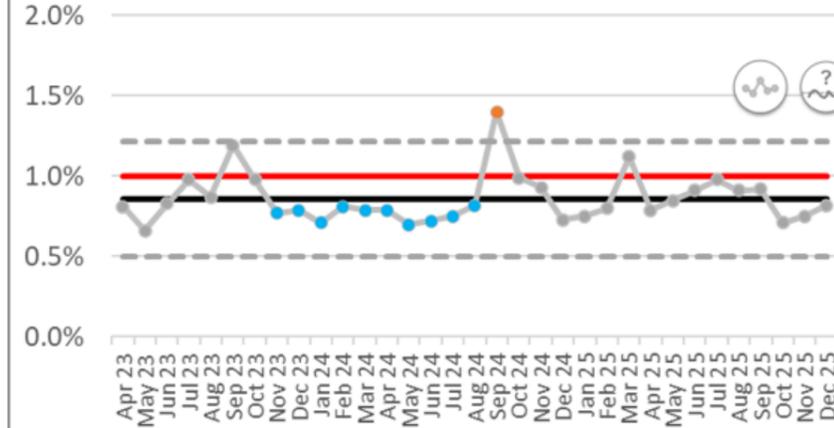


<b>Dec-25</b>
<b>6.3%</b>
<b>Variance Type</b>
Common cause variation
<b>Threshold</b>
≤5%
<b>Assurance</b>
Consistently fail target

### Staff turnover % in month rate

CQC Domain : Safe

Staff turnover % - in-month rate

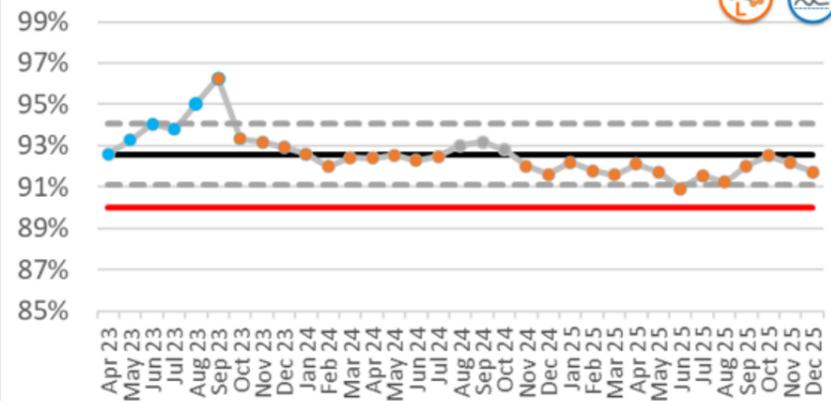


<b>Dec-25</b>
<b>0.8%</b>
<b>Variance Type</b>
Common cause variation
<b>Threshold</b>
≤1%
<b>Assurance</b>
Hit and miss target subject to random variation

### Mandatory training % compliance

CQC Domain : Safe

Mandatory training % compliance

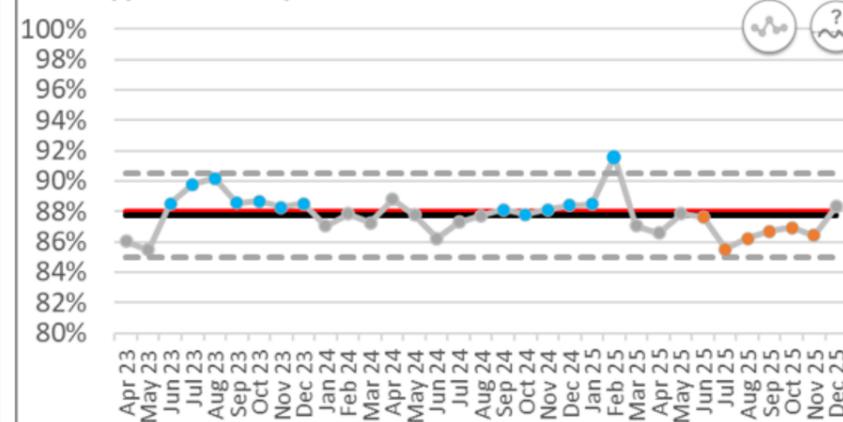


<b>Dec-25</b>
<b>91.7%</b>
<b>Variance Type</b>
Special cause concerning variation
<b>Threshold</b>
≥90%
<b>Assurance</b>
Consistently hit target

### Appraisal % compliance

CQC Domain : Well-led

Appraisal % compliance



<b>Dec-25</b>
<b>88.3%</b>
<b>Variance Type</b>
Common cause variation
<b>Threshold</b>
≥88%
<b>Assurance</b>
Hit and miss target subject to random variation

### Commentary

Dashboard	Operations
Lead	Executive Managing Director

**Operations Domain Matrix**

		ASSURANCE				
					No Target	
VARIATION	 		Referral to Treatment - cases waiting 78+ wks	Ambulance Handovers: % < 30 mins Ambulance Handovers: % < 45 mins 18 week Referral to Treatment - Incomplete pathways < 18 Weeks Referral to Treatment - cases exceeding 52 weeks	Number of inpatients not meeting the Criteria to Reside	
			Cancer Waits - % receiving first definitive treatment < 1 mth of diagnosis (monthly) Cancer Waits - reduce number waiting 62 days + Cancer - Faster Diagnosis Standard Diagnostic Waiters, 6 weeks and over - DM01	4-hour Accident and Emergency Target (including APH UTC) Patients waiting longer than 12 hours in ED from a decision to admit Cancer Waits - 62 days to treatment (monthly) Long length of stay - number of patients in hospital for 21 or more days		
	 	Referral to Treatment - total open pathway waiting list		Proportion of patients more than 12 hours in ED from time of arrival Cancer Waits - 2 week referrals (monthly)		

## Operations Summary

### Highlights

KPI	Latest date period	Measure	Target	Variation	Assurance	Mean
4-hour Accident and Emergency Target (including APH UTC)	Dec 25	58.37%	≥95%			61.2%
Number of inpatients not meeting the Criteria to Reside	Dec 25	120	-			157
Patients waiting longer than 12 hours in ED from a decision to admit	Dec 25	897	≤0			634
Proportion of patients more than 12 hours in ED from time of arrival	Dec 25	21.16%	≤0%			18.1%
Ambulance Handovers: % < 30 mins	Dec 25	58.71%	≥95%			54.3%
Ambulance Handovers: % < 45 mins	Dec 25	76.77%	≥100%			72.8%
18 week Referral to Treatment - Incomplete pathways < 18 Weeks	Dec 25	59.34%	≥92%			58.7%
Referral to Treatment - total open pathway waiting list	Dec 25	47125	≤47941			45265
Referral to Treatment - cases exceeding 52 weeks	Dec 25	1046	≤668			1514
Referral to Treatment - cases waiting 78+ wks	Dec 25	0	≤0			6
Cancer Waits - reduce number waiting 62 days +	Nov 25	161	≤77			137
Cancer - Faster Diagnosis Standard	Nov 25	67.14%	≥77%			72.9%
Cancer Waits - % receiving first definitive treatment < 1 mth of diagnosis (monthly)	Nov 25	87.82%	≥96%			91.4%
Cancer Waits - % receiving first definitive treatment < 1 mth of diagnosis (quarterly)	Sep 25	90.84%	≥96%			92.7%
Cancer Waits - 62 days to treatment (monthly)	Nov 25	73.19%	≥85%			74.7%
Cancer Waits - 62 days to treatment (quarterly)	Sep 25	75.36%	≥85%			75.0%
Diagnostic Waiters, 6 weeks and over - DM01	Dec 25	90.75%	≥95%			92.9%
Long length of stay - number of patients in hospital for 21 or more days	Dec 25	189	≤79			166

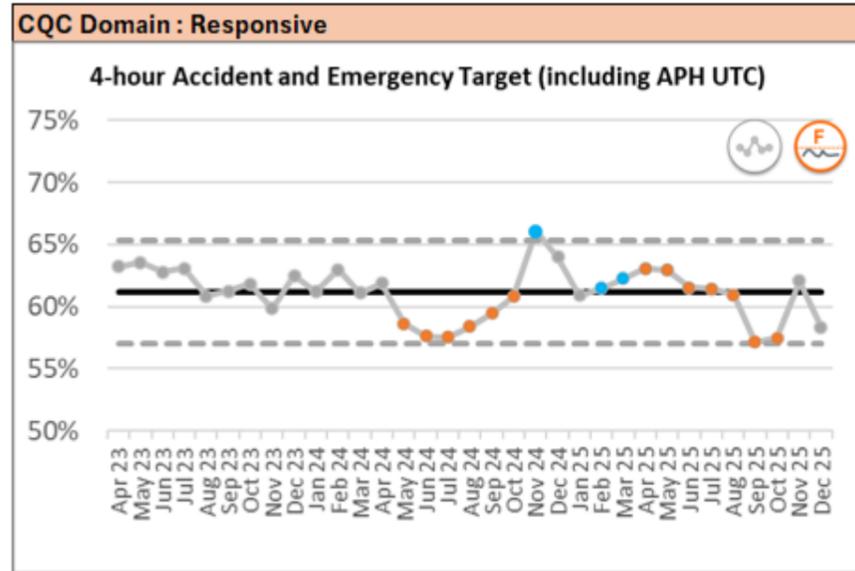
### Areas of Concern

- 4 hour performance
- Patients spending more than 12 hours in ED
- Cancer faster diagnosis standard
- Long length of stay of 21 days or more

### Forward Look (Actions)

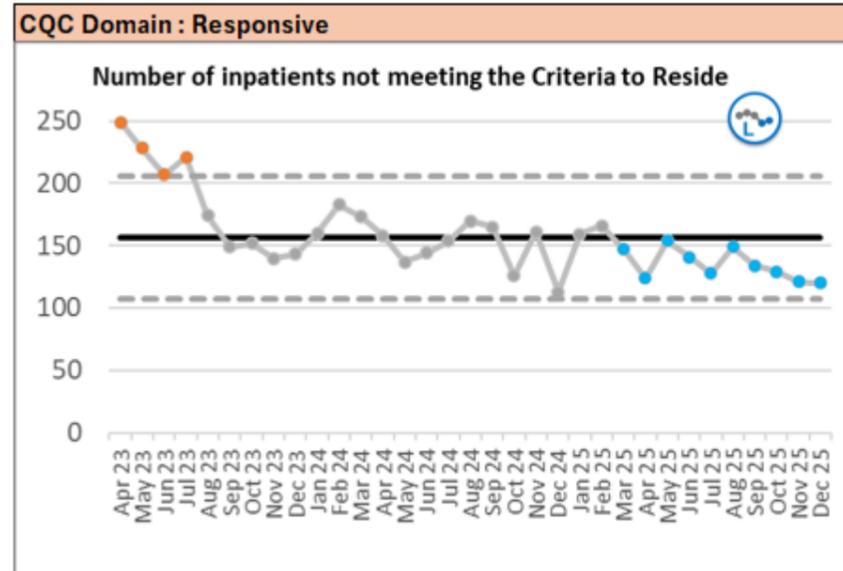
- Early improvements in 4 hour performance w/c 19<sup>th</sup> January
- Expected improvements in 28 day faster diagnostic Standard by the end of February
- Improved 12 hour in department performance

**4-hour Accident and Emergency Target (including APH UTC)**



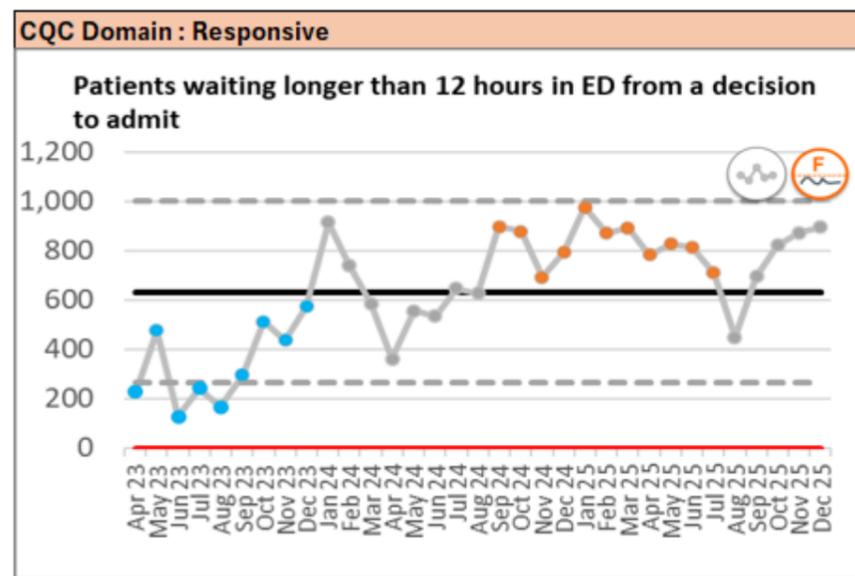
<b>Dec-25</b>
<b>58.4%</b>
<b>Variance Type</b>
Common cause variation
<b>Threshold</b>
≥95%
<b>Assurance</b>
Consistently fail target

**Number of inpatients not meeting the Criteria to Reside**



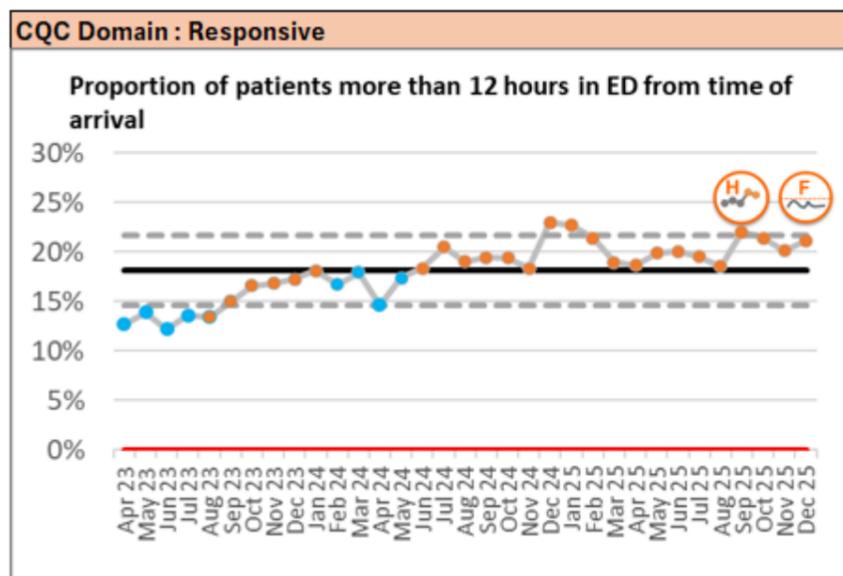
<b>Dec-25</b>
<b>120</b>
<b>Variance Type</b>
Special cause improving variation
<b>Threshold</b>
-
<b>Assurance</b>
Not applicable

**Patients waiting longer than 12 hours in ED from a decision to admit**



<b>Dec-25</b>
<b>897</b>
<b>Variance Type</b>
Common cause variation
<b>Threshold</b>
≤0
<b>Assurance</b>
Consistently fail target

**Proportion of patients more than 12 hours in ED from time of arrival**



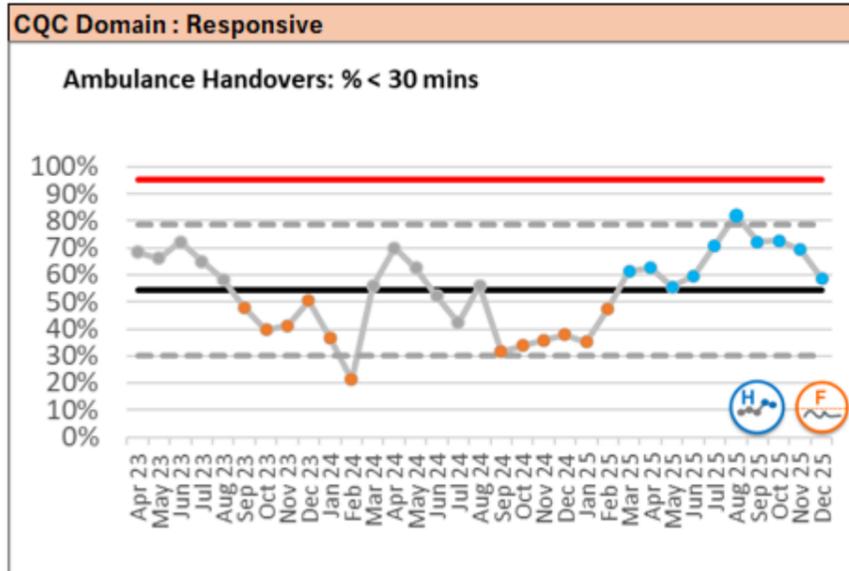
<b>Dec-25</b>
<b>21.2%</b>
<b>Variance Type</b>
Special cause concerning variation
<b>Threshold</b>
≤0%
<b>Assurance</b>
Consistently fail target

**Commentary**

**4 hour-** Some improvements seen in Type 1 performance September to November, with a significant deterioration in December secondary to increased demand. Staffing challenges within UTC across August to October impacted performance. Actions in place to improve tracking of patients and number of ED doctors on shift overnight to support type 1 4 hour performance.

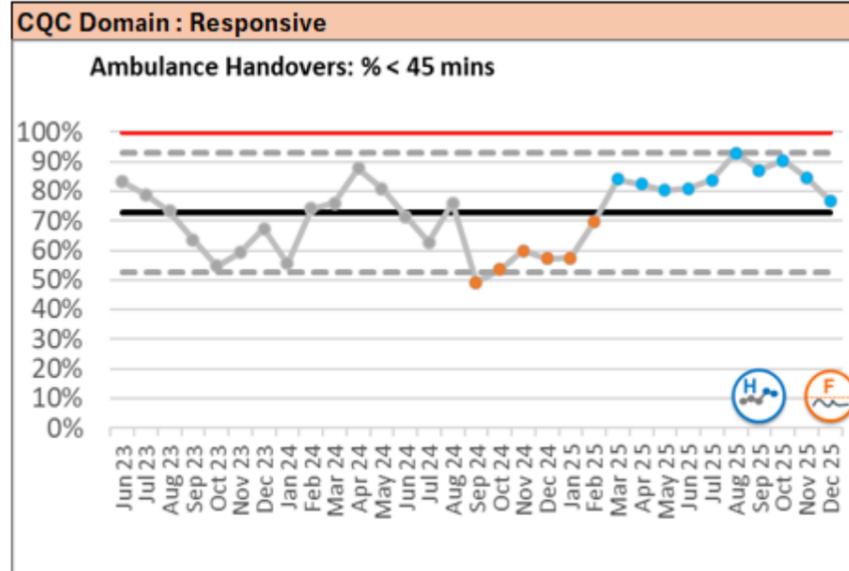
**12 hour DTA and LoS-** There has been an increase in the number of 12 hour DTA breaches August to December. 12 hour LoS in the Emergency Department remains above 20%. Review of function of escalation spaces in ED and assessment area reconfiguration are in progress to support performance improvement.

**Ambulance handover % < 30 minutes**



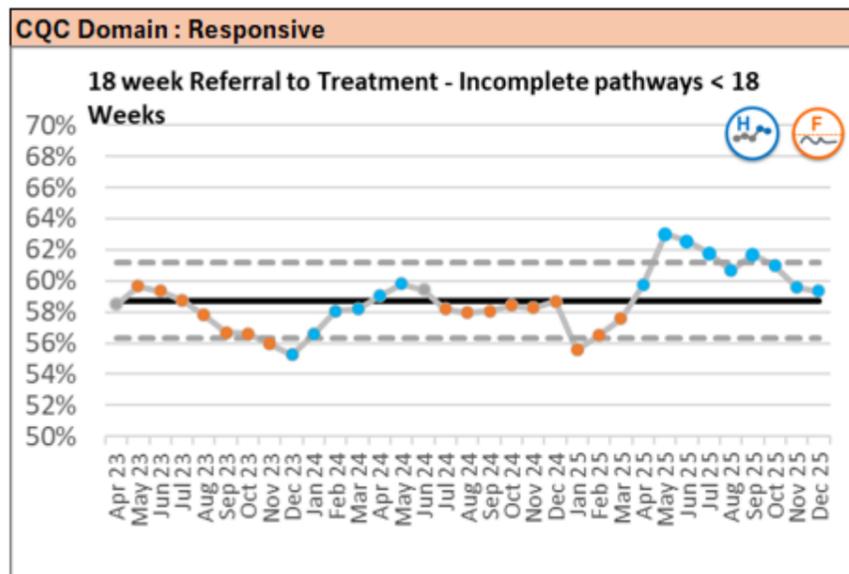
<b>Dec-25</b>
<b>58.7%</b>
<b>Variance Type</b>
Special cause
improving variation
<b>Threshold</b>
≥95%
<b>Assurance</b>
Consistently fail target

**Ambulance handover % < 45 minutes**



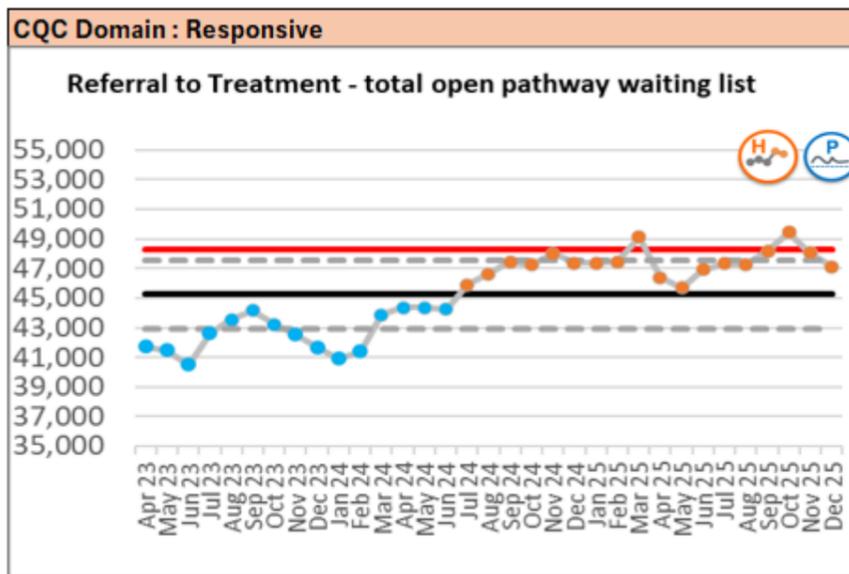
<b>Dec-25</b>
<b>76.8%</b>
<b>Variance Type</b>
Special cause
improving variation
<b>Threshold</b>
≥100%
<b>Assurance</b>
Consistently fail target

**18 week Referral to Treatment – incomplete pathways < 18 weeks**



<b>Dec-25</b>
<b>59.3%</b>
<b>Variance Type</b>
Special cause
improving variation
<b>Threshold</b>
≥92%
<b>Assurance</b>
Consistently fail target

**Referral to Treatment – total open pathway waiting list**



<b>Dec-25</b>
<b>47125</b>
<b>Variance Type</b>
Special cause
concerning variation
<b>Threshold</b>
≤47941
<b>Assurance</b>
Consistently hit target

**Commentary**

**Ambulance Handover-** Handover performance against 30 and 45 minutes remain above the mean but have deteriorated since October. However, performance remains significantly better than the same period in Winter 24/25 and ongoing focus to get the department back to delivering handover within 15 minutes when not in surge.

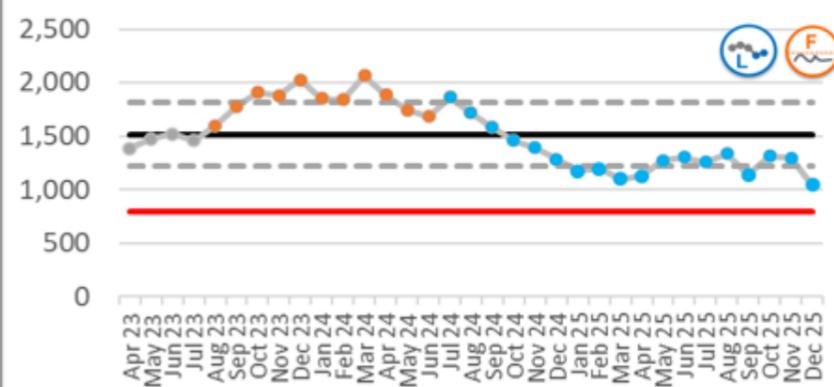
**RTT -** The Trust achieved trajectory for RTT caseload in December, but was over trajectory for percentage of patient waiting 18 weeks or under.

RTT % within 18 weeks for December was impacted by the sterile services incident as patients waiting for TCI were delayed. Continuation of the national validation sprint, outsourcing within ENT and the commencement of insourcing in Dermatology will all support continued reduction in RTT caseload. Sterile service recovery will support improvements in % RTT as will ongoing increased validation. To further support improvements in RTT performance, the Trust has received external funding to provide additional new outpatient activity as part of a national outpatient sprint, along with Cheshire and Mersey funded triage of referrals in Dermatology and ENT.

### Referral to Treatment – cases exceeding 52 weeks

CQC Domain : Responsive

Referral to Treatment - cases exceeding 52 weeks

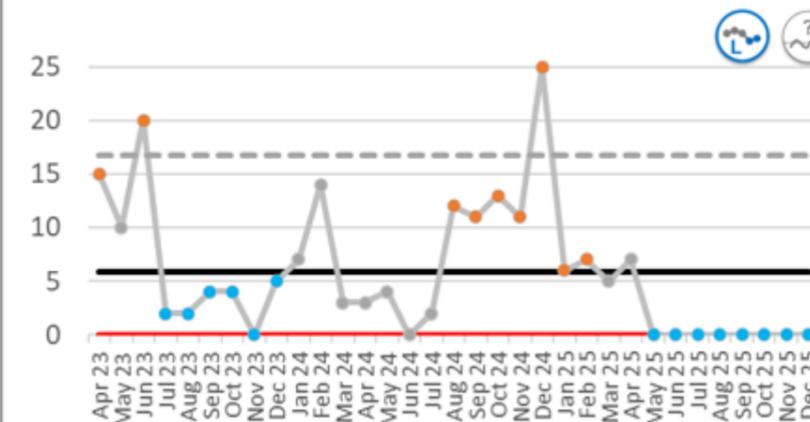


Dec-25	1046
Variance Type	Special cause improving variation
Threshold	≤668
Assurance	Consistently fail target

### Referral to Treatment – cases waiting 78+ weeks

CQC Domain : Responsive

Referral to Treatment - cases waiting 78+ wks

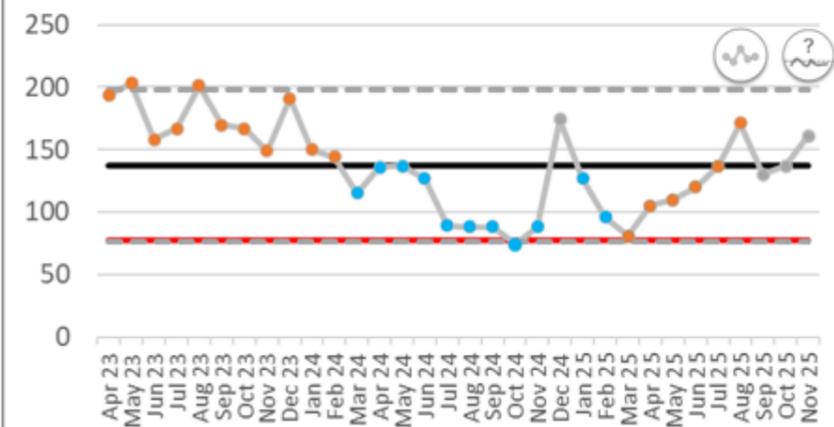


Dec-25	0
Variance Type	Special cause improving variation
Threshold	≤0
Assurance	Hit and miss target subject to random variation

### Cancer Waits – reduce number waiting 62 days +

CQC Domain : Responsive

Cancer Waits - reduce number waiting 62 days +

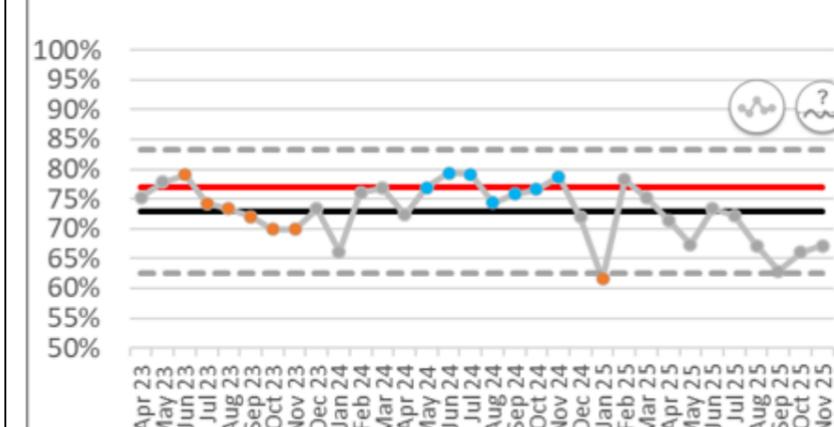


Nov-25	161
Variance Type	Common cause variation
Threshold	≤77
Assurance	Hit and miss target subject to random variation

### Cancer – Faster Diagnostic Standard

CQC Domain : Responsive

Cancer - Faster Diagnosis Standard



Nov-25	67.1%
Variance Type	Common cause variation
Threshold	≥77%
Assurance	Hit and miss target subject to random variation

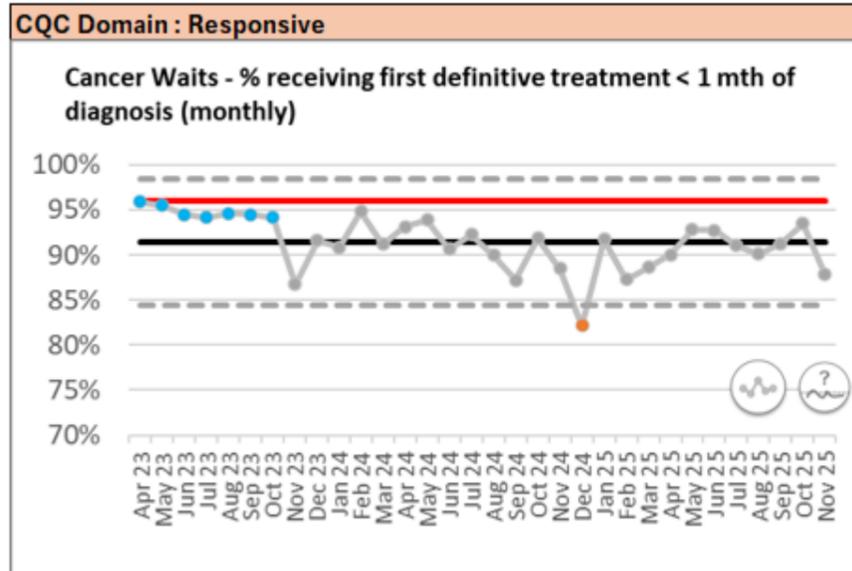
### Commentary

**RTT** - The Trust achieved the important milestone of 0 x 65-week waiters in December. Achievement of 0 x 65-week waiters was closely monitored regionally and nationally and reflects significant amount of work from divisional and supporting teams on tracking and managing long waiting patients. The number of 52-week waiters increased due to sterile services incident. Following the achievement of 0 x 65-week waiters, teams are focused on delivery of the March 2026 Trust target of no more than 1% of caseload waiting over 52 weeks.

**Cancer** – The Trust didn't meet the local trajectory for the Faster Diagnosis Standard (FDS), with November performance at 67.14% versus trajectory of 79.08%. Improved performance was maintained in Gynaecology, Urology, Lower GI and more recently in Breast following change in pathway following improvements in tracking and improved cross-Divisional working. Despite the pressures in Skin, these improvements have seen performance rise from the September position of 62.88%. Skin cancer performance remains impacted by regional ceasing of funding for tele-dermatology, alongside regional implementation of an AI pathway. Insourcing (funded by the Cancer Alliance) in Dermatology has commenced in December to support recovery of FDS performance. Whilst monthly data provided is from November, weekly tracking of performance through December and January demonstrates the positive impact insourcing is having on Dermatology performance.

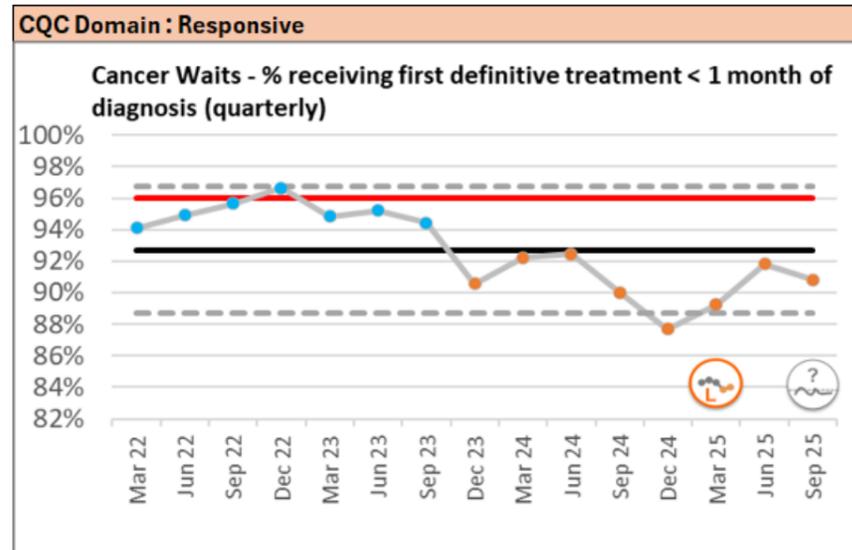
The rise in 62-day waiters is also attributed to Dermatology, because of delays early in the pathway. Waiting times for first appointment in Dermatology decreased in January, allowing capacity to be targeted at reducing the number of 62 waiters, which had continued to increase significantly beyond the reported November position. The Trust has been successful in receiving approval from Cancer Alliance to continue insourcing capacity beyond January.

**Cancer Waits - % receiving first definitive treatment < 1 month of diagnosis (monthly)**



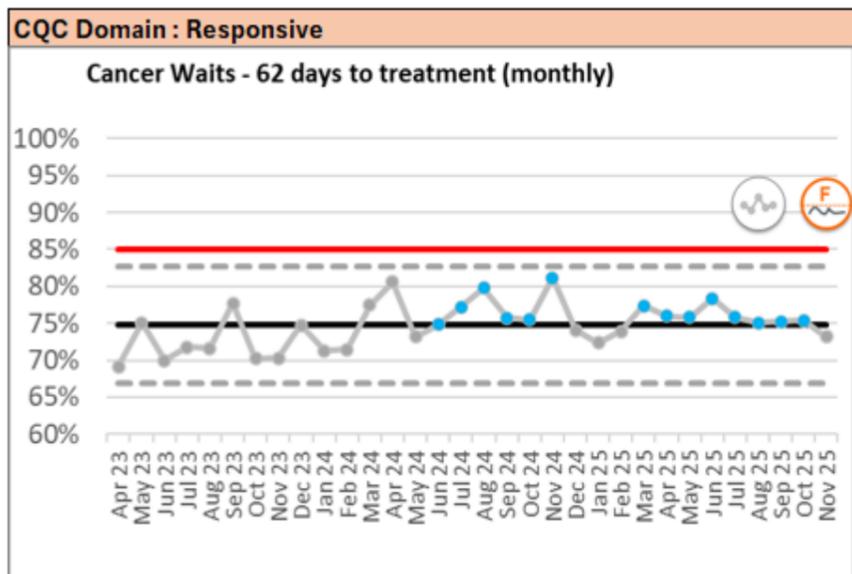
<b>Nov-25</b>
<b>87.8%</b>
<b>Variance Type</b>
Common cause variation
<b>Threshold</b>
≥96%
<b>Assurance</b>
Hit and miss target subject to random variation

**Cancer Waits - % receiving first definitive treatment < 1 month of diagnosis (quarterly)**



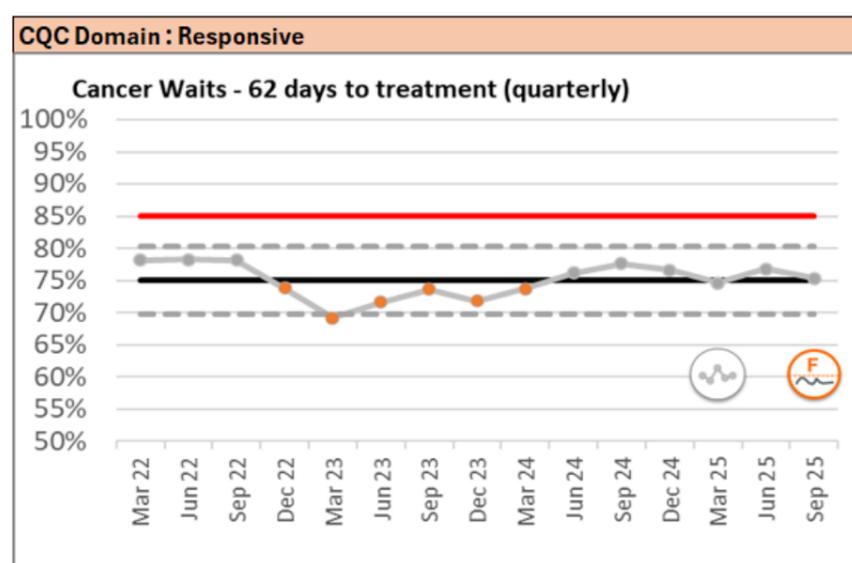
<b>Sep-25</b>
<b>90.8%</b>
<b>Variance Type</b>
Special cause concerning variation
<b>Threshold</b>
≥96%
<b>Assurance</b>
Hit and miss target subject to random variation

**Cancer waits - 62 days to treatment (monthly)**



<b>Nov-25</b>
<b>73.2%</b>
<b>Variance Type</b>
Common cause variation
<b>Threshold</b>
≥85%
<b>Assurance</b>
Consistently fail target

**Cancer waits - 62 days to treatment (quarterly)**



<b>Sep-25</b>
<b>75.4%</b>
<b>Variance Type</b>
Common cause variation
<b>Threshold</b>
≥85%
<b>Assurance</b>
Consistently fail target

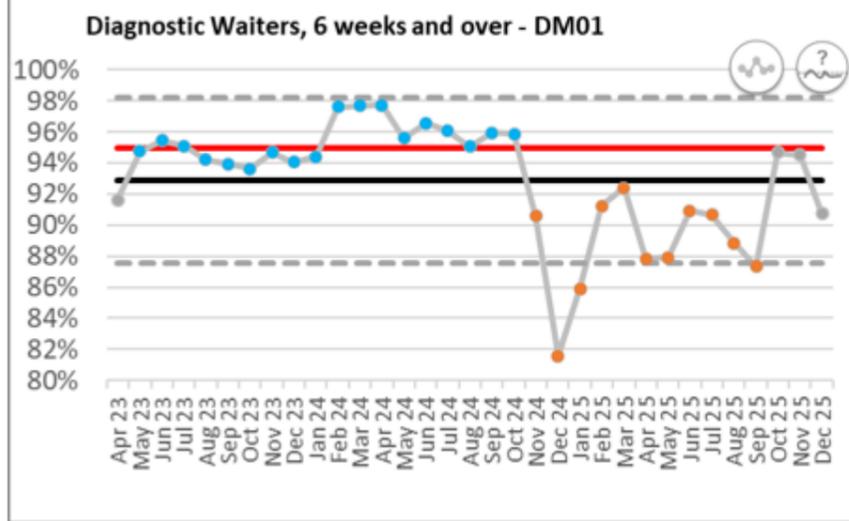
**Commentary**

**31 Day Treatment Standard** - The Trust failed to achieve local trajectory in November 2025 at 87.82% versus trajectory of 93.69%.

**62 Day Treatment Standard** - The Trust failed to achieve local trajectory in November 2025 at 73.19% versus trajectory of 77.09%. 62-day performance is noted as impacted by reduction in 28-day performance in earlier months. As noted above, the Trust has received further additional funding from the Cancer Alliance to support Dermatology, extending insourcing beyond January and allowing additional capacity to be target at the reduction in over 62-day waiters.

**Diagnostic Waiters – 6 weeks and over – DM01**

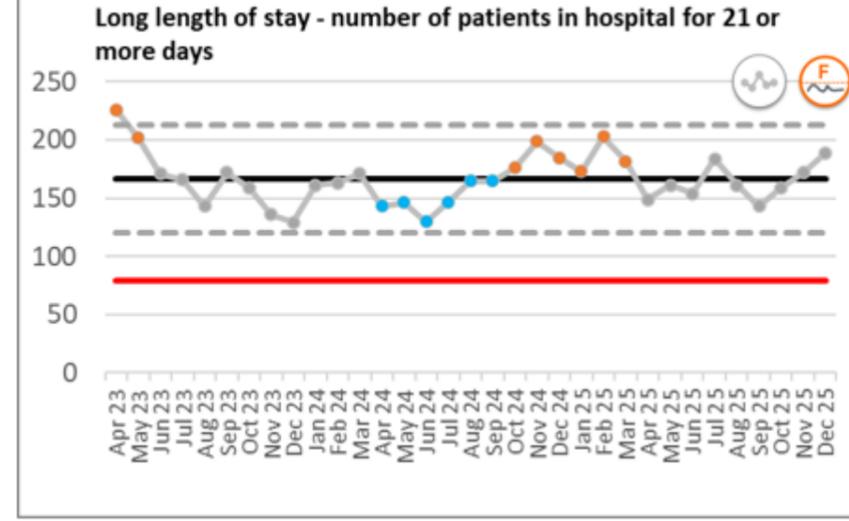
CQC Domain : Responsive



<b>Dec-25</b>
<b>90.7%</b>
<b>Variance Type</b>
Common cause variation
<b>Threshold</b>
≥95%
<b>Assurance</b>
Hit and miss target subject to random variation

**Long length of stay – numbers of patients in hospital for 21 or more days**

CQC Domain : Effective



<b>Dec-25</b>
<b>189</b>
<b>Variance Type</b>
Common cause variation
<b>Threshold</b>
≤79
<b>Assurance</b>
Consistently fail target

**Commentary**

The Trust achieved 90% of patients had been waiting 6 weeks or less for their diagnostic procedure, for those modalities included within the DM01 seeing performance at 90.7% for December.

December performance is a reduction in levels achieve in October and November. December saw an increase in direct access referrals in non-obstetric ultrasound and a reduction in performance in endoscopy. Additional capacity in non-obstetric ultrasound has been identified in January, plus further capacity from February.

**Commentary**

Significant work has been undertaken in the division of medicine in reviewing all patients with a length of stay of over 21 days. In the majority of cases medical care was still ongoing and thus deemed to be appropriate.

The Wirral One Improvement Plan will continue to focus on longer length of stay.

Dashboard	Quality and Safety
Lead	Chief Nurse

**Quality and Safety Domain Matrix**

		ASSURANCE				
					No Target	
VARIATION	 		Duty of Candour compliance - breaches of DoC standard for Serious Incidents WUTH Average RN Night Staffing Fill Rates			
	 	WUTH Average CSW Night Staffing Fill Rates	Clostridioides difficile (healthcare associated) FFT Overall experience of very good & good: Outpatients FFT Overall experience of very good & good: Maternity Patient Experience: concerns received in month - Level 1 (informal) Patient Experience: complaints in month per 1000 staff - Levels 2 (formal) Falls – Moderate to Severe Harm (per 1000 bed days) WUTH Average RN Day Staffing Fill Rates WUTH Average CSW Day Staffing Fill Rates MSSA Cases	FFT Overall experience of very good & good: ED		
	 		Pressure Ulcers - Hospital Acquired Category 3 and above FFT Overall experience of very good & good: Inpatients MRSA Cases		Patient Safety Incidents	

## Quality and Safety Care Summary

### Highlights

KPI	Latest date period	Measure	Target	Variation	Assurance	Mean
Clostridioides difficile (healthcare associated)	Dec 25	7	≤8			11
Pressure Ulcers - Hospital Acquired Category 3 and above	Dec 25	6	≤0			2
Duty of Candour compliance - breaches of DoC standard for Serious Incidents	Dec 25	0	≤0			0
Patient Safety Incidents	Dec 25	1314	-			1202
FFT Overall experience of very good & good: ED	Dec 25	73.7%	≥95%			76.0%
FFT Overall experience of very good & good: Inpatients	Dec 25	95.2%	≥95%			95.5%
FFT Overall experience of very good & good: Outpatients	Dec 25	98.0%	≥95%			95.4%
FFT Overall experience of very good & good: Maternity	Dec 25	100.0%	≥95%			96.2%
Patient Experience: concerns received in month - Level 1 (informal)	Dec 25	214	≤173			226
Patient Experience: complaints in month per 1000 staff - Levels 2 to 4 (formal)	Dec 25	2	≤3			3
Falls – Moderate to Severe Harm	Dec 25	0.18	≤0			0.14
WUTH Average RN Day Staffing Fill Rates	Dec 25	90.0%	≥90%			88.8%
WUTH Average RN Night Staffing Fill Rates	Dec 25	94.0%	≥90%			90.4%
WUTH Average CSW Day Staffing Fill Rates	Dec 25	87.0%	≥90%			87.1%
WUTH Average CSW Night Staffing Fill Rates	Dec 25	99.0%	≥90%			99.6%
MRSA Cases	Dec 25	1	≤0			0
MSSA Cases	Dec 25	0	≤0			2

### Areas of Concern

### Forward Look (Actions)

#### Areas of Concern

Hospital acquired pressure ulcers – category 3 and above – 7

FFT overall experience ED  
Complaints in month

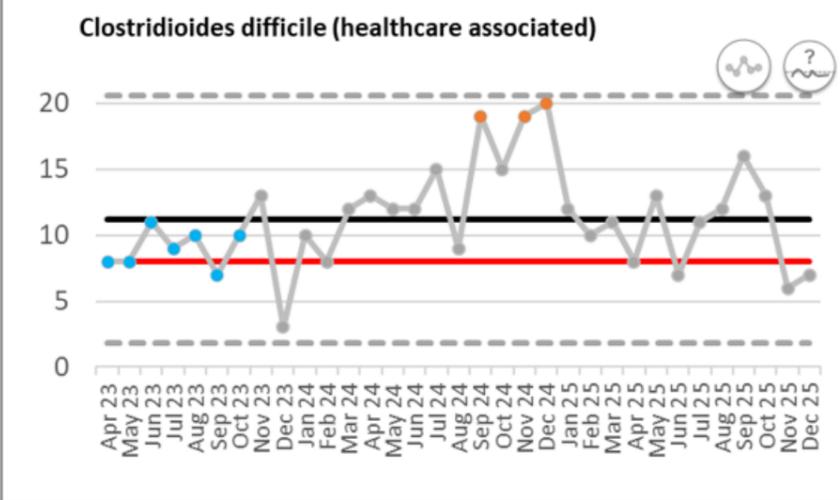
MRSA bacteraemia – 1 case

CSW day staffing fill rates

#### Actions as below

### Clostridioides difficile (healthcare associated)

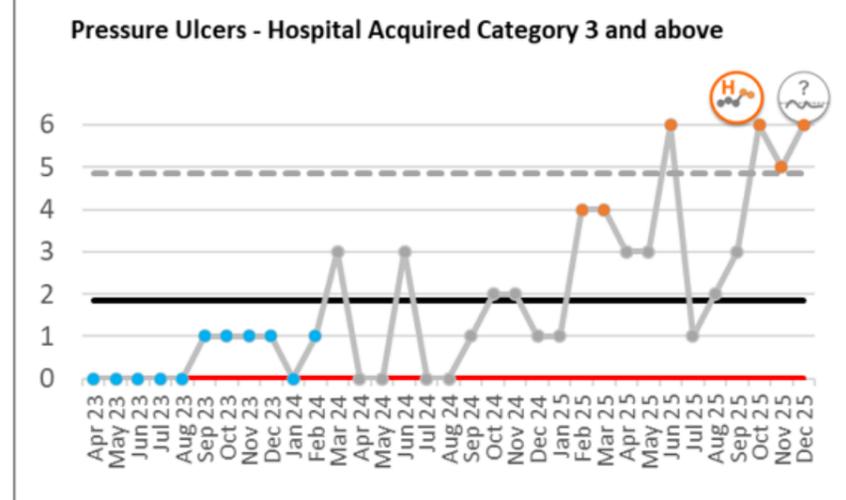
CQC Domain : Safe



Dec-25
7
<b>Variance Type</b>
Common cause variation
<b>Threshold</b>
≤8
<b>Assurance</b>
Hit and miss target subject to random variation

### Pressure Ulcers – Hospital Acquired Category 3 and above

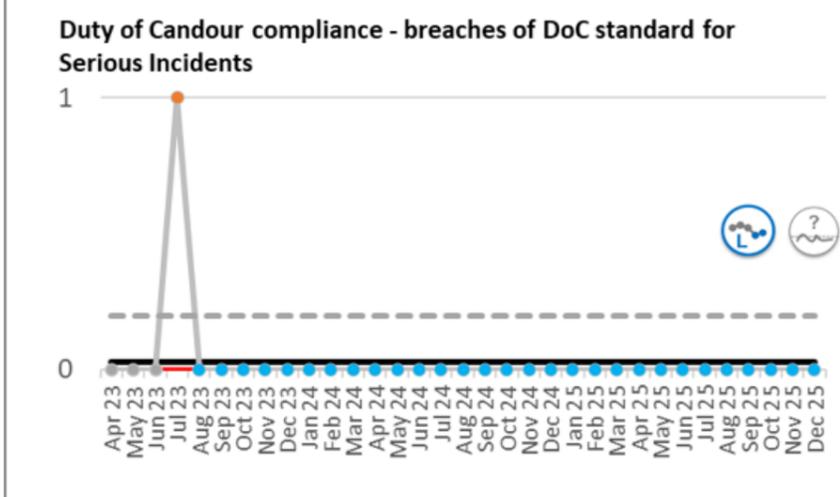
CQC Domain : Safe



Dec-25
6
<b>Variance Type</b>
Special cause concerning variation
<b>Threshold</b>
≤0
<b>Assurance</b>
Hit and miss target subject to random variation

### Duty of Candour Compliance

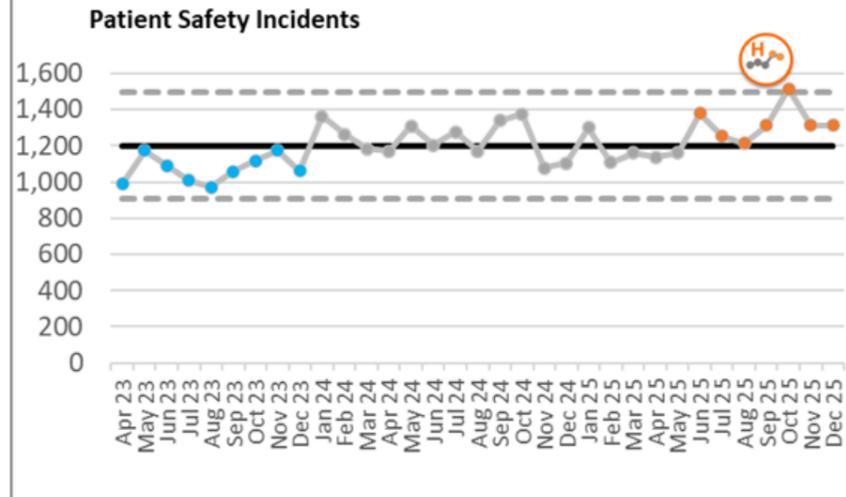
CQC Domain : Well-led



Dec-25
0
<b>Variance Type</b>
Special cause improving variation
<b>Threshold</b>
≤0
<b>Assurance</b>
Hit and miss target subject to random variation

### Patient Safety Incidents

CQC Domain : Safe



Dec-25
1314
<b>Variance Type</b>
Special cause concerning variation
<b>Threshold</b>
-
<b>Assurance</b>
Not applicable

### Commentary

#### C Diff

In December there have been 5 HOHA and 2 COHA CDTs, this is the second consecutive month below the monthly threshold. One COHA CDT patient had not been in hospital in the previous 28 days but had been on the Virtual OPAT ward, and therefore is classed as healthcare associated.

One patient had previously had CDI this year, and 5 patients had been nursed on a ward at the same time as other patients with CDI, when transmission may have occurred.

#### Actions:

- IPC review patients in ED who require isolation to support assessment
- Missing stool sample report sent daily identifying patients with Type 5, 6 or 7 on the Bristol Stool Chart but no sample has been collected
- In-house reactive Misting of bays following CDT /CDE
- Promote use of side rooms with ensuite facilities for isolating patients with CDT / CDE
- Key messaging related to preventing CDI included in IPC Daily Update email
- Evaluate impact of the Wirral CDT Strategy with system partners

### **Hospital Acquired Pressure Ulcers (HAPU) category 3 and above**

In November, there were five Hospital-Acquired Pressure Ulcers (HAPU) Category 3 reported. Of these, three existing pressure ulcers (Category 3 or above) deteriorated while in our care, and two were newly acquired during admission.

In December, seven HAPU Category 3 cases were reported. Six were newly acquired in our care, and one existing ulcer worsened. All incidents have been or are currently under investigation.

#### **Areas affected:**

- W19 – 1 (Nov)
- W36 – 2 (1 Nov / 1 Dec)
- W14 – 1 (1 Nov)
- A&E – 2 (1 Nov / 1 Dec)
- W22 – 1 (Nov)
- M1 – 2 (same patient, Dec)
- W31 – 1 (Dec)
- W21 – 1 (Dec)
- AMU – 1 (Dec)

#### **Actions:**

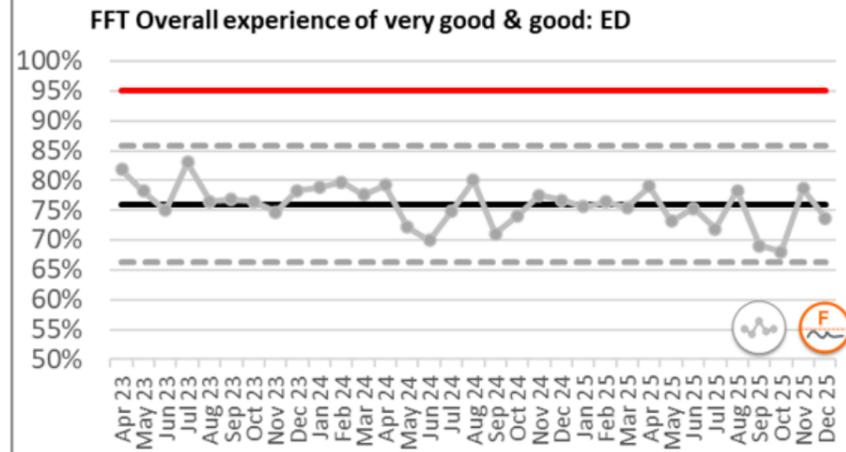
- Implementing updates in Cerner to ensure documentation is accurate, comprehensive, and legally defensible.
- Held meetings with the Interim Chief Nurse and Medical Division Matrons to identify strategies for enhancing pressure area care.
- Tissue Viability team delivering targeted education at ward level and organisation-wide on pressure ulcer prevention, wound assessment, and documentation standards.
- Creating practical guides to support mattress selection, including user instructions and fault-finding guidance.
- Introducing bedside repositioning clocks to promote regular patient repositioning.
- Assigning divisional Matrons responsibility for Tissue Viability, working in collaboration with the Tissue Viability Team to drive improvements.
- Targeted support for ED with use of newly purchased pressure relieving trolley 'toppers'

#### **Risks to position and/or actions:**

- Part-time Tissue Viability Lead – opportunities for re-structure with WCHC integration

**FFT Overall experience of very good & good – ED**

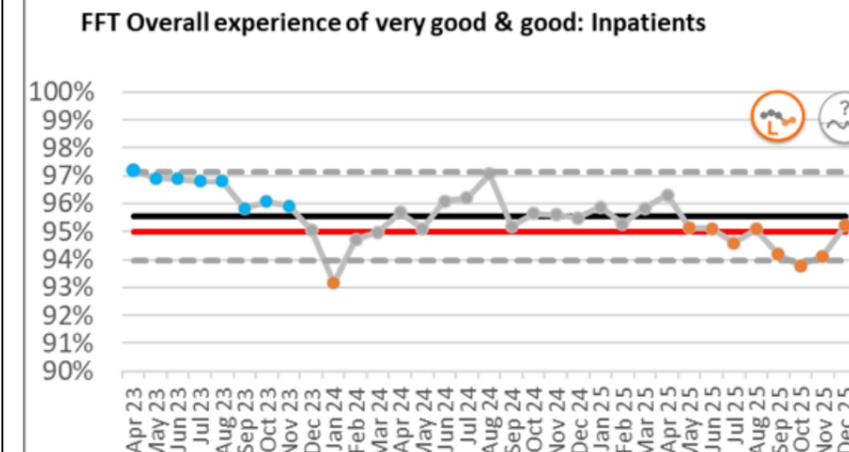
**CQC Domain : Caring**



<b>Dec-25</b>
73.7%
<b>Variance Type</b>
Common cause variation
<b>Threshold</b>
≥95%
<b>Assurance</b>
Consistently fail target

**FFT Overall experience of very good & good – Inpatients**

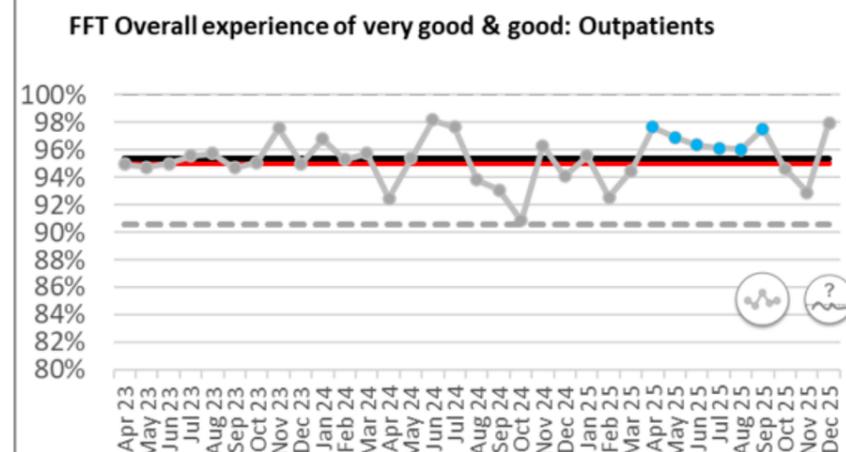
**CQC Domain : Caring**



<b>Dec-25</b>
95.2%
<b>Variance Type</b>
Special cause concerning variation
<b>Threshold</b>
≥95%
<b>Assurance</b>
Hit and miss target subject to random variation

**FFT Overall experience of very good & good – Outpatients**

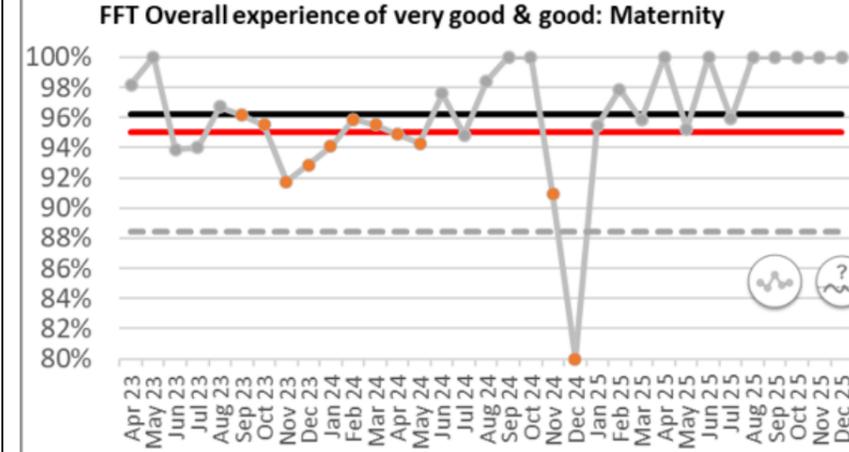
**CQC Domain : Caring**



<b>Dec-25</b>
98.0%
<b>Variance Type</b>
Common cause variation
<b>Threshold</b>
≥95%
<b>Assurance</b>
Hit and miss target subject to random variation

**FFT Overall experience of very good & good – Maternity**

**CQC Domain : Caring**



<b>Dec-25</b>
100.0%
<b>Variance Type</b>
Common cause variation
<b>Threshold</b>
≥95%
<b>Assurance</b>
Hit and miss target subject to random variation

**Commentary**

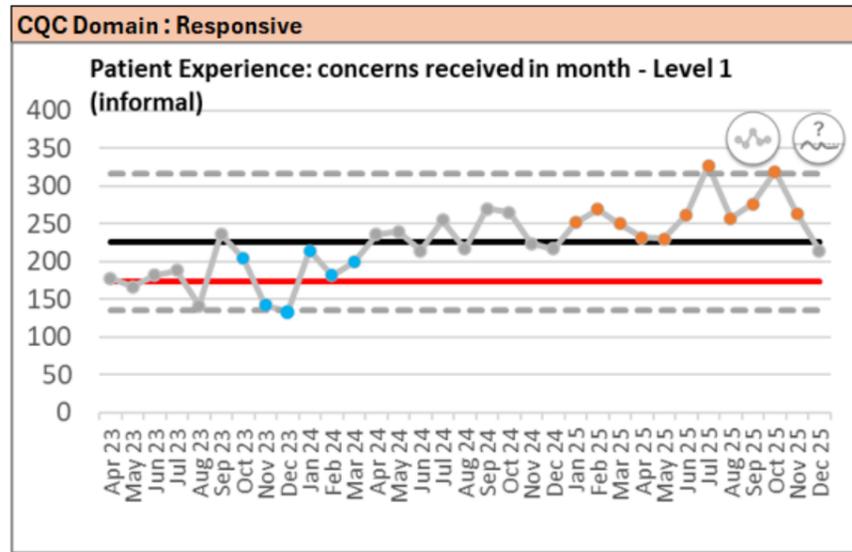
**FFT ED**

December ED FFT score was 73.7% which was a 5% decline on November's score 78.6% . It is acknowledged that there has been increased activity within ED during December which aligns with the continuation of comments in relation to ED overcrowding, waiting times and expectations in relation to pain management and communication in relation to investigations influencing the main reasons for experiencing a poor experience.

**Actions**

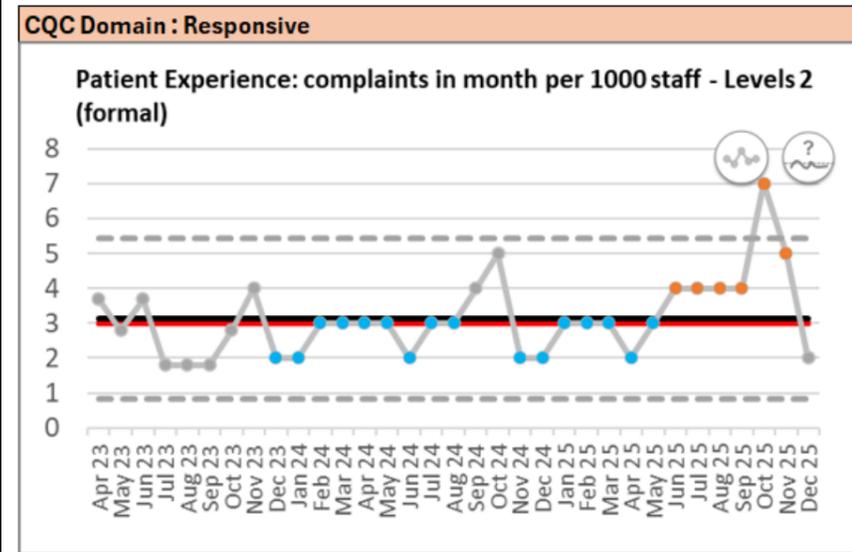
Commencement of a further 2 new ED Volunteers, totalling 7 ED Volunteers. Additional temporary volunteers support offering drinks rounds in waiting areas. Appointment of a new Divisional Director of Nursing. Continuation of improvement plans to support increased compliance with intentional rounding and ED checklist. Focus on improving experience and communication in temporary ED waiting room

**Patient Experience: concerns received in month – level 1 (informal)**



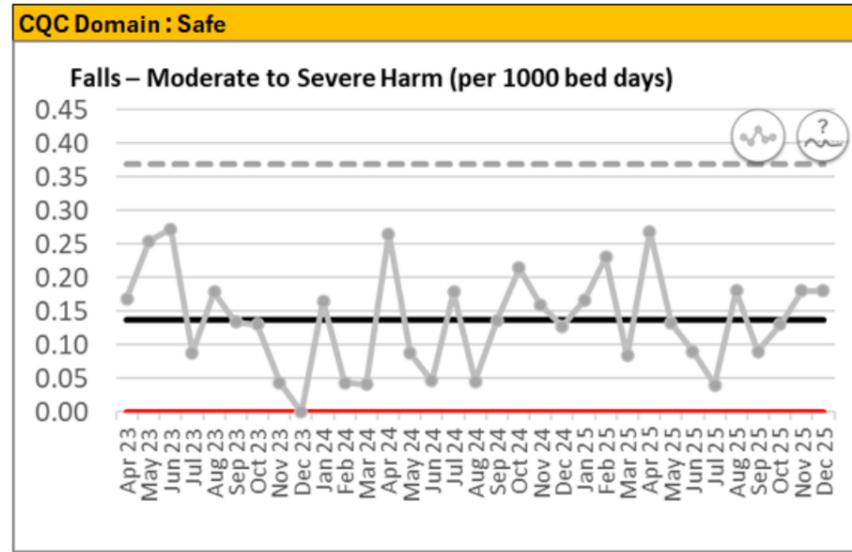
<b>Dec-25</b>
<b>214</b>
<b>Variance Type</b>
Common cause variation
<b>Threshold</b>
≤173
<b>Assurance</b>
Hit and miss target subject to random variation

**Patient Experience: complaints in month per 1000 staff – levels 2 to 4 (formal)**



<b>Dec-25</b>
<b>2</b>
<b>Variance Type</b>
Common cause variation
<b>Threshold</b>
≤3
<b>Assurance</b>
Hit and miss target subject to random variation

**Falls – Moderate to Severe Harm**



<b>Dec-25</b>
<b>0.18</b>
<b>Variance Type</b>
Common cause variation
<b>Threshold</b>
≤0
<b>Assurance</b>
Hit and miss target subject to random variation

**Sepsis Screening – Antibiotics within 1 hour**

Status: KPI TBC

**Commentary**

**Complaints / Concerns**

In December 2025, the Trust recorded 215 informal concerns (Level 1) and 14 formal complaints (Level 2). Both figures represented substantial reductions compared with November, with informal concerns down 18.9% (from 265) and formal complaints down 44.0% (from 25). December volumes were below both the 2024/25 monthly averages and the 2025/26 year-to-date averages, indicating a seasonal easing of patient concern and complaint activity.

Informal concerns were highest in Surgery (63) and Medicine (59), with Emergency Care (31) and Women & Children’s (35) also prominent. Formal complaints were concentrated in Medicine (5), Emergency Care (5), and Surgery (3), with most other departments recording isolated cases. Thirteen departments generated both informal and formal feedback, with the Emergency Department accounting for the largest combined volume.

Key themes continued to focus on clinical care, communication, and access. Informal concerns were dominated by access & admission, communication, and treatment & procedure, all lower than November, while formal complaints mainly concerned treatment & procedure and communication. Notably, complaints relating to diagnosis and access increased relative to the previous month.

Timeliness remained a challenge, with only 27% of formal complaints responded to within 40 working days and an average response time of 65 days. At month-end, 78 complaints were open, including 33 breaches. Targeted oversight, weekly divisional meetings, and staff training continue to support structured management, but operational pressures, sustained complaint volumes, and variability in investigation quality remain key risks to timely resolution.

**Actions**

Daily performance reporting and weekly divisional meetings with the Complaints Team continue to provide oversight, structured support, and escalation where required.  
Targeted training sessions remain in place to support staff undertaking complaint investigations and improve consistency, timeliness, and quality of responses.  
Improvement plan – with oversight by WCHC Interim Chief Nurse

**Risks to Position and/or Actions**

Persistent operational pressures and sustained complaint volumes may continue to limit the Trust's capacity to respond within 40 working days, maintaining variability in timeliness.  
Seasonal or unexpected surges in complaints (e.g., sudden peaks like October 2025) could overwhelm capacity if mitigation measures are not actively maintained, scaled, and resourced.

**Falls**

There were 5 falls with short-term harm reported in December: these consisted of traumatic subarachnoid bleed, fractured elbow, Fractured neck of femur and fracture to the right occipital bone, Fractured pubic rami

60% of falls recorded were found on the floor

48% of falls occurred at night

21% of falls occurred at the weekend.

Of the moderate falls in December – 30% had assistive technology in place and 65% of patients who fell were assessed to be independent (Level 1 Supervision).

**Actions**

For the short-term harms identified in December – RECs have been undertaken with the respective ward areas and any learning has been identified and shared locally with cross- divisional learning shared through the Trust's Fundamentals of Care meeting

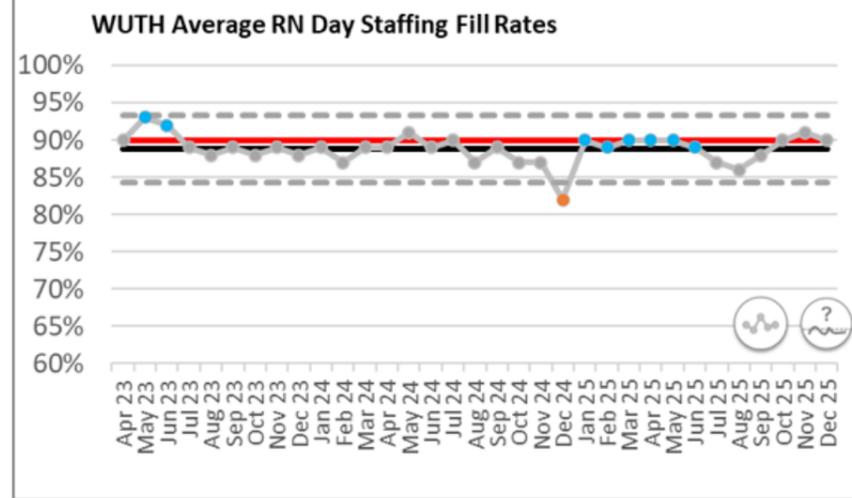
There is a monthly rolling training programme in place at both sites to educate staff with regards to the correct use of equipment following a fall.

Falls training is delivered on IMPACT, WEPP and CSW training.

Proposals to establish a falls champion network within ward areas being developed with associated training options via an external training provider which will support this.

### Average Registered Nurse Day Staffing Fill Rates

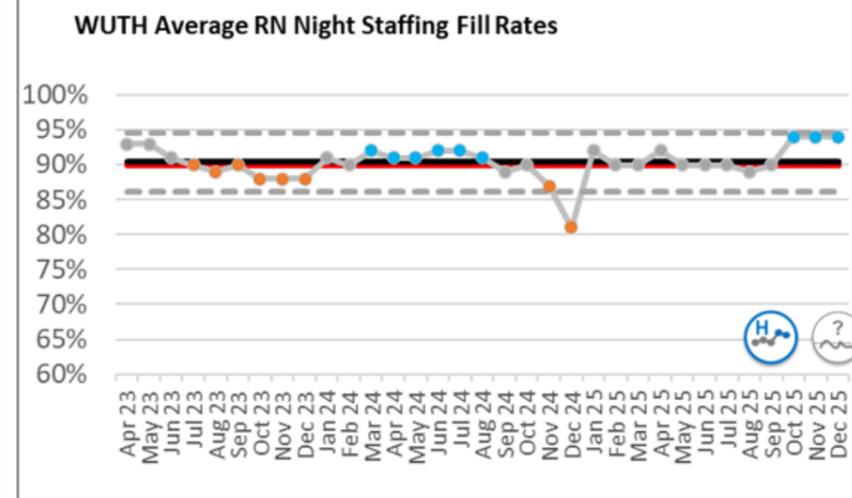
CQC Domain : Safe



<b>Dec-25</b>	90.0%
<b>Variance Type</b>	Common cause variation
<b>Threshold</b>	≥90%
<b>Assurance</b>	Hit and miss target subject to random variation

### Average Registered Nurse Night Staffing Fill Nurse

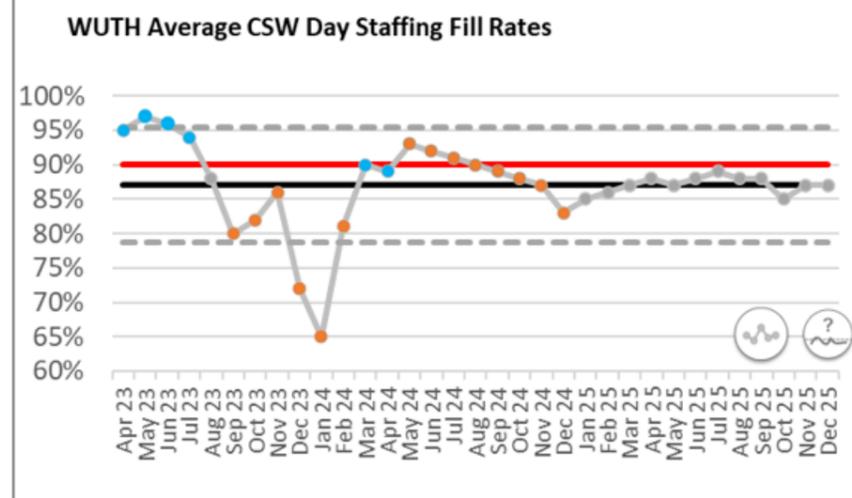
CQC Domain : Safe



<b>Dec-25</b>	94.0%
<b>Variance Type</b>	Special cause improving variation
<b>Threshold</b>	≥90%
<b>Assurance</b>	Hit and miss target subject to random variation

### Average Clinical Support Worker Day Staffing Fill Rates

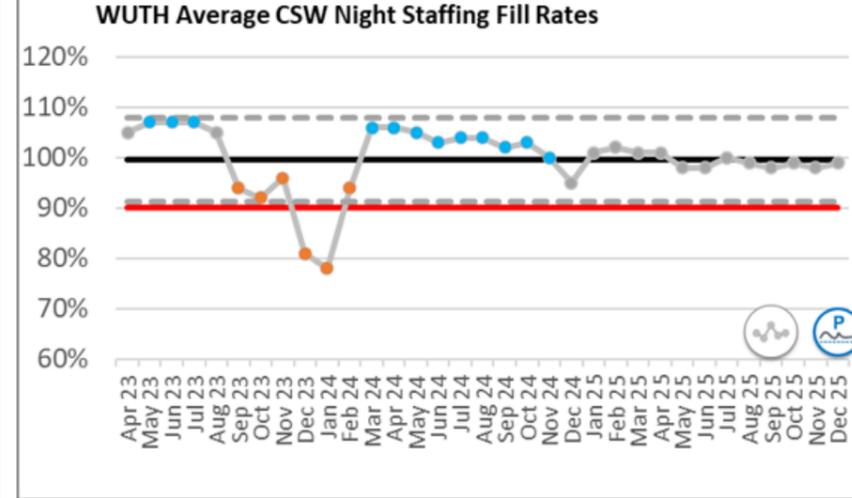
CQC Domain : Safe



<b>Dec-25</b>	87.0%
<b>Variance Type</b>	Common cause variation
<b>Threshold</b>	≥90%
<b>Assurance</b>	Hit and miss target subject to random variation

### Average Clinical Support Worker Night Staffing Fill Rates

CQC Domain : Safe



<b>Dec-25</b>	99.0%
<b>Variance Type</b>	Common cause variation
<b>Threshold</b>	≥90%
<b>Assurance</b>	Consistently hit target

### Commentary

#### CSW day staffing fill rates

CSW fill rates on day shifts remain below 90%

#### Actions

Successful Trust wide CSW recruitment event in December- new format piloted, support from system partners

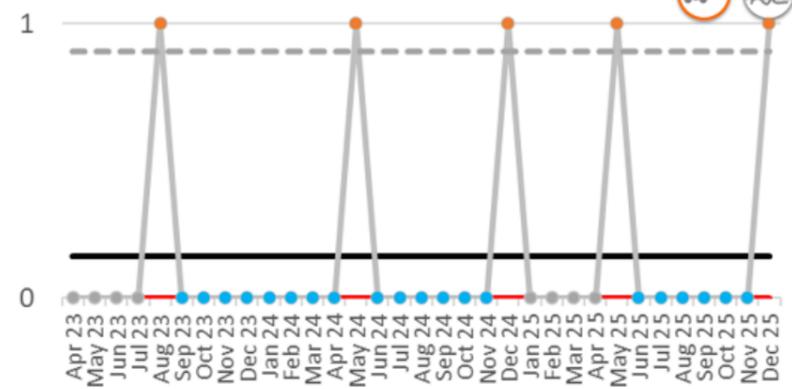
Significant work undertaken to refresh CSW organisational change plans – meetings held with all areas and CSW representatives. Revised models agreed and implementation plans in progress with associated training and development plans.

Focussed ED CSW recruitment planned.

## MRSA Cases

CQC Domain : Safe

MRSA Cases



Dec-25

1

**Variance Type**  
Special cause  
concerning variation

**Threshold**

≤0

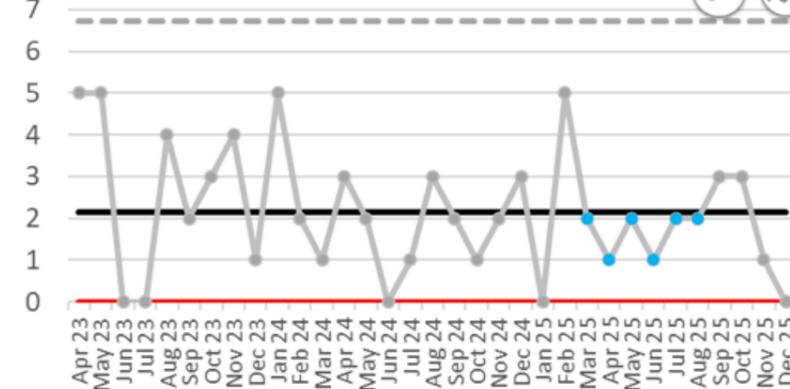
**Assurance**

Hit and miss target  
subject to random  
variation

## MSSA Cases

CQC Domain : Safe

MSSA Cases



Dec-25

0

**Variance Type**  
Common cause variation

**Threshold**

≤0

**Assurance**

Hit and miss target  
subject to random  
variation

## Commentary

### MRSA

In December there has been one HOHA MRSA Bacteraemia reported. The patient was known to be have been previously colonised with MRSA. A post infection review is currently underway, however there was no record that Octenisan washes had been given for the first 5 days of admission and there was a delay in commencing decolonisation treatment.

### Actions:

- Complete post infection review with multi-disciplinary team
- Learning to be presented to Infection Prevention and Control Group
- Octenisan washes for the first 5 days of admission to be recorded in CERNER interactive view
- MRSA decolonisation treatment dates are included on the IPC daily update

### MSSA

There have been no MSSA blood stream infections reported in December.

Dashboard	Quality and Safety
Lead	Chief Medical Officer

**Quality and Safety Domain Matrix**

		ASSURANCE				
					No Target	
VARIATION	 		Never Events			
	 		NEWS2 Compliance Mortality (SHMI)			
	 	% of adult patients VTE risk-assessed on admission				

## Quality and Safety Summary

### Highlights

KPI	Latest date period	Measure	Target	Variation	Assurance	Mean
% of adult patients VTE risk-assessed on admission	Dec 25	95.9%	≥95%			97.3%
Never Events	2025/26	4	≤0			
NEWS2 Compliance	Dec 25	88.6%	≥90%			89.3%
Mortality (SHMI)	Aug 25	1.039	0.95-1.05			1.021
Number of studies open	Dec 25	42				
% of current studies meeting recruitment target	Dec 25	26.2%				
% of open studies with a commercial sponsor	Dec 25	4.8%				

### Areas of Concern

4 Never Events reported during Q1

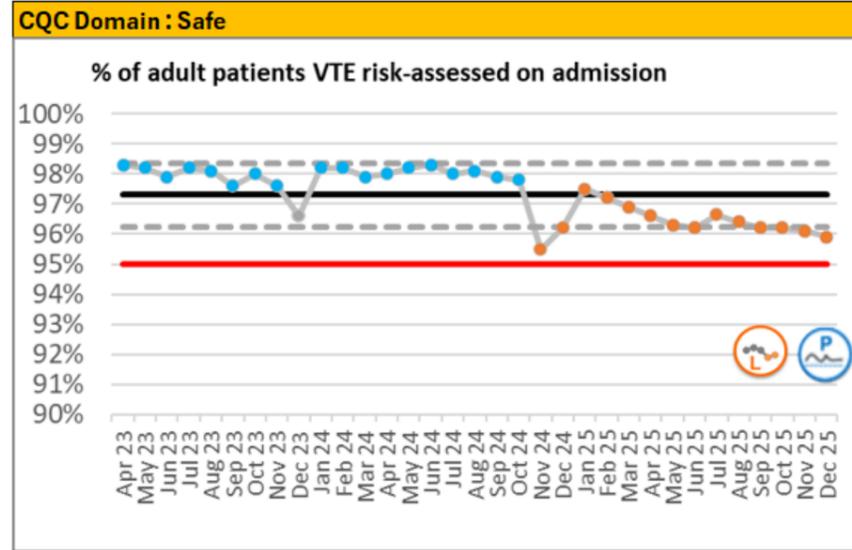
Reduction in NEWS 2 compliance

### Forward Look (Actions)

Work around LocSSIPs continues with new e-learning package in place for all clinical staff. Electronic LocSSIP to be developed once Cerner upgrade completed

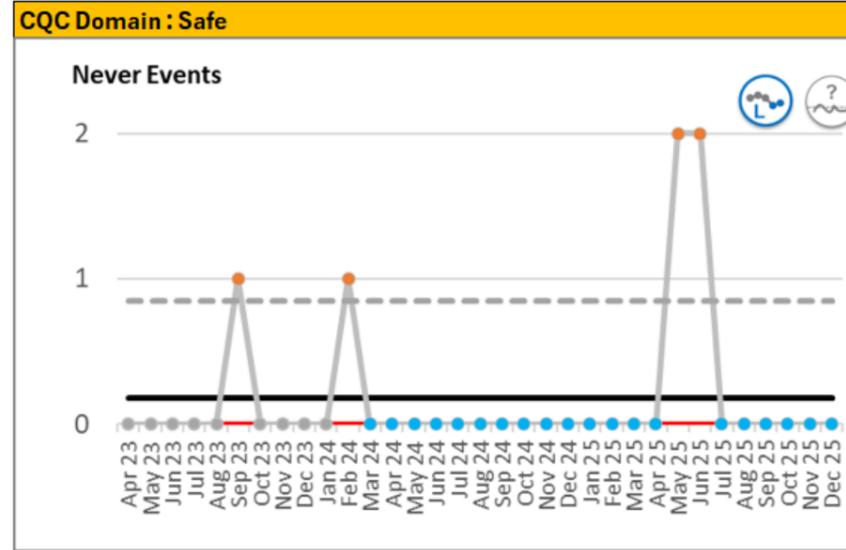
Compliance dropped in Dec 2025, related to a drop in compliance for acute areas. Live compliance on BI portal by area. Focused actions in place with individual areas to improve compliance. This is monitored through DQB and DPRs

**% of adult patients VTE risk assessed on admission**



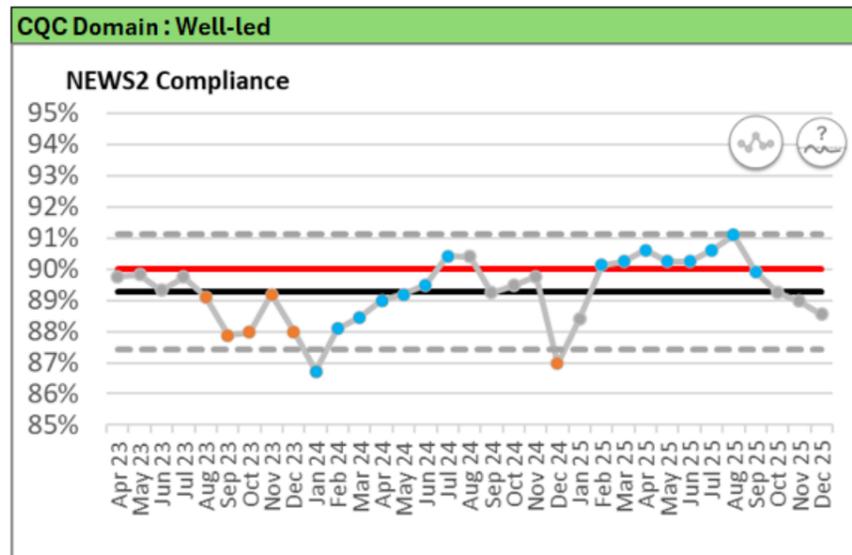
<b>Dec-25</b>
<b>95.9%</b>
<b>Variance Type</b>
Special cause concerning variation
<b>Threshold</b>
≥95%
<b>Assurance</b>
Consistently hit target

**Never Events**



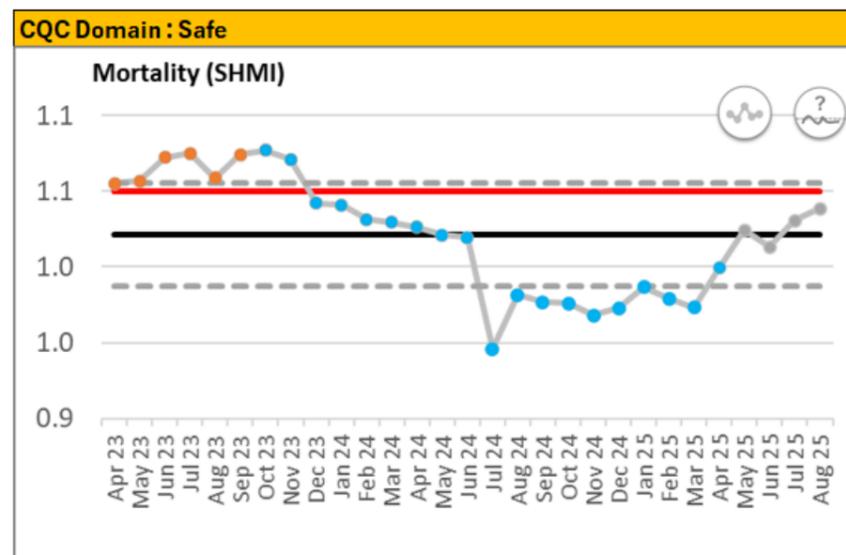
<b>2025/26</b>
<b>4</b>
<b>Variance Type</b>
Special cause improving variation
<b>Threshold</b>
≤0
<b>Assurance</b>
Hit and miss target subject to random variation

**NEWS 2 Compliance**



<b>Dec-25</b>
<b>88.6%</b>
<b>Variance Type</b>
Common cause variation
<b>Threshold</b>
≥90%
<b>Assurance</b>
Hit and miss target subject to random variation

**Mortality (SHMI)**



<b>Aug-25</b>
<b>1.0387</b>
<b>Variance Type</b>
Common cause variation
<b>Threshold</b>
0.95-1.05
<b>Assurance</b>
Hit and miss target subject to random variation

**Commentary**

Number of studies open – Snapshot position	% of current studies meeting recruitment target – Snapshot position
<div data-bbox="112 304 463 625" style="border: 1px solid black; width: 118px; height: 153px; display: flex; align-items: center; justify-content: center; margin: 10px;"> <span data-bbox="240 436 338 506" style="font-size: 24px;">42</span> </div>	<div data-bbox="1507 304 1857 625" style="border: 1px solid black; width: 118px; height: 153px; display: flex; align-items: center; justify-content: center; margin: 10px;"> <span data-bbox="1576 436 1804 506" style="font-size: 24px;">26.2%</span> </div>
% of open studies with a commercial sponsor – Snapshot position	
<div data-bbox="112 751 463 1073" style="border: 1px solid black; width: 118px; height: 153px; display: flex; align-items: center; justify-content: center; margin: 10px;"> <span data-bbox="195 884 382 953" style="font-size: 24px;">4.8%</span> </div>	
Commentary	

Dashboard	Finance
Lead	Chief Finance Officer

**Finance Domain Matrix**

		ASSURANCE				
					No Target	
VARIATION		Agency spend			Pay - Run Rate	
						
					Non-Pay - Run Rate Non-Contract Income - Run Rate	
						

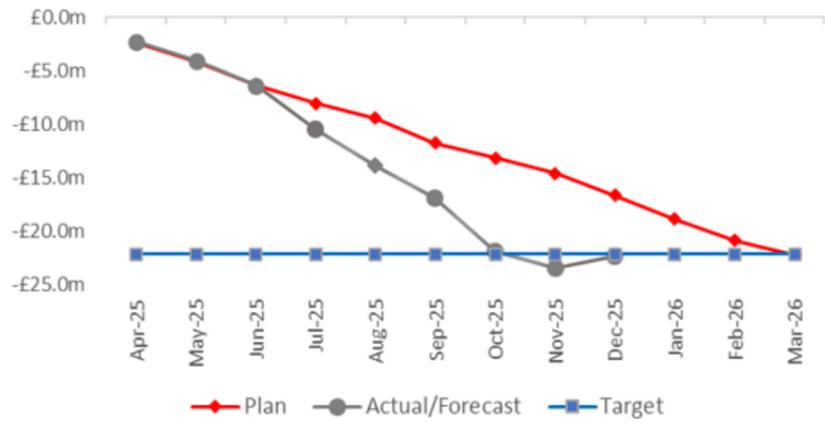
## Finance Summary

Highlights							Areas of Concern	Forward Look (Actions)
KPI	Latest date period	Measure	Target	Variation	Assurance	Mean		
Agency spend	Dec 25	1.5%	≤3.2%			2.6%		
I&E Position	Dec 25	-£22.3m	-£22.1m					
Cumulative CIP	Dec 25	£24.0m	£24.0m					
Capital Expenditure	Dec 25	£16.8m	£26.1m					
Cash Position	Dec 25	£0.1m	£2.7m					

## I&E Position

### CQC Domain : Use of Resources

#### I&E Position



**Dec-25**

**-£22.3m**

#### Variance Type

Position doesn't meet the plan

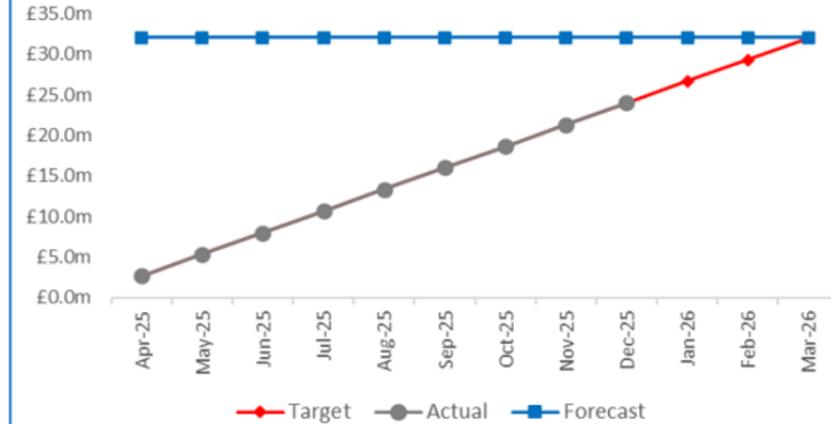
#### Target

-£22.1m

## Cumulative CIP

### CQC Domain : Use of Resources

#### Cumulative CIP



**Dec-25**

**£24.0m**

#### Variance Type

Position meets the plan

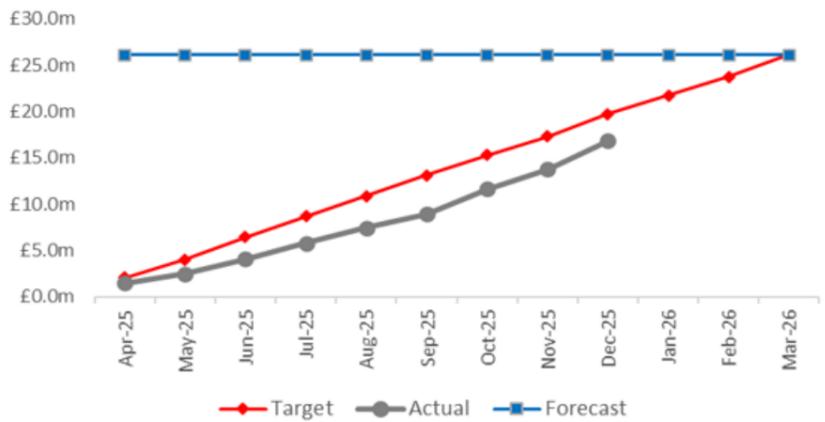
#### Target

£24.0m

## Capital Position

### CQC Domain : Use of Resources

#### Capital Expenditure



**Dec-25**

**£16.8m**

#### Variance Type

Position meets the plan

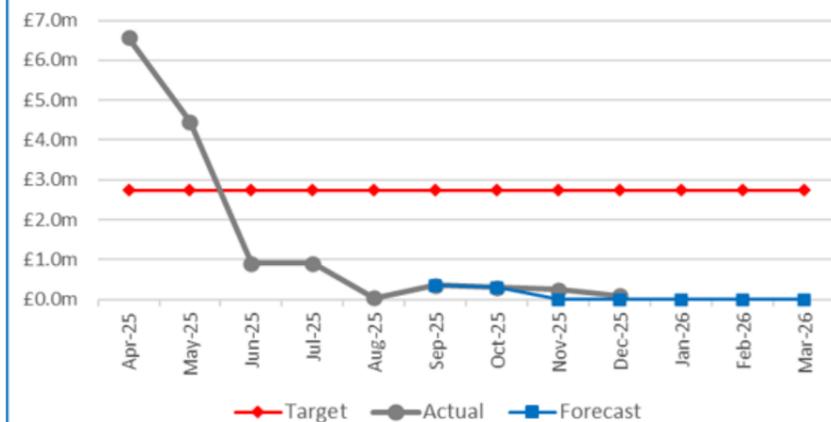
#### Target

£26.1m

## Cash position

### CQC Domain : Use of Resources

#### Cash Position



**Dec-25**

**£0.1m**

#### Variance

Position doesn't meet the plan

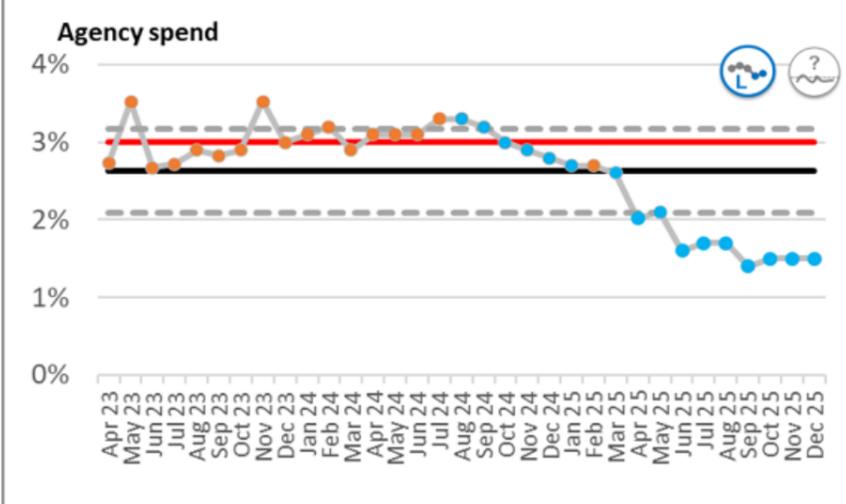
#### Target

£2.7m

## Commentary

**Agency spend %**

**CQC Domain : Use of Resources**



<b>Dec-25</b>
1.5%
<b>Variance Type</b>
Special cause improving variation
<b>Threshold</b>
≤3.2%
<b>Assurance</b>
Consistently hit target

**Commentary**

## M9 Finance Report

### Executive Summary

At the end of December 2025 (M9) the Trust is reporting a deficit of £22.3m which excluding DSF is a £5.7m adverse to plan. This is driven by; industrial action, pay award pressures, the level of efficiency target challenge and the Sterile Services (SSD) critical incident which has impacted the Trusts elective programme. Non-recurrent mitigations have been utilised to support delivery against plan and partially offset the key risks outlined below.

The Trust agreed additional actions to support delivery of the agreed plan which excluding DSF is a £22.1m deficit. These include enhanced controls across variable pay, non-core spend, discretionary non pay, elective income and a non-clinical vacancy freeze - all agreed controls have been enacted. These measures are mitigations to the original 4 key risks identified within the Trust plan which are:

- Full CIP delivery – This is the primary risk to achieving the 2025–26 financial position. The risk adjusted annual forecast is below the required target. This risk includes the delivery of the ICS schemes (£14.1m).
- Activity / Casemix – After adjusting for the impact of IA and CSSD incident elective income is below plan at M9.
- Aseptic Pharmacy – This risk is materialising with a significant reduction in income resulting from production compliance changes.
- Run-rate – 80% of targeted run-rate reductions have been identified and actioned.

The deficit continues to place significant pressure on both the Trust's cash position and compliance with the Better Payment Practice Code (BPPC). The cash balance at the end of M9 was £0.1m. The Trust is following the agreed cash mitigation plan but until a sustainable financial position is achieved this significant issue will continue. Further revenue support applications made for December and January have been approved and February's application is in progress.

Management of risks against this plan alone do not deliver long-term financial sustainability. The significant financial improvement required for sustainability will be delivered through the medium-term finance plan (MTFP). The MTFP for 2026/27 to 2028/29 has been developed and the Trust has submitted the first cut of the 3 year plan starting 2026/27.

The risk ratings for delivery of statutory targets in 2025/26 are:

Statutory Financial Targets	RAG (M9)	RAG (Forecast)	Section within this report / associated chart
Financial Stability	●	●	I&E Position
Agency Spend	●	●	I&E Position
Financial Sustainability	●	●	N/A (quarterly update)
Financial Efficiency	●	●	Cumulative CIP
Capital	●	●	Capital Expenditure
Cash	●	●	Cash Position

Note – Financial stability is an in-year measure of achievement of the (deficit) plan whereas financial sustainability reflects the longer-term financial position of the Trust and recovery of a break-even position.

## I&E Position

### Narrative:

The table below summarises the M9 position:

Cost Type	In Month			Year to Date			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Forecast	Variance
Clinical Income from Patient Care Activities	£39.0m	£41.7m	£2.6m	£351.1m	£352.3m	£1.2m	£468.1m	£469.8m	£1.7m
Other Operating Income	£3.0m	£6.3m	£3.3m	£26.6m	£28.7m	£2.2m	£35.2m	£36.6m	£1.4m
<b>Total Income</b>	<b>£42.0m</b>	<b>£48.0m</b>	<b>£6.0m</b>	<b>£377.6m</b>	<b>£381.0m</b>	<b>£3.4m</b>	<b>£503.3m</b>	<b>£506.4m</b>	<b>£3.1m</b>
Employee Expenses	-£31.7m	-£33.1m	-£1.5m	-£285.3m	-£290.2m	-£4.8m	-£380.0m	-£388.5m	-£8.4m
Operating Expenses	-£13.0m	-£13.0m	-£0.0m	-£115.5m	-£115.9m	-£0.4m	-£153.7m	-£155.8m	-£2.1m
Non Operating Expenses	-£0.4m	-£0.7m	-£0.3m	-£3.7m	-£4.2m	-£0.6m	-£4.9m	-£5.5m	-£0.6m
Recurrent CIP	£1.0m	£0.0m	-£1.0m	£10.3m	£0.0m	-£10.3m	£13.2m	£1.2m	-£12.0m
Non Recurrent Mitigations	£0.0m	£0.0m	£0.0m	£0.0m	£7.0m	£7.0m	£0.0m	£7.0m	£7.0m
<b>Total Expenditure</b>	<b>-£44.0m</b>	<b>-£46.8m</b>	<b>-£2.8m</b>	<b>-£394.2m</b>	<b>-£403.3m</b>	<b>-£9.0m</b>	<b>-£525.5m</b>	<b>-£541.6m</b>	<b>-£16.1m</b>
<b>Month 9 position excluding DSF</b>	<b>-£2.1m</b>	<b>£1.1m</b>	<b>£3.2m</b>	<b>-£16.6m</b>	<b>-£22.3m</b>	<b>-£5.7m</b>	<b>-£22.1m</b>	<b>-£35.1m</b>	<b>-£13.0m</b>

Key variances within the YTD position are:

**Clinical Income** – £1.2m positive variance, the positive movement reflects funding for the impact of M8/M9 Industrial Action. Elective underperformance prior to M7, industrial action and loss of DSF are all included in the year to date position but at this stage the exceptional income impact of the CSSD critical incident is excluded

**Employee Expenses** - £4.8m adverse variance relates to use of bank, agency, industrial action and undelivered vacancy factors.

**Operating expenses** – £0.4m adverse variance relates clinical supplies and depreciation.

**Cost Improvement Programme** – £3.3m underdelivered at month 10 which includes £7.0m of non-recurrent mitigations.

The Trust's agency costs remained at 1.5% of total pay bill for the month, which is significantly below the NHSE threshold of 3.2% of total staff costs.

## Cumulative CIP

### Narrative:

The Trust has transacted CIP with a part year effect of £29.6m at M9 of which, £7.0m has been delivered non-recurrently. The Trust has identified recurrent CIP with a full year effect of £31.7m, however, this figure reduces to £26.9m once risk adjusted reflecting a risk adjusted shortfall of £5.1m.

Review of the CIP position is ongoing through fortnightly CIP Assurance, chaired by the COO and monthly Productivity Improvement Board, chaired by the CEO. The Trust also meets frequently with colleagues from the ICB and across the ICS to identify and deliver the collectively agreed additional savings target (WUTH share £14.1m).

### **Elective Activity**

#### **Narrative:**

Across Q3 the Trust elective programme has been significantly impacted by the CSSD critical incident. This was stepped down to a business continuity incident in November with the majority of specialties able to return to normal activity levels during December.

## Capital Expenditure

### Narrative:

The table below confirms the Trust's capital budget for 2025/26 at M9:

Description	Approved Budget at M1	Revision to budget M2	Revision to budget M5	Revision to budget M6	Revision to budget M7	Revision to budget M8	Revision to budget M9	Revised Budget
<b>CDEL</b>								
Internally Generated	£9.765m	£0.000m	£0.000m	£0.000m	£0.000m	£0.000m	£0.000m	£9.765m
ICB/PDC/WCHC	£14.550m	£0.516m	£0.034m	£0.058m	£0.069m	£-1.424m	£0.144m	£13.947m
Charity	£1.100m	£0.000m	£0.000m	£0.000m	£0.000m	£0.000m	£0.000m	£1.100m
<b>Confirmed CDEL</b>	<b>£25.415m</b>	<b>£0.516m</b>	<b>£0.034m</b>	<b>£0.058m</b>	<b>£0.069m</b>	<b>£-1.424m</b>	<b>£0.144m</b>	<b>£24.812m</b>
<b>Total Funding for Capital</b>	<b>£25.415m</b>	<b>£0.516m</b>	<b>£0.034m</b>	<b>£0.058m</b>	<b>£0.069m</b>	<b>£-1.424m</b>	<b>£0.144m</b>	<b>£24.812m</b>
<b>Capital Programme</b>								
Estates, facilities and EBME	£3.100m	£0.516m	£0.034m	£0.000m	£0.000m	£0.782m	£0.000m	£4.432m
Operational delivery	£8.440m	£0.000m	£0.000m	£0.000m	£0.069m	£0.000m	£0.144m	£8.653m
Medical Education	£0.080m	£0.000m	£0.000m	£0.000m	£0.000m	£0.000m	£0.000m	£0.080m
Transformation	£0.250m	£0.000m	£0.000m	£0.000m	£0.000m	£0.000m	£0.000m	£0.250m
Digital	£0.750m	£0.000m	£0.000m	£0.058m	£0.000m	£0.000m	£0.000m	£0.808m
UECUP	£7.800m	£0.000m	£0.000m	£0.000m	£0.000m	£-2.100m	£0.000m	£5.700m
PDC commitments	£0.304m	£0.000m	£0.000m	£0.000m	£0.000m	£-0.106m	£0.000m	£0.198m
ICB hosted	£3.591m	£0.000m	£0.000m	£0.000m	£0.000m	£0.000m	£0.000m	£3.591m
Charity	£1.100m	£0.000m	£0.000m	£0.000m	£0.000m	£0.000m	£0.000m	£1.100m
<b>Approved Capital Expenditure Budget</b>	<b>£25.415m</b>	<b>£0.516m</b>	<b>£0.034m</b>	<b>£0.058m</b>	<b>£0.069m</b>	<b>£-1.424m</b>	<b>£0.144m</b>	<b>£24.812m</b>
<b>Total Anticipated Expenditure on Capital</b>	<b>£25.415m</b>	<b>£0.516m</b>	<b>£0.034m</b>	<b>£0.058m</b>	<b>£0.069m</b>	<b>£-1.424m</b>	<b>£0.144m</b>	<b>£24.812m</b>
<b>Under/(Over) Commitment</b>	<b>£0.000m</b>	<b>£0.000m</b>						
<b>Approved Capital Expenditure Budget</b>	<b>£25.415m</b>	<b>£25.931m</b>	<b>£25.965m</b>	<b>£26.023m</b>	<b>£26.092m</b>	<b>£24.668m</b>	<b>£24.812m</b>	<b>£24.812m</b>

In M8 and M9 the following revisions to capital funding and budgets are:

- Estates Safety totalling £0.782m. This is to fund six backlog maintenance projects.
- Confirmation of national funding for urgent care of £4.9m, therefore there is a reduction of £2.1m in CDEL.

- An adjustment to the physiological sciences schemes - national funding has been reduced by £0.067m
- CDC equipment – additional equipment of £0.105m.

## Cash Position

### Narrative:

The cash balance at the end of M9 was £0.18m. This includes the impact of £8.4m withheld Deficit Support Funding. Since August 2025 the Trust has been successful in accessing national cash support. The requirements are driven by; non-cash backed deficit, unplanned deficit, withheld deficit support.

The Trust's cash mitigation actions are consistent with the NHS cash regime confirmed in "2025/26 Financial management expectations, tools, interventions and oversight". These include:

- Management of payments - continued daily management of payments to and from other organisations both NHS and non NHS.
- Analysis/CFO oversight - Continued daily monitoring and forecasting of the Trust cash position and our Public Sector Payment Performance metrics.
- Debt recovery - Monitoring and escalation of any aged debt delays.
- Support - Negotiations with ICB and NHSE around mitigations for cash position and the process for applying for cash support.

The reduced cash balance presents daily challenges with a direct impact on the Better Payment Practice Code (BPPC) target by volume and value.

<b>Meeting</b>	WUTH Board of Directors in Public
<b>Date</b>	Wednesday 1 October 2025
<b>Location</b>	Hybrid

**Members present:**

DH	Sir David Henshaw	Joint Chair
SR	Dr Steve Ryan	Non-Executive Director
SL	Sue Lorimer	Non-Executive Director
LD	Lesley Davies	Joint Non-Executive Director
MD	Meredydd David	Joint Non-Executive Director
CB	Professor Chris Bentley	Joint Non-Executive Director
HS	Haris Sultan	Joint Non-Executive Director
JH	Janelle Holmes	Joint Chief Executive
DS	Debs Smith	Joint Chief People Officer
NS	Dr Nikki Stevenson	Medical Director
RM	Dr Ranj Mehra	Interim Joint Medical Director
MS	Matthew Swanborough	Interim Joint Chief Strategy Officer
AH	Ali Hughes	Interim Joint Director of Corporate Affairs
SW	Sam Westwell	Chief Nurse
MC	Mark Chidgey	Chief Finance Officer
HK	Hayley Kendall	Chief Operating Officer & Interim Deputy CEO

**In attendance:**

CW	Claire Wedge	WCHC Deputy Chief Nurse
RC	Robbie Chapman	WCHC Interim Chief Finance Officer
JC	Dr Joanne Chwalko	WCHC Chief Operating Officer & Interim Deputy CEO
DM	Dave Murphy	WCHC Chief Digital Information Officer
CM	Chris Mason	WUTH Chief Information Officer
CH	Cate Herbert	WUTH Board Secretary
JJE	James Jackson-Ellis	WUTH Corporate Governance Officer
LC	Lynn Collins	WCHC Lead Public Governor
SH	Sheila Hillhouse	WUTH Lead Public Governor
TC	Tony Cragg	WUTH Public Governor
SV	Sunil Varghese	WUTH Public Governor

**Apologies:**

SI	Steve Igoe	Joint Non-Executive Director
----	------------	------------------------------

<b>Agenda Item</b>	<b>Minutes</b>	<b>Action</b>
<b>1</b>	<b>Welcome and Apologies for Absence</b>  DH welcomed members to the meeting, which was held jointly with the WCHC Board of Directors. Members of that Board are listed as attendees. Apologies are noted above.	

2	<p><b>Declarations of Interest</b></p> <p>No interests were declared and no interests in relation to the agenda items were declared.</p>	
3	<p><b>Minutes of Previous Meeting</b></p> <p>The minutes of the previous meeting held on the 3 September were <b>APPROVED</b> as an accurate record.</p>	
4	<p><b>Action Log</b></p> <p>The Board <b>NOTED</b> the action log.</p>	
5	<p><b>Staff Story</b></p> <p>The Board received a video story highlighting the approach to flexible working at WUTH. The video story described the benefits this brought to the Trust, including reduced sickness absence and good engagement along with the positive impact it has on individuals and teams.</p> <p>DH queried the take up of flexible working.</p> <p>DS stated due to nature of roles it was higher within corporate teams, and this applied to WCHC also. DS added equality monitoring was regularly undertaken to ensure equity of access to the various flexible working opportunities.</p> <p>SR asked about flexible working for medical staff.</p> <p>DS advised for medical staff flexibility was generally discussed as part of the job planning process and not as part of a flexible working agreement.</p> <p>The Board <b>NOTED</b> the video story.</p>	
6	<p><b>Joint Chair Update</b></p> <p>DH provided an update on recent matters and highlighted that the Cheshire and Merseyside financial position remained challenged. WUTH and WCHC continued to be fully engaged with the ICB regarding the Cheshire and Merseyside ICS being put into financial turnaround by NHS England.</p> <p>Members discussed this, noting both Trusts were aware of the financial risks to the plan and a mitigation plan was in place which was supported by the PWC. Members agreed it was important to maintain a focus on run rate and workforce reductions, however acknowledged various improvements would be transacted within the 2026/27 financial year.</p> <p>DH queried the key performance concerns.</p>	

	<p>HK advised the most significant risk to UEC performance remains achieving a sustained reduction in patients waiting over 12 hours in the ED and the 4hr accident and emergency standard. HK added external feedback indicated the Trust had robust processes in place but noted further work was required in terms of the consistency of application of these processes to meet both these standards.</p> <p>The Board <b>NOTED</b> the update.</p>	
<p><b>7</b></p>	<p><b>Joint Chief Executive Officer Report</b></p> <p>JH summarised the Cheshire and Merseyside Provider Collaborative meeting in September, noting key discussions took place on a Provider Collaborative reset and the development of a provider strategy - an NHS provider Trust blueprint.</p> <p>JH advised members about the NHS Oversight Framework (NOF) publication, noting WCHC was in segment 1 and WUTH was in segment 4. JH also noted both WUTH and WCHC will be completing the Provider Capability self-assessment.</p> <p>JH highlighted the CQC undertook an inspection of the WCHC Urgent Treatment Centre and Eastham Walk-in Centre, and the Trust was awaiting the draft report.</p> <p>JH explained the recent national CQC inpatient survey showed WUTH had scored 9.2 out of 10, indicating one of the highest-scoring areas was kindness and compassion.</p> <p>JH gave an update regarding Better Together - Journey to Integration, highlighting the various activity undertaken in September including video updates and briefings to staff and a presentation to the Cheshire and Merseyside ICB Board.</p> <p>JH referenced the staff flu campaign would begin from 1 October and summarised how staff could be vaccinated.</p> <p>JH reported at WUTH in July there were no RIDDORs (Reporting of Injuries, Diseases and Dangerous Occurrences) reported to the Health and Safety Executive and one Patient Safety Incident Investigation opened under the Patient Safety Incident Response Framework.</p> <p>JH highlighted the various WUTH and WCHC employee of the month and standout winners for August.</p> <p>SR commented that it was positive WUTH had fully implemented Martha's Rule and asked about the uptake of this.</p>	

	<p>RM stated so far there had only been two requests to refer patients for a rapid review which led to a clinical intervention. RM noted the Trust was in the process of seeking feedback from patients regarding this.</p> <p>HS queried what the flu vaccination target was and the potential barriers.</p> <p>DS stated Trusts had been given a 5% improvement target based on 2024/25 and added the barriers relates to vaccination fatigue and combating concerns through myth busting. DS said the vaccination team were making it easy as possible to receive the flu vaccine.</p> <p>The Board <b>NOTED</b> the report.</p>	
<p><b>8</b></p>	<p><b>Integrated Performance Report</b></p> <p>DS reported sickness absence levels continued to be above the 5% threshold and had decreased in month. Anxiety, stress and depression was now the main reason for sickness absence. Turnover was consistent with the annual trend in August driven by the rotation of resident doctors. Appraisal compliance remained below target for the past 6 months and corrective actions were being undertaken to improve this position.</p> <p>Members suggested the rotation of resident doctors should be excluded from the staff turnover SPC.</p> <p>DS agreed to take this forward.</p> <p>HK explained the 4-hour accident and emergency target and the number of patients waiting over 12 hours in the Emergency Department (ED) remained the most significant risk to UEC performance. HK advised there was now a stronger Executive presence within the ED to maintain oversight and corrective actions where being implemented to ensure the consistent application of procedures was in place.</p> <p>SL queried if there was any opportunity to utilise the nursing workforce better in the ED to improve performance.</p> <p>SW stated the business case for nurses in ED would be fully recruited to by the end of the year and added Advanced Nurse Practitioners (ANPs) would help improve the 4-hour target.</p> <p>SR noted the number of patients waiting longer than 12 hours in the ED from a decision to admit had continued to improve and suggested learning from this should be explored.</p> <p>HK agreed and added this also related to consistent application of processes and a good culture.</p>	<p>Debs Smith</p>

	<p>SW explained there had been 12 C Diff incidents and 2 grade 3 healthcare associated pressure ulcers. SW added there had been 25 level 2 complaints and 257 level 1 informal concerns, indicating activity returning toward year-to-date averages.</p> <p>DH asked about the barriers to meeting the annual C Diff threshold target.</p> <p>SR indicated that some of this was not within the Trust's gift as a number of C Diff incidents arise within the community, however prompt sampling, isolation and handwashing were within the Trust's controls.</p> <p>DH requested further detail to address 4hr and 12hr breaches and C Diff metrics.</p> <p>RM indicated there were no areas of concern to raise with the Medical Director portfolio this month.</p> <p>The Board <b>NOTED</b> performance to the end of August 2025.</p>	<p>Hayley Kendall/Sam Westwell</p>
<p><b>9</b></p>	<p><b>Chief Finance Officer Report</b></p> <p>MC reported at the end of August, month 5, the Trust is reporting a deficit of £9.6m which is a £7.3m adverse variance to plan driven by the withholding of Deficit Support Funding (DSF), industrial action, pay award pressures and system stretch target.</p> <p>MC advised that as part of the Cheshire and Merseyside finance review process the Trust has submitted a mid-case forecast which, excluding DSF, is a £13.0m adverse variance to plan.</p> <p>MC noted during September the Trust agreed additional actions to support delivery of the agreed plan, excluding DSF, of a £22.1m deficit.</p> <p>MC also reported the original 4 key risks identified within the Trust plan remained and these were:</p> <ul style="list-style-type: none"> <li>• Full CIP delivery;</li> <li>• Activity/case mix;</li> <li>• Aseptic pharmacy income; and</li> <li>• Run rate</li> </ul> <p>MC added the cash balance at the end of month 5 was £0.34m. During month 5 the Trust requested £16.5m of cash support in September, of which £10.0m was approved. The Trust has agreed a cash mitigation plan for September, but the cash position will continue as a significant issue until the Trust has returned to a sustainable financial position.</p>	

	<p>MC provided an update on risk ratings for delivery of statutory targets, noting the RAG rating for each, highlighting that financial stability and financial sustainability were red, financial efficiency and cash were amber, and agency spend and capital was green.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the report including that the Trust has reported an adverse variance to plan.</li> <li>• <b>NOTED</b> that the Trust's most immediate finance risk remains the cash position.</li> <li>• <b>ENDORSED</b> the increase in capital budget of £0.034m.</li> <li>• <b>NOTED</b> the risk to delivering the 25/26 plan, that this risk is not fully addressed by the approved mitigation plan and the requirement to identify additional actions.</li> </ul>	
<p><b>10</b></p>	<p><b>Chief Operating Officer Report</b></p> <p>HK advised she would focus on planned care in this report due to discussing earlier in the agenda the two risks to unscheduled care.</p> <p>HK highlighted that dermatology cancer performance remained a significant pressure, having deteriorated following implementation of an AI pathway. HK noted this new pathway had increased the volume of referrals and demand exceeded capacity, resulting in an impact on the Faster Diagnosis Standard.</p> <p>SL queried if the outsourcing of ENT patients had commenced.</p> <p>HK stated this commenced in September and 65 week waiters had begun to reduce in this speciality.</p> <p>HS asked about the assurances the Trust had received regarding the AI pathway.</p> <p>HK explained the AI pathway had been implemented nationally and the modelling indicated this would reduce the number of referrals and instead it had the opposite effect.</p> <p>RM stated the new Chief Nursing Information Officer was in the process of developing a policy to provide assurance on new AI technologies.</p> <p>The Board <b>NOTED</b> the report.</p>	
<p><b>11</b></p>	<p><b>Board Assurance Framework (BAF)</b></p> <p>AH provided an overview the BAF, explaining there had been no changes to each of the strategic risk scores.</p> <p>AH advised a new shared strategic risk with WCHC has been added in relation to failing to develop a Joint Strategy and deliver the 2 year integration plan.</p>	

	<p>AH noted this had been agreed and recommended to the Board by the Integration Management Board. The risk was currently scored at 9 with an open risk appetite and a target risk rating of 6.</p> <p>HS queried the cyber security risk and the Trust's business continuity policy.</p> <p>DH suggested HS speak with CM who would be able to provide answers outside of the meeting.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the updates provided on the current position in relation to the strategic risks; and</li> <li>• <b>APPROVED</b> the addition of a new risk (9) related to integration noting continued oversight by the Integration Management Board.</li> </ul>	
<b>12</b>	<p><b>Lead Governor Report</b></p> <p>SH provided a verbal update and highlighted the Cheshire and Merseyside Governor Symposium took place September and positive feedback had been received by other Governors.</p> <p>SH added Governors were due to take part in the Patient-Led Assessments of the Care Environment (PLACE) at Arrowe Park and Clatterbridge in October.</p> <p>The Board <b>NOTED</b> the update.</p>	
<b>13</b>	<p><b>Committee Chairs Reports – Charitable Funds Committee</b></p> <p>SL alerted members that the Committee approved the proposal to formally close the Tiny Stars appeal on 30 November 2025, which was in line with the expected completion date of the Neonatal Unit refurbishment. SL noted once approved by the Board the closure would be communicated in October.</p> <p>SL also alerted members to the funding position as at 31 July.</p> <p>SL summarised the various “Advise” and “Assure” matters from the Committee meeting on 27 August.</p> <p>The Board</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the report; and</li> <li>• <b>APPROVED</b> the formal closure of the Tiny Stars appeal on 30 November 2025</li> </ul>	
<b>14</b>	<p><b>Committee Chairs Reports – Audit and Risk Committee</b></p> <p>SI alerted members that the Committee undertook a deep dive into the BAF Risk 6 related to financial sustainability.</p>	

	<p>The Committee discussed the challenging financial position for the Trust, and the requirement to make further efficiencies despite transacting £54m in recurrent Cost Improvement Programme (CIP). The position was also exacerbated by ongoing high risk regarding the Trust's cash balance and requirement for deficit support funding.</p> <p>SI summarised the various "Advise" and "Assure" matters from the Committee meeting on 1 September.</p> <p>The Board <b>NOTED</b> the report.</p>	
<b>15</b>	<p><b>Committee Chairs Reports – Research and Innovation Committee</b></p> <p>SR advised there were no issues to alert members and summarised the various "Advise" and "Assure" matters from the Committee meeting on 15 September.</p> <p>The Board <b>NOTED</b> the report.</p>	
<b>16</b>	<p><b>Committee Chairs Reports – Quality Committee</b></p> <p>SR alerted members that the Committee had received a thematic review following the recent 4 Never Events. This review provided strong assurance that the causes had been identified, and corrective action was being taken.</p> <p>SR also alerted members that the Committee received a moderate rating internal audit review of the Infection Prevention and Control (IPC). SR noted this primarily related to the governance of the IPC BAF and it had been agreed to triangulate this with the Trust BAF.</p> <p>SR summarised the various "Advise" and "Assure" matters from the Committee meeting on 17 September.</p> <p>The Board <b>NOTED</b> the report.</p>	
<b>17</b>	<p><b>Committee Chairs Reports – Finance Business Performance Committee</b></p> <p>SL noted the Committee met in September and held a shorter meeting to primarily discuss the month 5 position and the mitigation plan, which were both covered in this meeting and the Private Board meeting.</p> <p>The Board <b>NOTED</b> the report.</p>	
<b>18</b>	<p><b>Monthly Maternity and Neonatal Services Report</b></p> <p>JL provided the perinatal clinical surveillance data linked to quality and safety of maternity services and highlighted the two areas of</p>	

	<p>non-compliance for August, noting this related to midwifery staffing sitting below Birth Rate + Acuity and the midwifery vacancy rate.</p> <p>JL reported there were no Patient Safety Investigation Incidents (PSIIs) declared in March for Maternity or Neonatal Services.</p> <p>JL gave an update on the Maternity Incentive Scheme (MIS) Year 7 and the ten safety actions, noting current progress to date and that this was being routinely tracked through the Women and Children's Divisional Quality Assurance meeting.</p> <p>JL also referenced the Maternity and Neonatal Inquiry, including the background for this and the next steps.</p> <p>HK queried the MIS appendix and red RAG rated position.</p> <p>JL advised this was because the evidence had not been reviewed and the RAG rated position would change once this had been completed.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the report</li> <li>• <b>NOTED</b> the Perinatal Clinical Surveillance Assurance report.</li> <li>• <b>NOTED</b> the position of the Maternity and Newborn Safety Investigations (MNSI) and PSII's</li> <li>• <b>NOTED</b> the position with the Maternity Incentive Scheme Year 7 requirements.</li> <li>• <b>NOTED</b> the update on the Maternity and Neonatal Inquiry.</li> </ul>	
<p><b>19</b></p>	<p><b>2024/25 Annual Submission to NHS England North West: Appraisal and Revalidation</b></p> <p>RM presented the report and explained the requirements set out by NHS England and provided a summary of the appraisal and revalidation data for the period year April 204 – March 2025.</p> <p>RM noted the Trust had a well-resourced Appraisal &amp; Revalidation Team, including 76 trained medical appraisers. RM added the Trust also had a high appraisal compliance rate and a low revalidation deferral rate.</p> <p>RM summarised the various actions to be undertaken next year, including ongoing engagement with the Responsible Officer Network and to review and publish the Medical Staff Remediation Policy.</p> <p>RM added following ratification by Board the report would be signed by JH and returned to NHS North West before the 31 October deadline.</p> <p>The Board <b>RATIFIED</b> the report.</p>	

<p><b>20</b></p>	<p><b>Antimicrobial Stewardship Annual Report</b></p> <p>DH noted this report had been considered and discussed in detail at the recent Quality Committee with assurance included in the Chair's report. DH invited any questions on the report.</p> <p>No questions were raised.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the contents of this report and the actions being taken to drive improvements in antibiotic prescribing</li> <li>• <b>NOTED</b> the positive outcomes from the work described; and</li> <li>• <b>ENDORSED</b> the AMS priorities</li> </ul>	
<p><b>21</b></p>	<p><b>Accountable Officer Controlled Drugs Annual Report</b></p> <p>DH noted this report had been considered and discussed in detail at the recent Quality Committee with assurance included in the chairs report. DH invited any questions on the report.</p> <p>No questions were raised.</p> <p>The Board <b>NOTED</b> the report.</p>	
<p><b>22</b></p>	<p><b>Safeguarding and Complex Care Annual Report</b></p> <p>DH noted this report had been considered and discussed in detail at the recent Quality Committee with assurance included in the chairs report. DH invited any questions on the report.</p> <p>No questions were raised.</p> <p>The Board <b>NOTED</b> the report.</p>	
<p><b>23</b></p>	<p><b>Infection Prevention and Control (IPC) Annual Report (including IPC BAF)</b></p> <p>DH noted this report had been considered and discussed in detail at the recent Quality Committee with assurance included in the chairs report. DH invited any questions on the report.</p> <p>No questions were raised.</p> <p>The Board <b>NOTED</b> the report.</p>	
<p><b>24</b></p>	<p><b>Biannual Establishment Review</b></p> <p>SW explained the previous establishment review was provided to Board in March and no changes were proposed following the first audit undertaken using the updated Adult Safer Nursing Care Tool.</p> <p>SW added a second audit was undertaken in May and when compared to the first audit this resulted in similar findings, indicating</p>	

	<p>little variance and high confidence in the Adult Safer Nursing Care Tool.</p> <p>SW highlighted for adult inpatients a recommendation to reduce staffing on Ward 15 had been proposed and approved. SW noted a number of other areas where undergoing Divisional or operational change and referred to the rationales in the report.</p> <p>The Board <b>NOTED</b> the report.</p>	
<b>25</b>	<p><b>Questions from Governors and Public</b></p> <p>No questions were raised.</p>	
<b>26</b>	<p><b>Meeting Review</b></p> <p>No comments were made.</p>	
<b>27</b>	<p><b>Any other Business</b></p> <p>No other business was raised.</p>	

*(The meeting closed 12:00)*

<b>Meeting</b>	WUTH Board of Directors in Public
<b>Date</b>	Wednesday 5 November 2025
<b>Location</b>	Hybrid

**Members present:**

SI	Steve Igoe	Acting Joint Chair
SL	Sue Lorimer	Non-Executive Director
SR	Dr Steve Ryan	Joint Non-Executive Director
LD	Lesley Davies	Joint Non-Executive Director
MD	Meredydd David	Joint Non-Executive Director
CB	Professor Chris Bentley	Joint Non-Executive Director
HS	Haris Sultan	Joint Non-Executive Director
JH	Janelle Holmes	Joint Chief Executive
DS	Debs Smith	Joint Chief People Officer
NS	Dr Nikki Stevenson	Medical Director
MS	Matthew Swanborough	Interim Joint Chief Strategy Officer
AH	Ali Hughes	Interim Joint Director of Corporate Affairs
MC	Mark Chidgey	Chief Finance Officer
HK	Hayley Kendall	Chief Operating Officer

**In attendance:**

CW	Claire Wedge	WCHC Deputy Chief Nurse
RC	Robbie Chapman	WCHC Interim Chief Finance Officer
JC	Dr Joanne Chwalko	WCHC Chief Operating Officer & Interim Deputy CEO
CM	Chris Mason	WUTH Chief Information Officer
CH	Cate Herbert	WUTH Board Secretary
JJE	James Jackson-Ellis	WUTH Corporate Governance Officer
RT	Robert Thompson	WUTH Deputy Lead Public Governor

**Apologies:**

SW	Sam Westwell	Chief Nurse
SH	Sheila Hillhouse	Lead Public Governor

<b>Agenda Item</b>	<b>Minutes</b>	<b>Action</b>
<b>1</b>	<p><b>Welcome and Apologies for Absence</b></p> <p>SI welcomed members to the meeting, which was held jointly with the WCHC Board of Directors. Members of that Board are listed as attendees. Apologies are noted above.</p> <p>SI thanked SL, who was stepping down, for her contributions as a Board member during the past 8 years.</p>	
<b>2</b>	<p><b>Declarations of Interest</b></p>	

	No interests were declared and no interests in relation to the agenda items were declared.	
<b>3</b>	<p><b>Minutes of Previous Meeting</b></p> <p>The minutes of the previous meeting held on the 1 October were <b>APPROVED</b> as an accurate record.</p>	
<b>4</b>	<p><b>Action Log</b></p> <p>The Board <b>NOTED</b> the action log.</p>	
<b>5</b>	<p><b>Staff Story</b></p> <p>The Board received a video story highlighting the success of the WUTH Leadership Conference held earlier in the year. The video story described the experience of staff who attended which had been positive.</p> <p>The Board <b>NOTED</b> the video story.</p>	
<b>6</b>	<p><b>Acting Joint Chair Update</b></p> <p>SI provided a verbal update, referencing the recent letter the Trust had received regarding proposed licence undertakings from NHSE.</p> <p>SI confirmed that Sir David Henshaw had stepped down as Joint Chair and that SI is currently Acting Joint Chair. SI added Sue Lorimer was also stepping down and a recruitment process had been agreed to recruit a Joint Non-Executive Director with a financial background.</p> <p>The Board <b>NOTED</b> the update.</p>	
<b>7</b>	<p><b>Joint Chief Executive Officer Report</b></p> <p>JH stated Sir David Henshaw had been appointed as Interim Chair of the Cheshire and Merseyside ICB and that Steve Igoe would take up the position of Acting Joint Chair.</p> <p>JH advised members about the CQC inspection of WUTH Medical Care and Urgent &amp; Emergency Care, explaining the ratings for the hospital and urgent and emergency services remain requires improvement.</p> <p>JH reported the Trust declared a Critical Incident on 21 October 2025 due to an issue in the Sterile Services Department affecting surgical instruments and set out the measures taken to deal with the incident.</p> <p>JH gave an update regarding Better Together - Journey to Integration, highlighting the various activity undertaken in October, including the ongoing work to ensure the TUPE of corporate staff</p>	

	<p>from WCHC to WUTH takes place on 1 December and ongoing Joint Strategy engagement work.</p> <p>JH summarised the Cheshire and Merseyside Provider Collaborative meeting in October, noting the meeting was focussed on discussion and agreement of the priorities for the Collaborative.</p> <p>JH provided an overview of the various national developments in the last month, noting the publication of the medium term planning framework, resident doctor industrial action and the terms of reference for the independent maternity and neonatal investigation.</p> <p>JH reported at WUTH in September there was one RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences) reported to the Health and Safety Executive and two Patient Safety Incident Investigations opened under the Patient Safety Incident Response Framework.</p> <p>JH referenced various joint activity undertaken across both Trusts, including Allied Health Professionals Day, Wear Red for Red Card Racism and Speak Up Week.</p> <p>JH highlighted the various WUTH and WCHC employee of the month and standout winners for September.</p> <p>The Board <b>NOTED</b> the report.</p>	
<p><b>8</b></p>	<p><b>Integrated Performance Report</b></p> <p>DS reported sickness absence remained above the Trust's 5% target but was an improvement on the previous month. The top 3 reasons were mental health, gastro and cold/flu. DS added a new approach focussed on staff struggling to return to work would commence in November.</p> <p>DS stated appraisal compliance continued to not meet Trust target but was continuing to increase over the previous 3 months. DS added the Trust was exploring having an appraisal window similar to WCHC and this was being considered.</p> <p>LD noted sickness absence remained high for Estates, Facilities and Capital had the highest monthly rate for sickness absence and queried the progress on their changes following the deep dive at People Committee earlier in the year.</p> <p>DS stated this was challenging for the Division to implement due to the requirement to reduce costs.</p> <p>NS reported on behalf of the Chief Nurse that there had been a further reduction in Friends and Family Test (FTT) for ED to 69.1% against a target of 95%. Inpatients had also decreased by 0.8%.</p>	

	<p>NS stated there had been 3 hospital acquired category 3 pressure ulcers and 16 incidents of C Diff which was linked to an outbreak on ward 33.</p> <p>NS explained NEWS2 compliance had reduced below Trust target in month and the LocSSIPs action plan continued to progress to ensure improvements were embedded.</p> <p>LD queried the key themes from complaints/informal concerns and if there were any similar thematic areas across Divisions.</p> <p>NS stated issues were arising because of discharge summaries and work was being undertaken to improve those. NS added a triangulation of themes were discussed at each Divisional Performance Review.</p> <p>MD asked if each Division had a dashboard for complaints/concerns to monitor performance.</p> <p>NS advised each Division did have this including a suite of KPIs to monitor performance, which was discussed at speciality, divisional and Trust level.</p> <p>SR commented about VTE and that this can occur outside of the hospital environment and queried if there was data to evidence this.</p> <p>NS stated she was not aware of this but agreed to explore how VTE incidents for patients in the community is captured</p> <p>The Board <b>NOTED</b> performance to the end of September 2025.</p>	<p>Dr Nikki Stevenson</p>
<p><b>9</b></p>	<p><b>Chief Finance Officer Report</b></p> <p>RC reported at the end of September, month 6, the Trust is reporting a deficit of £12.6m which is a £9.4m adverse variance to plan driven by the withholding of Deficit Support Funding (DSF), industrial action, pay award pressures and system stretch target.</p> <p>RC advised to date, £7.0m of non-recurrent mitigations have been utilised to support delivery against the plan and offset the key risks.</p> <p>RC explained in September the Trust agreed additional actions to support delivery of the agreed plan, excluding DSF, of a £22.1m deficit. These actions are fully enacted from October.</p> <p>RC recapped the original 4 key risks identified within the Trust plan and these were:</p> <ul style="list-style-type: none"> <li>● Full CIP delivery;</li> <li>● Activity/case mix;</li> <li>● Aseptic pharmacy income; and</li> <li>● Run rate</li> </ul>	

	<p>RC added the cash balance at the end of month 6 was £0.36m and a cash mitigation plan has been implemented, however this issue will continue until the Trust has returned to a sustainable financial position.</p> <p>RC noted additional revenue support applications were in progress and work was ongoing to develop a medium term finance plan.</p> <p>RC provided an update on risk ratings for delivery of statutory targets, noting the RAG rating for each, highlighting that financial stability, financial sustainability and financial efficiency were red, cash was amber, and agency spend, and capital was green.</p> <p>SL asked if any of the replacement trays or equipment impacting on sterile services had been accounted for in the financial position.</p> <p>HK advised as the capital programme was behind plan and no schemes from 2026/27 had been brought forward there was an opportunity to use those funds.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the report including that the Trust has reported an adverse variance to plan.</li> <li>• <b>NOTED</b> that the Trust's most immediate finance risk remains the cash position and approve that the CFO submits additional applications based on confirmed need.</li> <li>• <b>NOTED</b> the risk to delivering the 25/26 plan, that this risk is not fully addressed by the approved mitigation plan and the requirement to identify additional actions.</li> <li>• <b>APPROVED</b> the increase in the capital budget for cyber resilience.</li> </ul>	
<p><b>10</b></p>	<p><b>Chief Operating Officer Report</b></p> <p>HK reported September elective activity performance was 96% for outpatients and 92% for elective admissions, noting underachievement was mainly in Medicine and Surgery.</p> <p>HK added for Referral to Treatment (RTT) the Trust achieved trajectory for overall caseload and 18-week waits but 52-week waiters were above trajectory, mainly ENT and Dermatology. HK noted no patients were waiting 78+ weeks and 65+ week waiters had reduced to 4.</p> <p>HK explained for cancer performance the Faster Diagnostic Standard (FDS) was not met due to Dermatology causing the biggest pressure. HK added this was because of pathway changes and AI implementation.</p> <p>HK highlighted type 1 performance in the Emergency Department (ED) was 42.7% and 12-hour waits remained significantly high. HK</p>	

	<p>added the Trust was being supported by ECIST and were focussing on prolonged waits in ED, wait to be seen, workforce and ward processes.</p> <p>HK stated pressure for a mental health bed also remained challenging and the Trust was awaiting to hear about capital funding for a Mental Health Crisis Hub, which would provide an alternative location for patients requiring a bed at Arrowe Park Hospital.</p> <p>SR commented that the Trust's performance for ambulance handover remained positive despite the pressure and asked if system partners acknowledged the beneficial impact of this.</p> <p>HK agreed and stated the system partners had commented about the continued good performance for category 2 response time and NWAS welcomed this also.</p> <p>The Board <b>NOTED</b> the report.</p>	
<b>11</b>	<p><b>Board Assurance Framework (BAF)</b></p> <p>AH provided an overview the changes to the BAF, referencing the recommended changes following discussion at the relevant Committees.</p> <p>AH stated risk ID02 was proposed to increase to RR16 (4 x 4), due to the impact on elective recovery/scheduled care as a result of the critical incident declared in October.</p> <p>AH added risk ID04 was proposed to increase to RR16 (4 x 4), due to the upcoming period with sickness absence, the impact of financial constraints, and the impact of integration which could have a knock on effect on sickness and recruitment.</p> <p>AH advised risk ID was proposed to increase to RR12 (3 x 4), recognising current capacity, challenges with regional and national programmes and pressure on the hospital.</p> <p>Members discussed the proposed changes and agreed this accurately reflected the current position.</p> <p>The Board <b>APPROVED</b> the BAF.</p>	
<b>12</b>	<p><b>Lead Governor Report</b></p> <p>This item was not discussed due the absence of the Lead Governor.</p>	
<b>13</b>	<p><b>Committee Chairs Reports – People Committee</b></p>	

	<p>LD alerted members that 144 applications had been received for the Mutually Agreed Resignation Scheme (MARS), of which 8 were approved and 12 remained being considered.</p> <p>LD also alerted members that the Committee discussed the new Health and Safety Executive (HSE) Violence and Aggression Reduction Standards and noted the Trusts own progress to reduce this in line with the Violence and Aggression Strategy which was a priority for the Trust for 2025/26.</p> <p>LD alerted members that the Committee agreed to increase risk 4 of the Board Assurance Framework from a risk score of 12 to 16. This reflected the ongoing sickness absence and the potential impact of the integration programme which might also impact on recruitment and sickness absence.</p> <p>The Board <b>NOTED</b> the report.</p>	
<p><b>14</b></p>	<p><b>Committee Chairs Reports – Finance Business Performance Committee</b></p> <p>SL noted that the Committee reviewed the month 6 financial position, and this would be reported in the Chief Finance Officer Report.</p> <p>SL alerted members that the Committee was informed that the Trust had to make its own financial provision for winter pressures in order to be able to provide assurance on the winter plan, noting this would likely result in a cost pressure of £1m.</p> <p>SL also alerted members that Urgent and Emergency Care performance remained extremely challenged and the Committee were informed that ECIST were currently supporting the Trust in making improvements.</p> <p>SL summarised the various “Advise” and “Assure” matters from the meeting on 20 October.</p> <p>The Board <b>NOTED</b> the report.</p>	
<p><b>18</b></p>	<p><b>Monthly Maternity and Neonatal Services Report</b></p> <p>JL provided the perinatal clinical surveillance data linked to quality and safety of maternity services and highlighted that there were no areas of non-compliance for September.</p> <p>JL reported there were no Patient Safety Investigation Incidents (PSIIs) declared in September for Maternity or Neonatal Services.</p> <p>JL gave an update on the Maternity Incentive Scheme (MIS) Year 7 and the ten safety actions, noting current progress to date and</p>	

	<p>that this was being routinely tracked through the Women and Children's Divisional Quality Assurance meeting.</p> <p>JL updated members on safety action 5 of MIS, noting the statement of case and workforce plan approved by Board last month was progressing as planned in line with the timetable set out.</p> <p>JL referenced the maternity claims balanced score card, noting between April 2015 and March 2025 there had been 417 claims made and set out the total value of those claims.</p> <p>JL summarised the Trust's engagement with the Maternity and Neonatal Voices Partnership.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the report</li> <li>• <b>NOTED</b> the Perinatal Clinical Surveillance Assurance report.</li> <li>• <b>NOTED</b> the position of the Maternity and Newborn Safety Investigations (MNSI) and PSII's.</li> <li>• <b>NOTED</b> the position with the Maternity Incentive Scheme Year 7 requirements and progress against Safety Action 5.</li> <li>• <b>NOTED</b> the Maternity Claims Balanced Scorecard for Wirral University Teaching Hospital.</li> <li>• <b>NOTED</b> the position of the Maternity and Neonatal Voices Partnership (MNVP).</li> </ul>	
<p><b>19</b></p>	<p><b>Equality Diversity and Inclusion Biannual Report</b></p> <p>DS stated this report had been presented to the People Committee in October and reported all statutory reporting requirements were completed or on track and gave a breakdown of the workforce demographics.</p> <p>DS added in regard to WRES findings, improvements had been made in 5 of the 9 indicators and for WDES improvements had been made in 10 of the 13 indicators.</p> <p>DS referenced the priority areas for the year, including improving workforce adjustments for disabled staff, delivering NHSE 2025 EDI high impact actions and supporting BAME staff to speak up on bullying, harassment and violence.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the updates and progress outlined;</li> <li>• <b>NOTED</b> the EDI Dashboard and metrics; and</li> <li>• <b>RATIFIED</b> the WRES and WDES narrative reports and key findings.</li> </ul>	
<p><b>20</b></p>	<p><b>Freedom to Speak Up Annual Report 2024-25</b></p>	

	<p>DS stated this report had been presented to the People Committee in October and highlighted 79 staff raised concerns during the year, down from 104 in 2023/24. The key themes related to attitudes/behaviours, bullying/harassment and patient safety.</p> <p>DS noted that no reports had been received of disadvantages treatment for speaking up.</p> <p>DS added in terms of trends the Surgery Division made up 43% of all concerns, Registered Nurses/Midwives raised the most concerns (34% followed by clerical staff (32%).</p> <p>DS referenced the actions being undertaken this year, including strengthening governance and reporting structures, expanding the FTSU Champion network and addressing barriers for minority and underrepresented staff groups.</p> <p>The Board <b>NOTED</b> the report.</p>	
<p><b>21</b></p>	<p><b>NHS Sexual Safety Charter</b></p> <p>DS stated this report had been presented to the People Committee in October and gave an overview of the report, explaining the Trust’s approach to the implementation of the NHS England Sexual Safety Charter.</p> <p>DS stated a new Sexual Safety in the Workplace Policy had been published in June 2025 and an “Understanding Sexual Misconduct in the Workplace” course had been launched.</p> <p>DS set out the priority areas and next steps, including ongoing sexual safety communications campaigns, embedding training for supervisors and an ongoing review of the risk score.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the updates provided</li> <li>• <b>NOTED</b> the significant progress made to date</li> <li>• <b>NOTED</b> the escalation process from People Committee to Board; and</li> <li>• <b>NOTED</b> the work that is currently being undertaken in line with the newly revised NHS England self-assessment framework.</li> </ul>	
<p><b>22</b></p>	<p><b>Guardian of Safe Working Report Q1 2025-26</b></p> <p>NS stated this report had been presented to People Committee in October and highlighted the exception reports in this quarter continued to be from foundation year 1 doctors within Medicine, all of which had now been closed.</p> <p>NS referenced the current progress towards implementing the updated exception reporting process, noting this was due for</p>	

	<p>February 2026 and the Trust had a working group coordinating the actions.</p> <p>HS queried the opportunities for resident doctors to input into the rota design.</p> <p>NS commented this was self-rostered, but the rota design was complex due to managing the expectations of patients and resident doctors, while also ensuring the educational elements were also complaint.</p> <p>The Board <b>NOTED</b> the report.</p>	
<b>23</b>	<p><b>Emergency Preparedness, Resilience and Response (EPRR) Core Standards and Annual Report</b></p> <p>HK reported for 2024/25 the Trust declared full compliance with 52 of the 62 standards for an overall rating of 84% - 'Partially Compliant'. For 2025/26 the Trust has declared full compliance with 59 of the 62 standards for a 95% rating which rates at 'Substantially Compliant'.</p> <p>HK added similar to last year, standard 16 (evacuation and shelter) has been recorded as partially compliant. This was due to the working group for the subject being paused with no guidance to Trusts. HK stated this is expected to be the same position for all Trusts across Cheshire and Merseyside.</p> <p>HK explained in September the Cheshire &amp; Merseyside's Acting Head of EPRR undertook a site visit to discuss the core standards submission. HK noted no concerns were raised but the Trust asked for confirmation on the position with standard 16 to be discussed at regional level.</p> <p>HK referred to the EPRR Annual Report which had also been included and summarised the various EPRR activity undertaken during the reporting year.</p> <p>LD queried the Trust's preparedness for evacuation incidents.</p> <p>HK stated the evacuation tests had been conducted, which identified some gaps, and these had been incorporated into the action plan contained within the Core Standards.</p> <p>The Board <b>NOTED</b> the report.</p>	
<b>24</b>	<p><b>Wirral Provider Alliance MOU and Terms of Reference</b></p> <p>AH requested approval for the Memorandum of Understanding and Terms of Reference for the Wirral Provider Alliance, noting at the inaugural meeting on 6 October 2025 no objections were raised regarding either documents.</p>	

	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>APPROVED</b> the attached Memorandum of Understanding for the Wirral Provider Alliance, noting that it will be reviewed annually and amended when required with mutual consent; and</li> <li>• <b>NOTED</b> the draft Terms of Reference for the Wirral Provider Alliance which are subject to further review by the WPA</li> </ul>	
<b>25</b>	<p><b>Board of Directors Terms of Reference</b></p> <p>AH requested approval to amend the Terms of Reference to include a specific provision for concurrent meetings, in line with current arrangements whereby Boards of WUTH and WCHC meet at the same time.</p> <p>The Board <b>APPROVED</b> the Terms of Reference.</p>	
<b>26</b>	<p><b>Questions from Governors and Public</b></p> <p>No questions were raised.</p>	
<b>27</b>	<p><b>Meeting Review</b></p> <p>Members agreed it had been a good meeting, and everyone had the opportunity to contribute.</p>	
<b>28</b>	<p><b>Any other Business</b></p> <p>No other business was raised.</p>	

*(The meeting closed 12:30)*

<b>Meeting</b>	WUTH Board of Directors in Public
<b>Date</b>	Wednesday 3 December 2025
<b>Location</b>	Hybrid

**Members present:**

SI	Steve Igoe	Acting Joint Chair
SR	Dr Steve Ryan	Joint Non-Executive Director
LD	Lesley Davies	Joint Non-Executive Director
HS	Haris Sultan	Joint Non-Executive Director
MD	Meredydd David	Joint Non-Executive Director
CB	Professor Chris Bentley	Joint Non-Executive Director
JH	Janelle Holmes	Joint Chief Executive
NS	Dr Nikki Stevenson	Joint Chief Medical Officer & Deputy CEO
HK	Hayley Kendall	Joint Executive Managing Director
DS	Debs Smith	Joint Chief People Officer
MS	Matthew Swanborough	Joint Chief Strategy Officer
MC	Mark Chidgey	Joint Chief Finance Officer
AH	Ali Hughes	Joint Director of Corporate Affairs & Communications
JR	Julie Roy	Interim Chief Nurse

**In attendance:**

CH	Cate Herbert	WUTH Board Secretary
JJE	James Jackson-Ellis	WUTH Corporate Governance Officer
CM	Chris Mason	WUTH Chief Information Officer
CW	Claire Wedge	WCHC Interim Chief Nurse
SH	Sheila Hillhouse	WUTH Lead Public Governor
PB	Phillipa Boston (until	WUTH Staff Governor
SPW	Sue Powell-Wilde (until 09:45)	WUTH Appointed Governor

**Apologies:**

JC	Joanne Chwalko	Joint Chief Integration and Partnerships Officer
----	----------------	--

Agenda Item	Minutes	Action
<b>1</b>	<b>Welcome and Apologies for Absence</b>  SI welcomed members to the meeting, which was held jointly with the WCHC Board of Directors. Members of that Board are listed as attendees. Apologies are noted above.	
<b>2</b>	<b>Declarations of Interest</b>  No interests were declared and no interests in relation to the agenda items were declared.	

3	<p><b>Minutes of Previous Meeting</b></p> <p>The minutes of the previous meeting held on the 5 November were <b>APPROVED</b> as an accurate record.</p>	
4	<p><b>Action Log</b></p> <p>The Board <b>NOTED</b> the action log.</p>	
5	<p><b>Patient Story</b></p> <p>The Board received a video story highlighting the pre-hospital integration pathway, specifically in relation to the clinical assessment service of category 3-5 diverts to urgent care response. The video story described the experience of a resident in a care home in Upton.</p> <p>The Board <b>NOTED</b> the video story.</p>	
6	<p><b>Acting Joint Chair Update</b></p> <p>SI provided an update on recent matters and highlighted that the financial position remained challenging and both WUTH and WCHC continued to be fully engaged in financial turnaround of Cheshire and Merseyside.</p> <p>SI explained he had met with the Chair of the Countess of Chester to discuss the collaboration opportunities given the close proximity to each other and neighbouring patients.</p> <p>SI added he had also met with MC and AH to discuss the Trusts digital agenda, and a new Digital Committee was being explored.</p> <p>SI also thanked Rosie Cooper who was stepping down as Chair of Mesey Care and welcomed Lisa Greenhalgh who was underdoing the appointment process to become a new Joint Non-Executive Director.</p> <p>SI noted that a new single Executive Team was now in place, and this would be helpful to drive forward the strategic transaction to become a single organisation.</p> <p>The Board <b>NOTED</b> the verbal update.</p>	
7	<p><b>Joint Chief Executive Officer Report</b></p> <p>JH stated the WUTH Charity Tiny Stars Appeal would formally close on 30 November and had raised a total of £1.1m since 2019 and a new fundraising appeal was being developed. JH added the opening of the refurbished Neonatal Unit using these funds would open in early December.</p> <p>JH advised the critical incident declared in October 2025 affecting</p>	

surgical instruments was stood down in early November and services are now returning to normal.

JH highlighted Sexual Health Wirral had been among the finalists in the recent Health Service Journal awards, this was for the Innovation and Improvement in Reducing Health Inequalities Award.

JH stated she and the Interim Chief Nurse had held a number of listening events with Clinical Support Workers (CSWs) to discuss plans to review the approach to ongoing organisational change.

JH gave an update regarding Better Together - Journey to Integration, highlighting the appointment of a single Executive Team, the TUPE transfer of corporate staff from WCHC had taken place and the ongoing development work of the new Joint Strategy.

JH summarised the Cheshire and Merseyside Provider Collaborative meeting in November, noting the discussions around the digital programme, 2026/27 planning and other wider system issues including industrial action.

JH provided an overview of the various national developments in the last month, noting the publication of the strategic commissioning framework and the advanced Foundation Trust programme.

JH reported at WUTH in October there was four RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences) reported to the Health and Safety Executive and no Patient Safety Incident Investigations opened under the Patient Safety Incident Response Framework.

JH referenced various joint activity undertaken across both Trusts, including safeguarding adults' week and marking Remembrance Day.

JH highlighted the various WUTH and WCHC employee of the month and standout winners for October.

HS queried how clinical teams were able to contribute to the development of the new Joint Strategy.

JH advised the strategy team engaging with staff through open sessions and direct interviews and noted development of the clinical service strategies would begin early next year which were more relevant to clinical teams.

MS agreed and stated the strategy team would make themselves available to clinicians to ensure they had opportunity to contribute as this was important.

	The Board <b>NOTED</b> the report.	
8	<p><b>Integrated Performance Report</b></p> <p>DS stated appraisal compliance was below Trust target but continuing to increase towards threshold. DS highlighted sickness absence remained high but continued to show improvement from the same period in the previous year.</p> <p>SR queried the flu uptake so far.</p> <p>DS reported uptake for WCHC was 44% and WUTH was 38%.</p> <p>SI highlighted the importance of business continuity planning in the event of increased sickness absence due to flu. SI emphasised the risk of low uptake.</p> <p>HK noted a live exercise was scheduled in December across WUTH/WCHC, with revamped flu plans. FITT testing risks for masks was identified, with a need to refocus on providing these for frontline staff.</p> <p>MD queried the barriers preventing staff from coming forward for vaccination.</p> <p>DS explained uptake is consistent with other Trusts and not an outlier. Barriers include vaccine fatigue and myths, requiring a myth-busting approach and behaviour change.</p> <p>SI asked whether staff turnout was linked to redundancy concerns.</p> <p>DS clarified that uptake was not due to redundancy fears but acknowledged fewer NHS jobs overall and vacancy controls in Cheshire and Merseyside impacting staff perceptions.</p> <p>LD queried the workforce performance metrics for Estates and Facilities, noting the presentations at People Committee earlier in the year.</p> <p>DS stated this Division remained challenged.</p> <p>JR stated there had been 13 incidents of C Diff and 6 hospital acquired category 3 pressure ulcers. There was a continued focus on these areas to reduce the number of incidents.</p> <p>JR reported a further reduction in Friends and Family Test (FTT) for ED, inpatients, and outpatients. The number of informal concerns and formal complaints had also increased.</p>	

	<p>NS explained NEWS2 compliance had further reduced and continued to be monitored operationally through Divisional governance structures.</p> <p>The Board <b>NOTED</b> performance to the end of October 2025.</p>	
<p><b>9</b></p>	<p><b>Joint Chief Finance Officer Report</b></p> <p>MC reported at the end of October, month 7, the Trust is reporting a deficit of £17.6m which excluding Deficit Support Funding (DSF) is a £8.8m adverse variance to plan. MC added this variance was driven by industrial action, pay award pressures, system stretch target and the Sterile Services critical incident which impacted on the Trusts elective programme.</p> <p>MC noted to date, £8.5m of non-recurrent mitigations have been used to support delivery against plan and offset the key risks. MC recapped the original 4 key risks identified within the Trust plan and these were:</p> <ul style="list-style-type: none"> <li>• Full CIP delivery;</li> <li>• Activity/case mix;</li> <li>• Aseptic pharmacy income; and</li> <li>• Run rate</li> </ul> <p>MC explained in September the Trust agreed additional actions to support delivery of the agreed plan, excluding DSF, of a £22.1m deficit. These actions are fully enacted from October.</p> <p>MC added the cash balance at the end of month 7 was £0.31m and a cash mitigation plan has been implemented in September but remains a significant issue until the Trust has returned to a sustainable financial position.</p> <p>MC noted a revenue support application for November had been approved and a December application was in progress.</p> <p>MC provided an update on risk ratings for delivery of statutory targets, noting the RAG rating for each, highlighting that financial stability, financial sustainability and financial efficiency were red, cash was amber, and agency spend, and capital was green.</p> <p>MD noted the significantly low cash balance given the size of the Trust and queried the risk that revenue support was not provided in December.</p> <p>MC stated in the event an application be rejected the Trust had a cash management policy and would prioritise payments accordingly. MC noted the options available to the Trust regarding other sources of revenue support also changed as the risk deteriorates.</p>	

	<p>Members acknowledged the financial position remained challenging and that there was an opportunity to discuss this and the 2026/27 – 2028/29 plan during the Private meeting.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the report including that the Trust has reported an adverse variance to plan.</li> <li>• <b>NOTED</b> that the Trust's most immediate finance risk remains the cash position and approve that the CFO submits additional applications based on confirmed need.</li> <li>• <b>NOTED</b> that the Trust Board has agreed a plan to deliver the 25/26 plan and significant risks to delivery of this plan remain to be fully mitigated; and</li> <li>• <b>APPROVED</b> the increase in the capital budget of £0.069m for retinal imaging.</li> </ul>	
<p><b>10</b></p>	<p><b>Joint Executive Managing Director Report</b></p> <p>HK reported October elective activity performance was 97.5% for outpatients and 80% for elective admissions, noting the sterile service critical incident had a significant impact on activity.</p> <p>HK highlighted because of the critical incident the referral to treatment position had deteriorated, resulting in total caseload increasing by 1022 patients and 52-week waiters increasing by 118 across the period of the incident.</p> <p>HK explained the 28 day Faster Diagnostic Standard (FDS) remained challenging due to the pathway changes and AI implementation. HK advised additional funding had been provided for insourcing to deal with the backlog and an additional consultant was being sought temporary on a zero hour contract. HK noted this was planned to be resolved for end of January.</p> <p>HK highlighted type 1 performance in the Emergency Department (ED) was 43.83% and focus remains on reducing 12-hour waits. HK added the Trust continued to be supported by ECIST who had made improvements relating to streaming pathways from ED and improving triage waits.</p> <p>HK stated the number of patients with no criteria to residue was stable at 12.2%, demonstrating positive movement towards achieving the Trust's local trajectory of 10% by March 2026.</p> <p>HS queried the impact of the recent resident doctor strike.</p> <p>HK reported improvements in 4-hour performance and a reduction in patients waiting for a bed.</p> <p>LD asked whether removing dermatology cases would meet compliance with 28 day Faster Diagnostic Standard. LD also asked how many patients were affected by this change.</p>	

	<p>HK confirmed resolution of the dermatology issue would meet Faster Diagnostic Standard. HK added that 80 patients were waiting over 60 days compared to 5 previously, with an eight-week backlog following the decision to treat.</p> <p>SR enquired about the future of no criteria to reside if occupancy reached 10 percent and the implications for the model of care.</p> <p>HK highlighted the CICC as an opportunity to expand criteria safely while reducing general and acute beds. Risks were identified regarding local authority cash withdrawal and prolonged hospital stays.</p> <p>CB enquired the closure of virtual wards.</p> <p>HK explained that funding withdrawal was anticipated, and modelling was under review to assess projected demand. HK added opportunities exist to manage patients differently via Same Day Emergency Care.</p> <p>SI asked about measures to improve 12 Emergency Department performance.</p> <p>HK reported adjustments included changing the footprint to expedite patient assessment and better utilisation of the medical intake team, though medical wait times remain a significant concern, and this needed to be addressed.</p> <p>The Board <b>NOTED</b> the report.</p>	
<p><b>11</b></p>	<p><b>Board Assurance Framework (BAF)</b></p> <p>AH provided an overview the changes to the BAF, noting the Quality Committee had met and agreed to included additional updates regarding the recent CQC report, the impact of the SSD critical incident and the on-going FRPM programme across Cheshire &amp; Merseyside.</p> <p>AH noted the upcoming Committee meetings in December and January where the relevant strategic risks will be discussed and update provided to Board next month.</p> <p>AH advised of the 12 strategic risks, 6 were currently scoring 15 or above and no changes to the scores were proposed at this time.</p> <p>Members discussed the BAF and agreed it accurately reflected the current position. Members also agreed that there was good triangulation of the BAF driving the Board meeting agendas.</p> <p>The Board:</p>	

	<ul style="list-style-type: none"> <li>• <b>NOTED</b> the position reported in relation to the strategic risks; and;</li> <li>• <b>APPROVED</b> the strategic risk positions</li> </ul>	
<b>12</b>	<p><b>Lead Governor Report</b></p> <p>SH provided a verbal update, noting Governors from both Trusts had been involved in the appointment of the substantive Joint Chair and the recruitment of a new Joint Non-Executive Director.</p> <p>The Board <b>NOTED</b> the verbal update.</p>	
<b>13</b>	<p><b>Committee Chairs Report – Estates and Capital Committee</b></p> <p>SI alerted members that reactive maintenance performance had deteriorated and that a further deterioration was anticipated due to reduced overtime available, in line with the Trust’s financial mitigation plan.</p> <p>SI also referenced the deep dive presentation provided relating to fire safety. Committee acknowledged the significant improvements made since 2021 to improve compliance but noted some residual risks remained and requested that mitigation for these risks be provided to the next meeting.</p> <p>SI alerted members that the Committee discussed the Frontis Building and had agreed with the recommendation to demolish this. A longer-term proposal for the redevelopment of the site had been requested.</p> <p>SI summarised the various “Advise” and “Assure” matters from the meeting on 3 November.</p> <p>The Board <b>NOTED</b> the report.</p>	
<b>14</b>	<p><b>Committee Chairs Report – Charitable Funds Committee</b></p> <p>LD alerted members that discussions were underway to agree the Charity’s next significant campaign.</p> <p>LD also alerted members to the upcoming fund-raising activities planned for the rest of the year, including the winter ball, hospital carol service, an evening with Paul Burrell and book signing and an Abseiling event.</p> <p>LD summarised the various “Advise” and “Assure” matters from the meeting on 11 November.</p> <p>The Board <b>NOTED</b> the report.</p>	
<b>15</b>	<p><b>Committee Chairs Report – Quality Committee</b></p>	

	<p>SR alerted members that the Committee continued to have strong oversight of infection prevention and control, and discussion occurred surrounding the clinical areas with the highest incidences and the controls in place.</p> <p>SR also alerted members that there was a focus on ensure that all staff in relevant areas are being fit-tested for respiratory masks. SR added Committee also noted the risk regarding the vacancy rate for speech and language therapists for outpatient services and discussed the integration opportunities with WCHC.</p> <p>SR alerted members to the less positive Friends and Family Test responses and a higher level of informal concerns in the Emergency Department, relating to waiting times especially.</p> <p>NS advised the reference to internal audit report of the ward accreditation system was currently draft and a final report was due in January.</p> <p>SR summarised the various “Advise” and “Assure” matters from the meeting on 24 November.</p> <p>The Board <b>NOTED</b> the report.</p>	
<p><b>16</b></p>	<p><b>Committee Chairs Report – Finance Business Performance Committee</b></p> <p>SR noted that the Committee reviewed the month 7 financial position and the Trust’s cash position, and this would be reported in the Chief Finance Officer Report.</p> <p>SR alerted members that the Committee also reviewed the 28 day Faster Diagnostic Standard, noting the challenges related to dermatology due to a new digital pathway which had led to increased referrals. SR added additional funding has been received from the Cancer Alliance and is expected to allow the standard to be met by the end of January 2026.</p> <p>SR also alerted members that the Committee discussed the impact of the critical incident in the Sterile Services Department, noting the financial impact had been significant and an elective recovery plan was in place to address the postponed procedures.</p> <p>SR summarised the various “Advise” and “Assure” matters from the meeting on 27 November.</p> <p>The Board <b>NOTED</b> the report.</p>	
<p><b>17</b></p>	<p><b>Quarterly Maternity and Neonatal Services Report</b></p>	

JL provided the perinatal clinical surveillance data linked to quality and safety of maternity services and highlighted there were no areas of non-compliance for October.

JL stated there were no Patient Safety Investigation Incidents (PSIIs) declared for Maternity Services or Neonatal Services in October.

JL gave an update on the Maternity Incentive Scheme (MIS) Year 7 and the ten safety actions, noting progress to date and that this was being routinely tracked through the Divisional Quality Assurance meeting. A presentation will be given to Quality Committee and Board in January 2026 with the LMNS present.

JL referenced the Perinatal Mortality Reviews Summary Report (PMRT) for quarter 3 2025/26 which summarised the number of stillbirths and perinatal deaths.

JL explained the position in relation to Saving Babies Lives, noting the Trust achieved 96% compliance against the 6 elements based on evidence as of 30 September 2025. JL added the Trust continued to work towards full implementation of this.

JL summarised the Ockenden gap analysis and the 15 immediate and essential actions, noting the Trust remained in the same RAG rated position as fully compliant.

JL reported progress against the recommendations of the three year delivery plan for maternity and neonatal services.

JL provided an update on the midwifery workforce using the Birth Rate + workforce tool, noting the Board had recently approved an increase in the establishment to meet the safe staffing levels.

JL set out the progress of the Maternity Portal Online Programme (MPOP), Maternity Self-Assessment Tool and noted the annual maternity and neonatal culture report had been provided for assurance.

JL highlighted the NHSE and LMNS annual maternity visit had been postponed from October to March 2026. JL added the neonatal refurbishment was due to complete and open later this month.

SR commented as Maternity Safety Champion he attended the quality assurance meeting regarding MIS and noted the robust approach for gathering and presenting evidence. SR added the approval to increase the establishment had been received positively from maternity and neonatal nurses.

	<p>JH noted in the report it was referenced that the neonatal unit was being expanded, and this was not the case and requested JL make clear it was being refurbished.</p> <p>JL agreed to amend the report.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the report and associated appendices.</li> <li>• <b>NOTED</b> the Perinatal Clinical Surveillance Assurance report.</li> <li>• <b>NOTED</b> the position of the Maternity and Newborn Safety Investigations (MNSI) and declaration of one PSII for Neonatal Unit.</li> <li>• <b>NOTED</b> the position with the Maternity Incentive Scheme Year 7 requirements.</li> <li>• <b>NOTED</b> the PMRT reports for Q2 25/26.</li> <li>• <b>NOTED</b> the progress of the Trust’s position with Saving Babies Lives v3.</li> <li>• <b>NOTED</b> the update on the NHSE three-year delivery plan for maternity and neonates incorporating Ockenden and East Kent ‘Reading the Signals;” and</li> <li>• <b>NOTED</b> the progress with the Maternity Portal Online Programme.</li> </ul>	
<p><b>18</b></p>	<p><b>Organ Donation Annual Report 2024/25</b></p> <p>NS noted this report had been considered and discussed in detail at the recent Quality Committee with assurance included in the chairs report.</p> <p>NS explained organ donation takes place from referrals within the Intensive Care Unit or Emergency Department. NS added 11 life-saving organ transplants took place during 2024/25 and there were 3 missed potential donations.</p> <p>NS highlighted work was continuing on the design and creation of a permanent memorial at the Trust to recognise and raise awareness of organ donation.</p> <p>The Board <b>NOTED</b> the report.</p>	
<p><b>19</b></p>	<p><b>Learning from Deaths Report Q1 2025/26</b></p> <p>NS noted this report had been considered and discussed in detail at the recent Quality Committee with assurance included in the chairs report.</p> <p>NS provided a summary of adult in patient deaths and case reviews, noting of the 430 deaths 15 cases were escalated for review by the Medical Examiner and the Mortality Review Group reviewed a random selection of deaths to identify learning. No care issued had been identified.</p>	

	<p>NS added a CUSUM alert had been identified for deaths due to other disorders of the stomach and duodenum and 6 patients were being reviewed to see if any lessons could be learned.</p> <p>AH stated there was a discussion in the Committee regarding the publication of this report and the Corporate Governance team were reviewing the guidance to ensure this was aligned across both Trusts.</p> <p>MD enquired about the HSMR coding issue previously discussed and if this had been resolved.</p> <p>MC advised during 2025/26 the Trust had not fully coded every episode and prioritised elective activity and deaths, noting there was no impact on finance but there was an impact on performance. MC added in 2026/27 there would be an impact on both finance and performance and Executives had requested a plan be developed to code to 100%.</p> <p>The Board <b>NOTED</b> the report.</p>	
<b>20</b>	<p><b>Questions from Governors and Public</b></p> <p>SH queried the outcome of the Mutually Agreed Resignation Scheme across both Trusts.</p> <p>DS stated less than 50 applications had been approved across both Trusts, a number of staff had already left and more were planned over the next few months due to various notice periods. DS added closure reports had been provided to both People Committees.</p> <p>SH also queried the opportunities for collaborating with the Countess of Chester.</p> <p>JH advised this was influenced by Cheshire and Merseyside and the requirement for providers to collaborate on services. JH stated both Executive teams were focussing on fragile services and exploring how these could be delivered together for the benefits of patients.</p>	
<b>21</b>	<p><b>Meeting Review</b></p> <p>Members agreed it had been a good meeting, and everyone had the opportunity to contribute. Members also agreed the BAF continued to drive the agenda, and this was positive in line of wide ranging risks.</p>	
<b>22</b>	<p><b>Any other Business</b></p> <p>No other business was raised.</p>	

*(The meeting closed at 11:30)*