

Council of Governors

Date and time:	Tuesday 12 May 2026, 3:00pm – 5:00pm
Location:	Trust Conference Room, Warrington Hospital and via MS Teams

Agenda item	Time	Agenda item	Objective/ desired outcome	Processes	Lead
COG/ 26/05/001	3:00	Welcome and Opening Comments Apologies; Declarations of Interest		Verbal	Chair
COG/ 26/05/002	3:02	Minutes and Action Log of meetings held on <ul style="list-style-type: none"> • 12 February 2026 • Extraordinary 12 March 2026 	For approval	Minutes & Action Log	Chair
COG/ 26/05/003	3:05	Matters arising	To note for assurance	Verbal	Chair
Matters to note for assurance					
COG/ 26/05/004	3:07	Chief Executives Report – 1 April 2026	To note for assurance	Report	Chief Executive
COG/ 26/05/005	3:15	Chairs Update	To note for assurance	Verbal	Chair
COG/ 26/05/006	3:25	Trust Operational Plan – to follow	Info/update	Presentation	Chief Finance Officer
COG/ 26/05/007	3:30	Non-Executive Director Assurance Highlights from Committees Governor Board Committee Observation Reports & Committee Assurance Reports (a) Quality Assurance Committee (10.02.26 governor report not received, 10.03.25,14.04.26,) and Diane Nield/Cliff	Info/ update	Presen tation Papers	Committee Chairs Governor Observers

The agenda and minutes of this meeting may be made available to public and persons outside of NHS North Cheshire and Mersey NHS Foundation Trust as part of the Trust's compliance with the Freedom of Information Act 2000.

		Richards b) Strategic People Committee in Common (18.02.26, 18.03.26, 22.04.26) – Margaret Bamforth and Carol Ann Kelly/Julie Jarman (c) Finance & Sustainability (23.02.26, 23.03.26, 27.04.26) – Helen Bennett/ John Somers (d) Audit Committee (26.02.26, 23.04.26, 30.04.26) Margaret Bamforth, Mike O’Connor e) Charitable Funds Committee (05.03.26) – Sue Fitzpatrick/ Andy Carter			
COG/ 26/05/008	3:45	Items requested by Governors – Questions	Info/update	Verbal	Chair/Non-Executive Directors
COG/ 26/05/009	4:05	Lead Governor Update i) Trust Board Observation Report – 4 February, 12 March and 1 April 2026 ii) Governor Observation Visits a) 17 Feb 2026 – B3 b) 19 March 2026 - Outpatients c) 9 April 2026 – A6 d) 29 April 2026 – Padgate House iii) NCM Site Visit Reports a) 7 April 2026 - Bath Street b) 16 April 2026 – Thelwall c) 27 April 2026 - ED and SDEC d) 28 April 2026 - Halton Health Hub e) 28 April 2026 - Drive Ability	Info/ update	Report Reports	Lead Governor
COG/ 26/05/010	4:15	Governor Engagement Group (GEG) Chairs	Info/ update	Verbal	Diane Nield, Deputy Lead

		Report from the meeting - 30 April 2026			Governor
COG/ 26/05/011	4:25	Membership Strategy Q4	Info/update	Paper	Head of Corporate Governance and Diane Nield, Deputy Lead Governor
COG/ 26/05/012	4:35	Communications & Engagement Update Report	Info/update	Paper	Director of Communicat ions and Engagement
COG/ 26/05/013	4:45	Terms of Reference and Cycle of Business i. Council of Governors ii. Governor Engagement Group	For decision	Paper	Company Secretary
COG/ 26/05/014	4:50	Governor Training and Development Programme	Info/update	Paper	Company Secretary
COG/ 26/05/015	4:55	Strategy bi-monthly report	Info/update	Paper	Chief Strategy and Partnerships Officer
Closing					
COG/ 26/05/016	5:00	Review of the Meeting	To discuss	Verbal	Chair
COG/ 26/05/017		Any Other Business	To discuss	Verbal	Chair
Supplementary papers					
COG/26/05/018		Learning From Experience Update Q3	For info/update		Paper

Date and time of next meeting:

19 August 2026, starting at 3pm. Lecture Theatre - Education Centre, Halton Hospital

Supplementary papers are available to members of the public on request, please
contact: ncm.corporategovernance@nhs.net

Conflicts of Interest

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

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

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

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

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

Interests fall into the following categories:

- **Financial interests:**

Where an individual may get direct financial benefit from the consequences of a decision they are involved in making.

- **Non-financial professional interests:**

Where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or promoting their professional career.

- **Non-financial personal interests:**

Where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career.

- **Indirect interests:**

Where an individual has a close association with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making.

Council Of Governors

Date: Thursday 12 February 2026

Time: 3:00 - 5:30pm

**Location: Trust Conference Room, Warrington
Hospital and via MS Teams**

Present	
Board Members:	
Steve McGuirk (SMcG)	Chair
Jayne Downey (JD)	Non-Executive Director
Julie Jarman (JJ)	Non-Executive Director
John Somers (JS)	Non-Executive Director
Nikhil Khashu (NK)	Chief Executive
Elected Public Governors	
Sue Fitzpatrick (SF)	Public Governor, Warrington and Halton - Lead Governor
Dorcas Akeju (DA)	Public Governor, Rest of England
Catherine Arden (CA)	Public Governor, Warrington and Halton
Margaret Bamforth (MB)	Public Governor, Warrington and Halton
Helen Bennet (HB)	Public Governor, Warrington and Halton
Alan Davies (AD)	Public Governor, Warrington and Halton
Colin Jenkins (CJ)	Public Governor, Warrington and Halton
Paula Jones (PJ)	Public Governor, Warrington and Halton
Kevin Keith (KK)	Public Governor, Rest of England
Matt Machin (MM)	Public Governor, Warrington and Halton
Linda Mills (LM)	Public Governor, Warrington and Halton
Nigel Richardson (NR)	Public Governor, Warrington and Halton
Jack Roper (JR)	Public Governor, Warrington and Halton
Stephen Walton (SW)	Public Governor, Warrington and Halton
Elected Staff Governors	
Michelle Kho (MK)	Staff Governor, Nursing and Midwifery
Erwin Tublles (ET)	Staff Governor, Support Worker
Appointed Partner Governors	
Colin Hughes (CH)	Partner Governor, Halton Borough Council
Maureen McLaughlin (MM)	Partner Governor, Warrington Borough Council
Mansimran Singh (MS)	Partner Governor, Warrington Sikh Gurdwara
In Attendance:	
John Culshaw (JC)	Company Secretary
Lucy Gardner (SB)	Chief Strategy & Partnerships Officer
Emily Kelso (EK)	Corporate Governance and Membership Manager
Apologies	
Mike O'Connor (MOC)	Non-Executive Director, Senior Independent Director

Cliff Richards (CR)	Non-Executive Director
Carol Ann Kelly (CAK)	Public Governor, Warrington and Halton
Nichola Newton (NN)	Partner Governor, Warrington & Vale Royal College
Diane Nield (DN)	Public Governor, Warrington and Halton - Deputy Lead Governor
Suresh Sukumaran (SS)	Staff Governor, Estate, Admin and Managerial
AGENDA REF	AGENDA ITEM
COG/26/02/65	<p>Welcome, Introduction, Apologies and Declarations of Interest</p> <p>SMcG opened the meeting by welcoming all attendees and confirming apologies from as noted above. He acknowledged the hybrid format and thanked those present for their flexibility.</p> <p>No declarations of interest were raised. SMcG confirmed the meeting would be recorded for minute accuracy, and no objections were noted.</p>
COG/26/02/66	<p>Minutes and Action Log of meetings held on 13 November 2025</p> <p>The minutes were accepted as an accurate record and approved.</p> <p>The action log was reviewed, with all items marked as complete.</p> <p>The Council of Governors approved the minutes of the meeting held 13 November 2025.</p>
COG/26/02/67	<p>Matters Arising</p> <p>There were no matters arising.</p>
GOVERNOR BUSINESS	
COG/26/02/68	<p>Chief Executives Report</p> <p>NK provided a verbal update aligned to his written report and began by addressing the inquest into the tragic death of Baby Pippa Gillibrand. NK stated that Pippa was born at Warrington Hospital on 25 August and sadly died on 5 September; the coroner, at the inquest on 26–27 January, concluded death resulted from a brain injury sustained during an avoidable delay in delivery. NK offered a full and unreserved apology to the family, confirmed the Trust fully accepted the coroner’s findings, and set out that all recommendations had been implemented through a monitored action plan; he described improvements to the home birth model to strengthen safety, support, and clinical decision-making, and acknowledged the profound impact on the teams involved, encouraging staff to access support.</p> <p>In response, SMcG reiterated the sincerity of the apology and the need to couple compassion with rigorous, non-defensive learning. SMcG explained that from a Non-Executive perspective, all required documentation had been transparently reviewed, but NEDs would step back and reflect to ensure that amidst the volume of national maternity reports the Board had not missed salient issues, emphasising the importance of clarity over more guidance, and committing to a short period of internal reflection supported by executives.</p> <p>MB asked how the new maternity model would be governed to ensure it was working. JD, as Maternity Champion, described regular meetings with clinical leads, recent</p>

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changes over the last 12–18 months, and specific learning from the incident regarding the NEST process and ensuring additional midwifery support when simultaneous home births occur. JD stressed the need to simplify Board reporting with dashboards and SPC charts focused on key themes (induction of labour, triage, postpartum haemorrhage), highlighted the new induction-of-labour unit and reduced delays, and noted changes in pain management to reduce neonatal respiratory and short neonatal admissions, with assurance flowing through the Quality Assurance Committee and maternity walk-rounds. DA spoke from midwifery experience about the importance of supporting staff to learn without fear. SMcG concluded by distinguishing personal tragedy from organisational accountability and restating that “lessons learned” must be authentic. MM raised a concern regarding governors’ level of awareness. SMcG acknowledged that the matter had been managed appropriately through established assurance routes but agreed that further discussion is needed to clarify what information governors require, for what purpose, and how this should be communicated going forward.

NK then continued with general updates. He acknowledged SMcG’s forthcoming departure at end-March and his contribution since 2015, noting leadership through CQC improvement and pandemic pressures, and his advocacy for the organisation and the Council. NK updated on the TUPE process to bring Bridgewater Community Healthcare (BCH) colleagues into the Trust, describing “lift and shift” integration to minimise clinical disruption and outlining Phase 2 consultations and Phase 3 one-to-ones, with minimal changes expected for clinical teams. He confirmed a Mutually Agreed Resignation Scheme (MARS) had been opened across both organisations and that feedback was being reviewed. Financially, he forecast c.£12m adverse to plan at year-end, citing £1m unfunded transaction costs by the ICB and system level-3 savings that did not materialise beyond what WHH had already initiated; this would be discussed with NHSE later the same day. On flu vaccination, he reported >50% uptake and noted WHH was among the stronger performers in Cheshire & Merseyside though national rates had dipped; high sickness levels persisted, necessitating continued vaccination promotion. He flagged 500 Thank You Awards nominations (c.72% WHH / 28% BCH), the junior doctors’ renewed IA mandate with hope for resolution, and NHSE focus on corridor care, leadership vacancies and an ethos of “big leaps” in improvement.

SMcG asked for updates on the inter-site bus and the UTC bid: NK explained discretionary spend review had reduced bus hours after analysis showed very low utilisation at the margins; a month’s notice had been given and there had been no patient complaints, with local mitigations for individual staff.

On the UTC, he confirmed WHH had been shortlisted by NHSE regional team for c. £15m capital for a front-door co-located UTC, with strong support from councils and MPs and progression to the next stage.

Governors explored vaccination and sickness themes. CA and others queried why flu uptake was ~50%; NK and JJ observed national declines linked to trust in institutions and prior mandates; JD added long-standing staff perceptions around side-effects. MM asked about training; NK clarified vaccination cannot be mandated (beyond some occupational vaccines) but myth-busting and IPC education continue. JJ described strong, proactive OH outreach that supported the 50% result. NK contrasted sickness rates (WHH ~7%, BCH ~10%) and cautioned that while support continues, sustained

	<p>high absence imposes service risks and contractual realities; JJ explained a previous BCH national pilot had removed sickness triggers, which were now being re-introduced with a regional approach and a 5% target, and warned against assuming integration itself was driving absence.</p> <p>It was agreed the Trust would consider a targeted staff flu myth-busting comms push before next season; and that JJ would report back in future assurance reports on re-introduced sickness triggers and early impact, distinguishing work/home-related stress in future metric</p> <p>The Council noted the report and the discussion.</p>
<p>COG/26/02/69</p>	<p>Chairs Update</p> <p>SMcG summarised recent performance-related engagements. He noted invitations had been issued to local authority chief executives to discuss “No Right to Reside” and system flow with ICB partners, and that with integration there was an opportunity to take a “bigger leap” jointly.</p> <p>He reported Andy Carter (incoming Chair from 1 April) had been visiting both organisations and staff across sites and was embedding well.</p> <p>The Council of Governors noted the update.</p>
<p>COG/26/02/70</p>	<p>Integration Update</p> <p>I. Draft Application Letter II. Draft Constitution</p> <p>LG presented a thorough and structured overview designed to give governors a clearer, deeper understanding of the transaction’s status, the work already undertaken, and the upcoming decision points. She explained that she would cover three areas: (1) the overall purpose and benefits of integration, (2) the status of the Full Business Case and national assurance process, and (3) the responsibilities of Governors as the transaction approaches final approval. She noted that all supporting documents, including the draft Application Letter, the draft Constitution, and a summary PowerPoint, had been circulated within the papers.</p> <p>LG began by grounding the update in the rationale behind bringing Warrington and Halton Teaching Hospitals (WHH) and Bridgewater Community Healthcare (BCH) together. She reminded Governors that integration is fundamentally about improving how services work for patients, enabling smoother care across organisational boundaries, and using public money more effectively. She highlighted that some tangible improvements had already been delivered, even before the formal legal transaction, because the two organisations had been collaborating operationally. For example, more than one hundred additional patients each month were now being cared for at home through the Urgent Community Response (UCR) approach, avoiding attendance at the Emergency Department and improving patient experience. This early progress demonstrated what the integrated organisation could achieve at scale, and LG emphasised that integration is not a “paper exercise,” but something already delivering real-world benefits.</p> <p>She also referenced the wider financial environment facing the NHS both regionally</p>

and nationally, describing it as “challenged and constrained.” WHH and BCH individually were facing pressures that could be mitigated through integration. BCH in particular, as a smaller standalone organisation, carries a disproportionate share of corporate overheads to meet legal, regulatory and governance requirements. By merging with WHH, those costs can be streamlined—improving value for money without affecting frontline services. LG stressed that the aim is not to reduce service provision, but to ensure that resources are directed to clinical care rather than duplicated organisational structures. This is also essential to long-term sustainability and workforce development, giving staff access to broader career pathways within a larger organisation.

Turning to the transaction process, LG noted the significant work undertaken over the past year to produce the Full Business Case (FBC) a highly detailed document, over 200 pages, subjected to systematic internal and external scrutiny. While all NEDs and Executives had reviewed the full technical documentation, a more reader-friendly summary version had been created by the communications team and made available to Governors and the public.

LG then described the national assurance process led by NHS England (NHSE). Earlier in the week, WHH and BCH had attended a final “challenge session” with NHSE, where detailed questions were posed about clinical governance, financial modelling, workforce implications, risk management, and how the new organisation would deliver improvements in quality and efficiency. She explained that NHSE would now take the business case to an internal national meeting scheduled for 25 February, with WHH and BCH expecting to receive a formal transaction rating on 26 February. She stressed that only an Amber or Green rating allows the transaction to proceed; a Red rating would pause the process. However, based on feedback to date, the anticipated rating was “Amber: acceptable with conditions,” which is the most common rating for NHS transactions.

LG outlined the critical final approval pathway. Assuming an Amber/Green rating on 26 February, both Boards and both Councils of Governors will need to approve the final Application Letter and draft Constitution at the combined extraordinary meetings set for 12 March 2026. These approvals must occur on the same day for both organisations. WHH Governors must secure at least 50% approval from Governors in post, not just those attending.

LG then detailed the three statutory responsibilities of Governors in the transaction:

1. To assure themselves that the Board’s decision-making process has been thorough and comprehensive, including scrutiny of risks, impact assessments, and governance arrangements.
2. To ensure the interests of members, patients, and the wider public have been considered, including clear communication about service changes.
3. To confirm that due diligence has been appropriately completed.

On due diligence, LG expanded on the depth of work performed. Across both organisations, 106 risks were identified, each requiring analysis, documentation, and action. Roughly 80 of these were designated “Day 1 critical” meaning the action must

be completed before legal transfer. These are now monitored through Committees-in-Common of both organisations, ensuring joint oversight. She reminded Governors that some risks relate to systems alignment, others to estates compliance, safeguarding processes, clinical governance frameworks, or HR and payroll transitions.

SMcG provided additional Board-level context, explaining how NEDs had been scrutinising specific issues such as ensuring consistent approaches to RIDDOR reporting across the two organisations to ensure the new entity enters April on a safe and stable footing. JS also referenced quality implications, including the requirement for the CQC registration of the acquiring trust (WHH) to apply to the new organisation immediately on Day 1, and the expectation that the CQC would undertake an early inspection to assess integrated services.

Governors asked how the public would understand what would change and when. DA expressed concern that, from a public perspective, it is challenging to know which parts of the health system are changing. LG reassured Governors that communications had been issued directly to patients where relevant for example, with the dermatology AI service and expanded community response and that the Patient and Public Reference Group would be central to shaping future improvement plans. Some of the deeper engagement work had not commenced yet, because the priority to date had been on legal and transactional readiness. Post-April, this would shift significantly.

SMcG emphasised that integration is both a statutory process and an opportunity for operational transformation, and he thanked LG and the teams across both organisations for delivering one of the fastest NHS transactions nationally and at one-third of the cost typically seen. He reminded Governors that the decision on 12 March is crucial, and that their statutory role is a central safeguard in ensuring that integration is in the public interest.

The Council of Governors noted the update

COG/26/02/71

Proposal for an extension to Non-Executive Director Term of Office

JC outlined the proposal recommended by the Governors' Nominations and Remuneration Committee on 3 February to extend CR as NED and Deputy Chair by 12 months to 31 March 2027, noting the exceptional context of leadership transition and integration from 1 April. JC emphasised CR's continued strong contribution, QAC chairing, health & wellbeing champion role, positive appraisal and relevant GP/community experience. SMcG added this maintained crucial continuity and community focus while enabling a staged NED succession plan across 2027–2029, with development opportunities for other NEDs including a potential future QAC chair transition to JD.

In discussion, SW queried whether 12 months would be sufficient given the breadth of change; SMcG and JC confirmed it was both proportionate and aligned to succession planning.

The Council of Governors approved a 12-month extension to CR's term to 31

	<p>March 2027.</p>
<p>COG/26/02/72</p>	<p>Non-Executive Director Assurance Highlights from Committees</p> <p>Assurance reports from Quality Assurance Committee; Strategic People Committee in Common; Finance, Sustainability & Performance Committee in Common; Charitable Funds; and Audit Committee were taken as read with no additional questions. The Council noted the updates</p> <p>The Council of Governors noted the updates from Committee Chairs.</p>
<p>COG/26/02/73</p>	<p>Items requested by Governors – Questions</p> <p>Question 1 and 4 - Intermediate Care capacity and shift to community (Padgate House) and discharge sustainability</p> <p>JD set out how MADE events had informed use of Padgate House and emphasised the need to match patient cohorts to intermediate care to avoid blocking capacity with patients likely to require long-term placements; she described concurrent work with the two councils to commission additional intermediate beds and stressed flow risks if inappropriate patients were diverted. JS reflected that while “green shoots” were visible, some improvements could be seasonal, and a sustainable solution required system partners to act together. He referenced plans for an urgent summit with councils and primary care to agree a shared problem statement and identify “big leaps” to tackle long-standing issues of medically fit patients occupying acute beds, with dynamic weekly data oversight through Finance, Sustainability and Performance Committee and added opportunities from integration with BCH. NR related wider national commentary about productivity and local patient stories of corridor care, and MB asked about “hospital at home”; JD linked back to early deconditioning in ED waits and the importance of multidisciplinary wrap-around from the start, with prevention and front-door design (e.g., UTC, SDEC, frailty) forming part of many small, sustained changes. SMcG summarised that resolution required multiple incremental improvements rather than a single fix, citing length-of-stay outliers including patients >1 year in hospital due to complex legal and deprivation-of-liberty processes.</p> <p>Question 2 - PALS service presence and responsiveness</p> <p>JD advised that PALS posts were recruited and the service functioned via the complaints team when the office room was not staffed, noting data patterns of complaints/PALS volumes as normal variation. AD reported leaving a message three months earlier without a callback and observed the office was closed at 14:45 on a recent day; PW and HB, volunteers at the Welcome Desk, described regularly fielding concerns because the PALS office was often closed and phone numbers did not trigger responses, leaving volunteers without clear escalation routes. DA stressed patients’ need to speak off-ward when concerns relate to staff. JD agreed that, while clinical teams should resolve issues at source with matrons involved, the visibility and “front door” of PALS mattered and she would take back the “customer care” aspects, including physical presence and volunteer support.</p> <p>It was agreed JD would review with the Chief Nurse PALS front-of-house cover, signage, and telephone responsiveness and to provide clear contact and escalation arrangements to volunteers.</p>

Question 3 - Media reporting of waiting list reductions

CJ queried a local article suggesting a large drop in the waiting list. CR and JJ explained that while the Trust rightly focuses on reducing long waits (moving from 78-week to 52-week thresholds and driving 65-week numbers toward zero), some reported reductions elsewhere reflected legitimate waiting list reconciliation (e.g., contacting patients to confirm ongoing need or pathway) as well as treatment delivery; governors were directed to the National Oversight Framework where relative WHH progress can be tracked. It was agreed governors would be provided with the National Oversight Framework link to governors for elective performance context.

The Council of Governors noted the responses to questions.

COG/26/02/74

Lead Governor Update

SF provided an overview of recent activity, beginning by reaffirming the strong level of Non-Executive challenge observed at Trust Board meetings. She explained that NEDs continue to scrutinise performance, quality and assurance processes robustly, and encouraged Governors to attend Part 1 Board sessions whenever possible, noting that recent attendance by MB and CA had been particularly helpful in enabling Governors to understand how strategic discussions unfold at Board level.

She confirmed that she continues to hold regular 1:1 meetings with the Chair, thanking SMcG for his long-standing support and guidance to Governors, particularly in helping new or less experienced Governors navigate complex governance issues. She expressed her personal appreciation for his leadership, adding that she felt the Council had been exceptionally well supported during his tenure.

The Lead Governor reported that the recent Governor Induction Day had been well attended and valuable for both new and returning Governors. She encouraged Governors to raise questions freely and highlighted that she, EK, and experienced colleagues remain available to support orientation and development.

She then updated the Council on Governor observation visits, stating she had been actively encouraging wider participation and was pleased that several Governors—including HB, SW and LM had joined upcoming visits at Warrington and Halton hospital sites. She emphasised the importance of these visits in triangulating Board assurance with real-time patient and staff experience. She noted that Governors had also participated in CQC activities and that papers from Patient Experience Sub-Committees were now routinely circulated to ensure transparency. [

Turning to national matters, the Lead Governor summarised her involvement in a recent Lead Governor Association meeting, during which she had been invited to join a working group contributing to ongoing lobbying around the future role of Governors within the NHS landscape. She explained that there remains uncertainty nationally with mixed messages from ICSs and national bodies and confirmed she was working with other regional leads, including John Bache (lead Governor) at Mid Cheshire Hospital NHS FT, on coordinated approaches to Government. Discussions had begun with Sarah Hall (MP Warrington South) and Andy Carter regarding the drafting of a letter to support this work.

On local engagement, she reported that Governors had recently held a public engagement session at Birchwood Shopping Centre, where conversations focused

	<p>largely on the upcoming WHH–BCH integration. Although attendance was modest, she felt the interactions were meaningful and highlighted the need to continue raising awareness among the public, many of whom still have limited understanding of the transaction or its implications.</p> <p>She also reflected on work with volunteers, noting that communication challenges—particularly related to email deliverability had recently improved, with EK resolving an issue that had previously sent messages to junk folders. Following this fix, 89% of volunteers had successfully accessed the membership update. She described steps taken to address concerns raised at the Halton listening event (attended by only two volunteers), including arranging temporary welcome-desk signage to improve visibility and ensure volunteers felt supported.</p> <p>Finally, she updated Governors on PLACE observations, estates queries, and the maintenance of the action tracker, explaining that Governors had resisted a proposal to convert actions into “recommendations” only, reinforcing their expectation that feedback should drive measurable improvement. She concluded by thanking all Governors for their continued commitment to observation, engagement and assurance activities.</p> <p>The Council of Governors noted the update</p>
<p>COG/26/02/75</p>	<p>Governor Engagement Group (GEG) Chairs Report from the meeting - 29 January 2026</p> <p>SF provided an update in the absence of GEGiC Chair DN and following the meeting held on 29 January 2026, explaining that the session had been constructive with strong attendance from both WHH and BCH Governors. She expressed appreciation for the contribution of BCH colleagues, noting that their insight was increasingly valuable as both organisations prepared for integration.</p> <p>She highlighted that the group had explored new engagement ideas, including the “Time to Shine” concept, which would allow different services to showcase examples of good practice and innovation to Governors. This was well received and seen as a positive way to strengthen connections between services and the Governor body.</p> <p>SMcG confirmed that the Membership Strategy continued to progress well, with Governors pleased to see improved communication and steady membership growth. He noted particularly positive feedback on the March Membership Newsletter, and welcomed the decision for volunteers who become members to receive it, recognising the value this would bring to volunteer engagement</p> <p>The GEGiC also discussed communications around the upcoming transaction, welcoming the newly produced integration explainer video on the Better Care Together website. Governors felt it would help the public better understand the changes and agreed it should be shared widely across local networks.</p> <p>SMcG reflected briefly on recent listening events, acknowledging low turnout at the Halton volunteer session but confirming that useful feedback had still been gathered, especially around communication and visibility. He added that further listening events were being planned in Warrington and were expected to attract increased attendance.</p>

	<p>He noted additional discussion about reception signage and welcome-desk visibility, with Governors welcoming the swift action taken to install temporary signage after concerns were raised. Governors also spoke about future opportunities to strengthen volunteer involvement and support.</p> <p>In closing, SMcG thanked all Governors who contributed to the meeting and confirmed that the GEG would continue to focus on strengthening overall engagement, supporting membership activity, and ensuring Governors remain closely connected to patient and public voices.</p> <p>The Council noted the update.</p>
COG/26/02/76	<p>Membership Strategy Q3 Progress Report</p> <p>EK explained that the report had been discussed in detail at the Governor Engagement Group in Common (GEGiC) meeting held on 29th January 2026, with governors satisfied on continued growth in membership, successful engagement activities, and improvements in communications, including addressing volunteer email deliverability and providing the March newsletter to volunteers becoming members.</p> <p>The Council of Governors noted the update.</p>
COG/26/02/77	<p>Communications & Engagement Update Report</p> <p>The reported was received for information</p> <p>The Council noted the report and commended the accessible integration video and soft-launch approach to the new website, recognising the dependency on the 1 April transaction date.</p> <p>The Council of Governors noted the report.</p>
COG/26/02/78	<p>Bi-monthly Strategy Highlight Report</p> <p>The report was taken as read.</p> <p>SMcG drew attention to nearing completion of the Runcorn Integrated Hub for a spring opening, subject to CQC sign-off and staffing, and to UTC bid progress already discussed.</p> <p>The Council of Governors noted the report.</p>
CLOSING	
COG/26/02/79	<p>Review of the Meeting</p> <p>SMcG invited reflections; governors felt the session was constructive and transparent, valuing detailed responses to questions and the focus on strategic priorities including integration and membership. Members also observed the volume of NHS paperwork and welcomed the time reserved for discussion</p> <p>A lot of paperwork in the NHS, good opportunity for discussion</p>

COG/26/02/80	<p>Any Other Business</p> <p>An operational update from JC (following an email on the matter from the Chief Nurse, Ali Kennah) confirmed that the PALS office would reopen on Monday from 10:00–16:00 with two officers. It was noted that the office must close if only one officer is on duty or if staff are required for ward call-outs. One officer is new but experienced. The team is benchmarking models in other trusts to inform a sustainable approach. Governors requested that the website information accurately reflects the service’s actual availability.</p> <p>No further business was raised.</p> <p>Next meeting: Thursday 12 March 2026 (extraordinary), Trust Conference Room, Warrington, with Teams access; quorum will require approval by at least 50% of governors in post, not merely 50% of attendees. It was agreed EK and SF would conduct attendance assurance checks and circulate joining details to support quorum on 12 March</p> <p>The was no further business raised. The meeting closed at 5.30 pm.</p>
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ITEMS TO NOTE (See Supplementary Pack)	
COG/26/02/81	<p>Learning From Experience Update Q2</p> <p>The Council of Governors noted the content of the paper.</p>

Next meeting of the Council of Governors: 14 May 2026, 3-5pm – Trust Conference Room, Warrington Hospital

Signed: Steve McGuirk, Chair
Date
Chair

Council Of Governors

Date: Thursday 12 March 2026

Time: 3:30 - 4:30pm

**Location: Trust Conference Room, Warrington
Hospital and via MS Teams**

Present	
Board Members:	
Steve McGuirk (SMcG)	Chair
Cliff Richards (CR)	Non-Executive Director, Deputy Chair
Mike O'Connor (MOC)	Non-Executive Director, Senior Independent Director
Mike O'Connor (MOC)	Non-Executive Director, Senior Independent Director
Jayne Downey (JD)	Non-Executive Director
Julie Jarman (JJ)	Non-Executive Director
John Somers (JS)	Non-Executive Director
Nikhil Khashu (NK)	Chief Executive
Lucy Gardner (SB)	Chief Strategy & Partnerships Officer
Elected Public Governors	
Sue Fitzpatrick (SF)	Public Governor, Warrington and Halton - Lead Governor
Diane Nield (DN)	Public Governor, Warrington and Halton - Deputy Lead Governor
Dorcas Akeju (DA)	Public Governor, Rest of England
Catherine Ardern (CA)	Public Governor, Warrington and Halton
Margaret Bamforth (MB)	Public Governor, Warrington and Halton
Helen Bennet (HB)	Public Governor, Warrington and Halton
Alan Davies (AD)	Public Governor, Warrington and Halton
Colin Jenkins (CJ)	Public Governor, Warrington and Halton
Paula Jones (PJ)	Public Governor, Warrington and Halton
Kevin Keith (KK)	Public Governor, Rest of England
Carol Ann Kelly (CAK)	Public Governor, Warrington and Halton
Matt Machin (MM)	Public Governor, Warrington and Halton
Linda Mills (LM)	Public Governor, Warrington and Halton
Nigel Richardson (NR)	Public Governor, Warrington and Halton
Jack Roper (JR)	Public Governor, Warrington and Halton
Stephen Walton (SW)	Public Governor, Warrington and Halton
Elected Staff Governors	
Michelle Kho (MK)	Staff Governor, Nursing and Midwifery
Erwin Tublles (ET)	Staff Governor, Support Worker
Suresh Sukumaran (SS)	Staff Governor, Estate, Admin and Managerial
Appointed Partner Governors	
Colin Hughes (CH)	Partner Governor, Halton Borough Council

Maureen McLaughlin (MM)	Partner Governor, Warrington Borough Council
Nichola Newton (NN)	Partner Governor, Warrington & Vale Royal College
Mansimran Singh (MS)	Partner Governor, Warrington Sikh Gurdwara
In Attendance:	
John Culshaw (JC)	Company Secretary
Apologies	
Agenda Ref	Agenda Item
COG/26/03/82	<p>Welcome, Introduction, Apologies and Declarations of Interest</p> <p>SMcG opened the meeting by welcoming all attendees and confirming apologies from as noted above. He acknowledged the hybrid format and thanked those present for their flexibility.</p> <p>No declarations of interest were raised. SMcG confirmed the meeting would be recorded for minute accuracy, and no objections were noted.</p>
COG/26/03/83	<p>Matters Arising</p> <p>There were no matters arising.</p>
Governor Business	
COG/26/03/84	<p>Statutory Application for the Acquisition of Bridgewater Community Healthcare NHS Foundation Trust.</p> <p>LG presented the paper outlining the statutory requirements and approvals needed from the Council of Governors to enable submission of the formal application to NHS England for the acquisition of Bridgewater Community Healthcare NHS Foundation Trust by Warrington and Halton Teaching Hospitals NHS Foundation Trust.</p> <p>She reminded the Governors that both Trust Boards and Councils had approved the documents in principle in February 2026, and that the versions now presented reflected updates following NHS England’s formal review, including confirmation of the Amber Transaction Rating.</p> <p>The Council received assurance that:</p> <ul style="list-style-type: none"> • The Board had followed a nationally compliant transaction process, including approval of the Strategic Case, Full Business Case, and the required Board Certification. • Comprehensive due diligence had been completed across all domains, supported by independent external advisers. • Identified risks were documented in an integration risk register with defined mitigation plans. • Staff, stakeholders, system partners and the public had been appropriately engaged, with equality and statutory duties considered in line with NHS England requirements. • A Transaction Process Assurance Matrix had been provided to Governors mapping national requirements to evidence and Board actions undertaken.

Application Letter

The final Application Letter was presented. Governors were informed that it confirmed completion of all required assurance, due diligence and planning activities, and sought NHS England approval to proceed to implementation of the transaction.

New Constitution of the Enlarged Organisation

LG outlined the development of the proposed Constitution, noting:

- It had been based on the national Model NHS Constitution.
- Joint Governor workshops from both organisations had shaped its development.
- Legal advice and NHS England feedback had been incorporated.
- The Constitution would take effect automatically on approval of the acquisition by NHS England.

Governors confirmed they were assured that the proposed Constitution was compliant, robust, and reflective of both organisations’ governance expectations.

The Council noted its legal responsibility to determine whether the Board had been thorough and comprehensive in reaching its decision to proceed with the transaction and whether interests of members and the public had been considered.

It was confirmed that no evidence existed to suggest due diligence had been inadequate, and that the statutory requirements had been met.

The Council of Governors approved:

- 1. The Board’s decision to submit the statutory Application Letter to NHS England requesting approval of the acquisition.**
- 2. The proposed new Constitution of the enlarged organisation, as required for submission.**

Closing**COG/26/03/85****Review of the Meeting**

The meeting was reviewed as successful, with constructive discussions and effective engagement from Governors. Key information was clearly presented, and there was a positive level of participation, supporting collective understanding and decision making. Overall, the meeting was considered well managed.

COG/26/03/86**Any Other Business**

No further business was raised

Next meeting of the Council of Governors: 14 May 2026, 3-5pm – Trust Conference Room, Warrington Hospital

Signed: Steve McGuirk, Chair

The agenda and minutes of this meeting may be made available to public and persons outside of Warrington and Halton Hospitals NHS Foundation Trust as part of the Trust’s compliance with the Freedom of Information Act 2000.

Date

Chair

Action Log – Council of Governors

Agenda reference:	COG/26/05/002(iii)	Subject:	Council of Governors - Action Log	Date of meeting:	12 May 2026
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1. Actions on agenda

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

2. Actions completed and closed off since last meeting

Minute ref	Meeting date	Item	Action	Owner	Due date	Completed date	Progress report	RAG Status
COG/26/02/73	12/02/2026	Items requested by Governors – Questions	Ensure website reflects accurate PALS office availability	AK/PALs	Mar 2026	Q1	Website contains up to date opening and closing times of PALs along with contact details: North Cheshire and Mersey NHS Foundation Trust - Patient Advice and Liaison Service (PALS)	

COG/26/02/80	12/02/2026	Any Other Business	Conduct attendance assurance checks and circulate joining details – Extraordinary CoG March 12 2026	SF/EK	Before 12/03/2026	02/03/2026	Completed	
COG/26/02/73	12/02/2026	Items requested by Governors – Questions	Provide National Oversight Framework link to governors	LG	Mar 2026	12/05/2026	Link to 2025/26 framework NHS England » NHS Oversight Framework 2025/26	

Rolling tracker of outstanding actions

Minute ref	Meeting date	Item	Action	Owner	Due date	Completed date	Progress report	RAG Status
COG/26/02/68	12/02/2026	Chief Executive's Report	Consider targeted myth-busting comms before next season	NK/JJ	Autumn 2026		Targeted comms to be considered prior to Autumn in line with due date	
COG/26/02/68	12/02/2026	Chief Executive's Report	Report back on reintroduced sickness triggers and early impact, including stress metrics	JJ	Q1 2026/27		Pending, will be reported through SPC.	
COG/26/02/73	12/02/2026	Items requested	Review front-of-house cover,	JD/Chief Nurse	Mar 2026	ongoing	Training of staff and volunteers is	

		by Governor s – Questions	signage, telephone responsiveness, and provide clear escalation routes – PALS				ongoing around escalation routes a formal update to be provided to GEG Q2.	
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RAG Key

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

Council of Governors

Agenda reference:	COG/26/05/004			
Subject:	Chief Executive's Report			
Date of meeting:	12 May 2026			
Action required:	Noting			
Author(s):	Nikhil Khashu, Chief Executive			
Executive director sponsor:	Nikhil Khashu, Chief Executive			
Link to strategic aim:	<p>1. QUALITY - We will always put our patients first, delivering safe, compassionate, inclusive and effective care and an excellent patient experience</p> <p>2. PEOPLE - We will be the best place to work, with a diverse and engaged workforce that is fit for now and the future with staff developing, growing and thriving.</p> <p>3. SUSTAINABILITY - We will work in partnership with others to achieve social and economic wellbeing in our communities and improve equity in health outcomes</p>			
Equality considerations: (please select as appropriate)	Please indicate who is impacted by the equality considerations:	Patients	Workforce	Public
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	Yes	No	N/A
	Further Information / Comments:			
Executive summary:	<p>This report provides an update on key developments since the last Board meeting, including the formal acquisition of Bridgewater Community Healthcare NHS FT by Warrington and Halton Teaching Hospitals NHS FT (WHH), and the renaming of WHH to become North Cheshire and Mersey NHS Foundation Trust from 1 April. It highlights leadership changes, staff experience and wellbeing, performance and oversight arrangements with NHS England, and progress in access, elective and cancer care, alongside ongoing challenges in urgent care and financial sustainability. Overall, it reflects steady progress during a period of significant change, with a continued focus on</p>			

	delivering safe, high-quality and sustainable care for our communities		
Purpose: (please select as appropriate)	Approval	To note ✓	Decision
Recommendation:	The Board is asked to note the content of the Chief Executive's report.		
Previously considered by:	Committee	Trust Board	
	Agenda Ref.	BM/26/04/005	
	Date of meeting	1 April 2026	
	Summary of Outcome	noted	
Next steps: state whether this report needs to be referred to at another meeting or requires additional monitoring	None		
Freedom of information status (foia):	Release Document in Full		
Freedom of information exemptions applied: (if relevant)	None		

1. Background/context

This report provides the Trust Board with an overview of a range of strategic and operational issues since the last meeting on 4 February 2026, some of which are not covered elsewhere on the agenda for this meeting.

2. Key elements

2.1 Trust News

Integration with Bridgewater Community Healthcare NHS Foundation Trust

I am delighted to say that the Secretary of State for Health and Social Care has formally approved our plans to bring Warrington and Halton Teaching Hospitals NHS Foundation Trust and Bridgewater Community Healthcare NHS Foundation Trust together.

This approval means that, from 1 April, we will legally operate as a single organisation under the name North Cheshire and Mersey NHS Foundation Trust.

We have already made substantial progress in working as one organisation and have reached this point following an exceptionally rigorous and transparent process. This has included the establishment of joint executive leadership and governance arrangements, development of a comprehensive Full Business Case setting out the strategic rationale and benefits of the transaction, extensive due diligence, wide ranging staff engagement and consultation, and regular and detailed scrutiny by NHS England and NHS Cheshire and Merseyside.

Bringing our organisations together will further strengthen our services, improve our resilience, and enhance our ability to respond to the challenges we face, enabling us to deliver the best possible care for the people and communities we serve.

This milestone reflects an enormous collective effort. I would like to thank colleagues across both organisations for their professionalism, flexibility and commitment in embracing change, particularly at a time of significant operational pressure and ongoing service improvement. Achieving this alongside our continued focus on quality and performance is a considerable achievement and one we should rightly recognise.

Recognition of Bridgewater Non-Executive Directors and Governors

I would also like to formally recognise the important contribution made by the Non-Executive Directors and Council of Governors of Bridgewater Community Healthcare NHS Foundation Trust during the integration process and in supporting the

final stages of the transaction. At the recent Extraordinary Meeting of the Council of Governors, governors completed their formal role in approving the constitution and supporting the Board's decision to proceed, following confirmation that both Trust Boards had completed the approvals required for the acquisition. Their scrutiny, support and constructive challenge throughout this period have helped ensure that the process was robust, well governed and concluded appropriately. I would particularly like to acknowledge the leadership of Martyn Taylor as Chair, alongside the wider contribution of Bridgewater's governors and Non-Executive colleagues, and to place on record my sincere thanks for their commitment, professionalism and stewardship during a significant period of change

Farewell to the Chair

I would like to take this opportunity to recognise and pay tribute to Prof Steve McGuirk as he stepped down as Chair of the Trust at the end of March, having served in the role since April 2015.

Throughout his tenure, Steve brought a deep sense of public service, strong personal commitment and a clear belief in the central role the Trust plays within its community. His connection to our organisation has always been both professional and personal, informed not only by his leadership responsibilities but also by his own and his family's direct experience of our services. This perspective shaped his approach as Chair and reinforced his unwavering focus on quality, compassion and patient centred care.

Under Steve's leadership, the Trust has achieved a number of significant milestones. These include sustained improvements in our CQC ratings, with the organisation moving from requires improvement to good, and achieving good ratings for maternity services on two occasions. Alongside this, the Trust has overseen major service and infrastructure developments, including investment in diagnostic capacity, expansion of same day emergency care, additional theatres, community diagnostic centres and the growth of outreach and integrated care services, all supporting more modern care delivered closer to home.

The most challenging period of Steve's time as Chair was undoubtedly the pandemic. During this time, his leadership was characterised by calm, clarity and an unrelenting focus on supporting staff and maintaining safe services. He consistently championed the resilience, compassion and innovation shown by colleagues across the organisation, and reminded us that the strength of the NHS lies in its people.

Perhaps Steve's most enduring contribution has been his role in shaping the culture of the Trust. He has consistently promoted openness, collaboration and learning, and has placed equal importance on caring for our workforce as for our patients. As we approach the next phase of our journey, including the creation of an integrated organisation from 1 April, this cultural legacy provides a strong foundation for the future.

On behalf of the Board, governors and colleagues across the Trust, I would like to thank Steve for his outstanding service, leadership and commitment over more than a decade. We wish him well for the future and record our sincere appreciation for the contribution he has made to the organisation and the communities we serve.

Executive Retirements

I would also like recognise two retirements within our joint Executive Management Team. On 31 March, Lynne Carter and Michelle Cloney both retired, bringing to a close nearly 90 years of combined service to the NHS.

Lynne served as Director of the Delivery Unit across both organisations and Deputy Chief Executive at Bridgewater. A registered general and learning disability nurse, Lynne joined Bridgewater eight years ago as Chief Nurse and has contributed an exceptional 48 years of NHS service. She has played a pivotal role in strengthening leadership, delivery and integration across our organisations and has been instrumental in supporting us through a period of significant change. Lynne now plans to relocate to Brighton and spend more time with her family.

Michelle served as Chief People Officer at Warrington and Halton Teaching Hospitals for the past nine years. She began her NHS career in nursing in 1984, initially as an intensive care nurse, before moving into human resources and organisational development in 1997. Michelle has provided steadfast leadership across workforce, culture and organisational development, particularly during some of the most challenging periods the Trust has faced. As she prepares to welcome her first grandchild, she is looking forward to spending more time with family and pursuing new opportunities and experiences.

The retirement of both Lynne and Michelle represents a significant loss of experience, expertise and leadership. They have each made an outstanding contribution to their respective organisations and to the wider NHS, and they will be greatly missed by colleagues.

I would like to place on record my sincere thanks to Lynne and Michelle for their dedication, professionalism and commitment over so many years, and to wish them both a long, healthy and fulfilling retirement.

Thanks and Recognition

I would also like to mark the departure of Nick Gallagher, Bridgewater's Director of Finance, who leaves the organisation this week after more than 30 years of dedicated service to the NHS, including the past nine years at Bridgewater. Nick was appointed Director of Finance in December 2018 and has played a significant role as a valued and trusted member of the Bridgewater Board throughout a period of considerable change and challenge. His experience, professionalism and commitment have made an important contribution to the organisation, and he will be greatly missed.

Appointment of Chief People Officer

I am pleased to welcome Paula Woods as Chief People Officer for North Cheshire and Mersey NHS Foundation Trust from 1 April 2026, following the integration of Warrington and Halton Teaching Hospitals and Bridgewater Community Healthcare.

Paula previously served as Director of People and Organisational Development at Bridgewater. A Fellow of the Chartered Institute of Personnel and Development, she has worked in the NHS since 2004 and held a number of senior workforce leadership roles before being appointed to director level in 2020. Prior to joining the NHS, Paula worked in the housing association sector in Merseyside as an Assistant Director of Human Resources.

I would like to offer Paula a warm welcome to her new role. I look forward to working with her as we continue to build North Cheshire and Mersey NHS Foundation Trust and ensure we remain a supportive, inclusive and high performing organisation for our staff and the communities we serve.

Staff Survey Results

NHS England has published the results of the 2025 NHS Staff Survey, which was completed by colleagues last autumn. Across Warrington and Halton Teaching Hospitals and Bridgewater Community Healthcare, 2,633 staff took part. This level of participation provides a valuable and honest insight into how people are feeling about working in our organisations.

You can view the results for [WHH here](#) and [BCH here](#).

The results highlight a number of important strengths. Colleagues continue to describe strong levels of compassion, kindness, inclusion and mutual support. These qualities remain central to our culture and are evident even during periods of significant pressure.

The survey also shows that many staff are feeling the strain of ongoing workload and operational challenges. Scores relating to morale, confidence in speaking up, psychological safety and advocacy have reduced. Feedback also points to concerns around workload, access to development opportunities and feeling valued at work. These findings reflect real experiences and are being taken seriously.

Initial analysis of the results has now been completed. By the end of March we will have received the full set of written comments from staff, which will provide deeper insight and help shape the actions we take. The Trust Board will oversee progress and ensure improvements are delivered.

Early areas of focus include improving leadership visibility, strengthening how we listen and respond to feedback, supporting staff to speak up safely, tackling bullying and unacceptable behaviour, improving recognition, and providing clearer information

about career development, appraisals and training. We will also identify and spread good practice already taking place across our services.

A simple and practical approach will be developed to support teams to act on feedback that matters most to them and to sustain improvements over time. Further updates will be shared as this work progresses.

I would like to thank all colleagues who took part in the survey and for their continued dedication to our patients, communities and each other as we come together as North Cheshire and Mersey NHS Foundation Trust. Listening to staff and making visible, meaningful improvements will remain a clear priority for the Executive Team and the Board.

Thank You Awards

I am pleased to share an update on our Thank You Awards for 2025-26, which recognise and celebrate the outstanding contribution of colleagues and volunteers across our services. This year marks the first awards as North Cheshire and Mersey Foundation Trust and recognises staff from both Warrington and Halton Teaching Hospitals and Bridgewater Community Healthcare.

More than 500 nominations were received from colleagues, patients and members of the public, highlighting the exceptional dedication, compassion and professionalism shown across both organisations. Following a thorough judging process, a shortlist of 33 finalists has now been confirmed across a wide range of categories, including clinical and non-clinical teams, individual colleagues, leadership, innovation, equality and inclusion, and community and charity support.

The high number and quality of nominations demonstrate the significant impact our staff and volunteers continue to have on patients, families and each other, even during a period of sustained operational and financial pressure. All nominations will be acknowledged, with feedback shared after the awards ceremony.

I would like to thank everyone who took the time to submit a nomination and congratulate all those shortlisted. Taking time to recognise and celebrate success remains an important part of valuing our people and reinforcing the positive culture we continue to build together.

So please join me in congratulating our 2025-26 finalists (listed in alphabetical order within each category):

Clinical Team of the Year

- CT Radiology Team
- Frailty Teams (acute and community)
- Paediatric Respiratory Team

Non-Clinical Team of the Year

- Halton Community Safeguarding Team
- Medical Engineering Team
- Organisation Development Teams (acute and community)

Clinical Colleague of the Year

- Dr Furhan Razzaq, Consultant Radiologist and Director of Breast Screening, Breast Screening
- Lucy Phelan, Senior Dental Officer, Bolton Dental
- Milimo Mwiinga, Midwife, Maternity

Non-Clinical Colleague of the Year

- Gill Matthews, Governance Manager, Radiology
- Julie Cartledge, Admin and Clerical Officer, Diabetic Foot Clinic
- Matthew Percival, Supplies Operative, Supplies

Rising Star Award

- Bethany Stanley, Dietetic Assistant Practitioner, Dietetics
- Faye Riley-Joyce, The Nest/Maternity Triage Manager, Maternity
- Paula Salmon, Health Visitor, Halton 0-19 Service

Inspiring Leader Award

- Adam Harrison-Moran, Associate Chief People Officer - Strategic Workforce Development and Culture, People Directorate
- Ailsa Witherington, Clinical Team Manager, Physiotherapy
- Paula Brereton, Head of Clinical Coding & Service Development, Clinical Coding

Innovation, Improvement and Research Award

- Ambient Voice Technology Project Team, Digital Services
- Neurodevelopment Pathway and supporting corporate teams
- Paediatric Diabetes Team

Healthcare Hero

- Jade Ward, District Nurse, District Nursing Service
- Keith Knowles, Estates Mechanical Engineer, Estates
- Sharon Sunter, District Nurse, Halton District Nursing Service

Diversity and Inclusion Award

- Firdous Patel, Midwife, Maternity
- Women's Staff Network
- Zetta Edwards, Learning Disability and Autism Matron, Learning Disability and Safeguarding

Charity Champion

- Laurence Barrow, Barrow Electrical
- Sacred Heart Catholic Primary School

- Shaun Ryan, Proctive Security

People's Choice Award

- Cristobelle Federico, Care Support Worker, General Medicine
- Dr Kate Hunter, Consultant, Children's Epilepsy
- Lucy Atley, Health Visitor, Warrington Health Visiting Service

The winners will be announced at our Thank You Awards ceremony on Friday 15 May at the Titanic Hotel in Liverpool, where we will be celebrating the contribution made by all of our colleagues and volunteers over the past 12 months. A special Outstanding Achievement Award will also be presented on the night.

Marking the start of Ramadan

The Trust marked the start of Ramadan, the holiest month in the Islamic calendar, which is observed by Muslims around the world. Ramadan lasts for around a month and is a time focused on reflection, self-discipline, prayer and community.

During Ramadan, many Muslims fast during daylight hours and focus on positive behaviours such as patience, compassion and supporting others. Families often gather to break the fast together in the evening, spend time in prayer, and give food or support to those in need. The month concluded with the celebration of Eid, a time of joy, family gatherings and community celebration.

Sharing these experiences helps raise awareness and understanding of the diverse backgrounds, cultures and beliefs of our workforce. Recognising and celebrating important religious and cultural events is an important part of creating an inclusive and supportive environment where colleagues feel respected and valued.

Menopause Friendly Employer Accreditation

The Trust has recently been awarded Menopause Friendly Employer accreditation, recognising our commitment to supporting colleagues through all stages of their working lives and to treating menopause as an important workplace health and wellbeing issue.

This accreditation reflects the progress made in creating a more open, supportive and informed environment where menopause can be discussed positively and without stigma. With strong support from senior leaders, menopause is increasingly recognised as something that can affect people differently and may require understanding, compassion and practical workplace adjustments.

As part of this work, the Trust now has clear menopause guidance for staff and managers, a growing network of trained menopause advocates, and regular menopause cafés that are well attended and valued by colleagues. Feedback from staff indicates greater confidence in starting conversations, asking for reasonable adjustments and feeling supported rather than struggling in silence.

Supporting colleagues to stay well at work is an important part of delivering high-quality patient care, and this accreditation marks a positive step forward in strengthening our culture of care and respect for all staff.

2.2 National, Regional & ICB News

Actions agreed with NHS England

The Trust has agreed a set of additional conditions with NHS England relating to urgent and emergency care performance and financial sustainability. These conditions, known legally as *enforcement undertakings*, reflect areas that are already a priority focus for the organisation.

Like many NHS trusts, we are facing significant challenges. These include long waiting times in the Emergency Department and a financial deficit, meaning the Trust is currently spending more than it receives. Progress is already being made, but there is further work required to deliver sustained improvement.

The Trust is not alone in this position. Most hospital providers across the region, as well as NHS Cheshire and Merseyside itself, are operating under similar arrangements with NHS England, reflecting the wider pressures across the health and care system.

Under the agreed undertakings, the Trust has committed to improving waiting times for patients attending the Emergency Department, including reducing the number of people waiting more than 12 hours, and to delivering its financial plans. This includes making steady, ongoing improvements to the Trust's financial position and attending regular oversight meetings with NHS England to review progress.

NHS England has recognised the efforts made to date and has acknowledged that the integration of acute and community services is a key part of achieving long-term sustainability for services across Warrington and Halton. The Trust will continue to work closely with NHS England and system partners, while also focusing on the improvements within its own control.

While there are no quick solutions, patients and staff remain the Trust's priority. By continuing to work together and building on the progress already made, the Trust is committed to delivering safer, more sustainable and more responsive services for the communities it serves.

NHS England Quarter 4 Tiering Position

NHS England has confirmed the Trust's performance oversight position for Quarter 4 of 2025/26. Following a regional review of performance, Warrington and Halton

Teaching Hospitals NHS Foundation Trust will remain in Tier 1 for Urgent and Emergency Care and Tier 2 for Elective Care for the final quarter of the year.

Tiering is part of the national system used by NHS England to monitor how well NHS organisations are performing against key standards, including urgent and emergency care, planned care, cancer and diagnostics. Remaining in Tier 1 for urgent and emergency care reflects the Trust's continued focus on maintaining safe services during a challenging winter period. The Tier 2 position for elective care recognises both the progress being made and the further work required to reduce long waits.

NHS England has acknowledged the significant operational pressures faced over the winter, including increased sickness levels and industrial action, and has thanked staff for their continued efforts to reduce long waiting times. The Trust will continue to work closely with NHS England during the Quarter 4 performance sprint to maximise opportunities to improve access to care for patients.

Segmentation and Ranking under NHS Oversight Framework

NHS England has published updated performance information for Quarter 3 of 202526 under the NHS Oversight Framework. This framework is used nationally to assess how NHS organisations are performing across a range of areas, including access to services, quality, workforce and financial sustainability.

For Quarter 3, Warrington and Halton Teaching Hospitals NHS Foundation Trust remains in Segment 4, which is unchanged from Quarter 2. Segment 4 indicates that, while improvements are being made in some areas, further progress is required overall. However, the Trust's national ranking has improved, moving from 125th to 106th out of 134 acute and specialist trusts, reflecting recent operational improvements.

Performance has improved in several key areas. Access to services, elective recovery and cancer performance have all shown consistent progress, with shorter waits and better national rankings. Cancer standards, including faster diagnosis and referral to treatment times, have improved, and elective care performance has strengthened, with more patients being treated within expected timeframes and fewer long waits.

Urgent and emergency care performance shows a mixed picture. While some improvement has been seen more recently, particularly in reducing the number of very long waits, this has not yet fully translated into improved national rankings.

There have also been positive improvements in patient flow and discharge, with patients spending less time waiting to leave hospital once they are medically ready. Patient safety measures remain stable, with some improvement in infection-related indicators.

These operational improvements are currently offset by challenges in financial performance and productivity.

Across Quarter 1 to Quarter 3, the overall picture is one of gradual improvement, with clear progress in access, elective care and cancer services, but with further work needed to achieve sustained improvement across all areas.

The latest national rankings provide reassurance that the Trust is moving in the right direction, reflecting the continued hard work and dedication of staff. Performance information will continue to be updated quarterly, and the Trust's segment and ranking may change as further progress is made.

Appointment of NHS England North West Regional Chair

NHS England has announced the appointment of Kathy Cowell as the new North West Regional Chair, a newly created role intended to strengthen leadership, governance and oversight across the region. Taking up post on 1 May 2026, Kathy will provide independent, non-executive leadership, working with NHS organisations and system partners to support high-performing boards, improve health outcomes, reduce inequalities and deliver long-term NHS priorities such as better access to care, care closer to home and improved productivity. Kathy brings extensive NHS and public service experience and will act as a direct point of contact for provider and system Chairs, with NHS England highlighting the importance of this role in supporting organisations during a period of significant change.

North Cheshire & Merseyside Integrated Care Board Update

Dr Fiona Lemmens has been appointed as Executive Clinical Director and will provide senior clinical leadership, with a focus on maintaining safe, high-quality, person-centred care and strengthening clinical governance and quality improvement across the system. In addition, Ben Vinter has been appointed as Executive Director of Corporate Services and Governance. Ben joins from Liverpool Heart and Chest Hospital and will lead the Trust's corporate functions, ensuring strong governance, legal compliance and organisational resilience to support the delivery of high-quality services.

2.3 Overview of Trust Performance

Appendix 1 is a snapshot dashboard overviewing Trust performance across the domains of Quality, People and Sustainability for the last full month of complete reported datasets. In this case, this is month 11 – February 2026. Further detail is provided in the Integrated Performance Dashboard, and associated Summary Report alongside the relevant Committee Assurance Reports.

2.4 Special Days/Weeks for professional groups

Since our last Board meeting, several topics, professional or interest groups or disciplines have had special days or weeks marked locally, nationally or internationally. These have included:

February 2026

- LGBT History Month
- National Healthy Heart Month
- World Obesity Day
- World Cancer Day
- National Apprenticeship Week
- Chinese Lunar New Year
- Ramadan/ Eid Al Fitr
- Eating Disorder Awareness Week

March 2026

- Zero Discrimination Day
- Lymphoedema Awareness Month
- Brain Tumour Awareness Month
- Ovarian Cancer Awareness Month
- Prostate Cancer Awareness Month
- Ramadan/ Eid Al Fitr
- International Women's Day
- World Hearing Day
- Overseas NHS Workers' Day
- World Lymphoedema Day
- Safer Sleep Week
- World Delirium Awareness
- World Tuberculosis Day
- National supported Internship Day
- World Autism Acceptance Week
- International Transgender Day of Visibility

2.5 Signed under Seal

Since the last Trust Board meeting, no items have been signed under seal:

2.6 Meetings Attended

The following is a summary of some of key external stakeholder meetings I have attended in February and March 2026 since the last Trust Board meeting:

- Sir Jim Mackey, NHS England Chief Executive, Corridor Care Summit
- NHS England to discuss the Integration Final Business Case
- Sir David Henshaw, Interim Chair, Cheshire & Merseyside ICB & Dr Liz Bishop, Interim Chief Executive, Cheshire & Merseyside ICB
- Cheshire & Merseyside Provider Collaborative (CMPC) Leadership meeting
- Cheshire & Merseyside Provider Collaborative (CMPC) Delivery Board
- PricewaterhouseCoopers (PwC)
- Linda Buckley, Managing Director CMPC
- CMPC Blueprint meeting

3. Recommendations

The Board is asked to note the content of this report.

Appendix 1: CEO Dashboard – Month 11 (February 2026)

Appendix 1 - CEO Dashboard Month 11 – February 2026

Quality

Operational Performance			
Indicator	Target/Limit	Actual	SPC
Diagnostic waiting times - 6 Weeks	above 95%	98.38%	
RTT 18 Weeks	above 92%	63.02%	
RTT - patients waiting 52+ Weeks	0	564	
RTT - patients waiting 65+ Weeks	0	1	
Elective Outpatient activity	104%	99%	
A&E % patients seen within 4 hours	Below 78.00%	62.64%	
A&E % waiting longer than 12 hours	Below 2.00%	25.07%	
Cancer 28 Day Faster Diagnostic Standard	above 75%	77.70%	
Cancer 62 Day Wait	above 85%	84.20%	
Ambulance Vehicle Handovers within 45 mins	100%	76.73%	
Cancelled Operations – not rearranged within 28 days	0	5	
Capped Theatre Utilisation	above 85%	79.00%	

Sustainability

Finance			
Indicator	Target/Limit	Actual	SPC
Income & Expenditure (£m)	-£3.20	-£3.55	
Capital Spend (£m)	£21.28	£9.43	
Cash Balance (£m)	£3.70	£17.17	
Better Practice Payment Code (£m)	above 95%	69%	
Agency Reduction (£m)	£2.42 (30% reduction from 2024/25 plan)	£2.67	
Bank Reduction (£m)	£22.87 (10% reduction from 2024/25 plan)	£28.50	
CIP In Year Delivered in relation to plan	90% of plan	100%	
CIP In Year Delivered in relation to plan (Recurrent)	90% of plan	48%	

Quality of Care			
Indicator	Target/Limit	Actual	SPC
Incidents open over 40 days	0	88	
Sepsis Screening Emergency	above 90%	69.00%	
Sepsis Screening Inpatients	above 90%	86.00%	
Sepsis Antibiotics Emergency	above 90%	55.00%	
Sepsis Antibiotics Inpatient	above 90%	79.00%	
Inpatient Falls	30 (10% reduction from 2024/25)	39	
VTE	above 95%	95.28%	
Pressure Ulcers (Category 2 and above)	11 (20% reduction from 2024/25)	8	
Medication Reconciliation (within 24 hrs)	above 80%	47.33%	
Complaints over 6 months	0	1	
Healthcare Infections - MRSA	0	0 YTD	
Healthcare Infections - MSSA	below 29 YTD	34 YTD	
Healthcare Infections – CDI (cumulative)	below 55 YTD	74 YTD	
Healthcare Infections - E. coli (cumulative)	below 72 YTD	65 YTD	
Healthcare Infections – Klebsiella (cumulative)	below 25 YTD	26 YTD	
Healthcare Infections - P. aeruginosa (cumulative)	below 7 YTD	10 YTD	
Maternity Postpartum Haemorrhage >1500ml	below 3.7%	4.60%	
MUST nutritional assessment completion	above 85%	73.65%	

People

Workforce			
Indicator	Target/Limit	Actual	SPC
Supporting Attendance	Below 5%	5.92%	
Turnover	Below 13%	11.20%	
Core/Mandatory Training	above 85%	89.82%	
PDR Compliance	above 85%	81.49%	

Strategy

- At the end of February, WHH and BCH received feedback on the recent NHS England review of the full business case for the Better Care Together integration programme. The feedback was positive and the NHSE 'Amber' rating means that the integration programme is able to continue as planned to a scheduled acquisition date of 1 April 2026. On this date, both organisations will formally come together as one, to become North Cheshire and Mersey NHS Foundation Trust. In the meantime, the focus of both partner organisations is on delivery of a safe and successful 'day one' for the new integrated Trust with significant work taking place across all core workstreams.
- The Runcorn Health and Education Hub is due open services from June 2026.
- The Living Well Warrington digital platform has been shortlisted in two categories for the upcoming HSJ Digital awards 2026. The team will present to the judging panel in March and the awards ceremony is in May.
- The Living Well Hub in Warrington welcomed its 50,000th visitor in February and continues to attract interest from around the country with recent site visits including teams from Bradford and Rotherham.
- The Trust have commenced development of our five-year plan, in line with latest NHS England Planning Guidance. This involves formulation and submission of:
 - 3- year plans for revenue, workforce, operational performance and activity
 - 4-year plan for capital
 - 5-year narrative plan
- Final submission has been approved by Board and submitted.

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	COG/26/05/007a(i)
AGENDA ITEM	Committee Observation Report
COMMITTEE MEETING ATTENDED	Quality, Safety and Assurance Committee in Common
DATE OF MEETING(s):	10th February 2025
GOVERNOR OBSERVER	Colin Jenkins, Public Governor Warrington and Halton
GOVERNOR COMMENTS	<p>This is my first opportunity to observe this committee which I have to admit, despite the volume of items and the depth they covered, I learned much more than I could have imagined.</p> <p>The meeting commenced on time with the chair welcoming everybody and outlining a slight change in the agenda to facilitate staff commitments and consolidate connected items. There followed a round of introductions allowing familiarisation with our Bridgewater colleagues attending.</p> <p>There was a full and comprehensive agenda which was scheduled over 3.5 hours (which I thought was optimistic). However good progress was skilfully maintained throughout by careful time management whilst allowing discussions and clarifications to take place.</p> <p>Our NED,s, assisted by colleagues from BHH, asked a number of reaching and relevant questions of report presenters to elicit the clarification and/or assurances they required.</p> <p>There were full discussions on a few key items such as the deep dive into Antimicrobial Resistance and how we can institute changes to ensure future protections; maternity services and recommendations in light of recent events and several other , what I considered to be major items, which demonstrated the need for a long meeting.</p> <p>All items were dealt with appropriately and in summation</p>

the Chair recapped on the items that had been agreed to progress to Board, those that were for noting and any that were to return for an update in a later meeting.

The meeting did run over by 15 minutes. But, due to tight control of timings, all items were given a fair hearing. I'm confident that this committee is functioning within the policies of the Trust.

Trust Board: Committee Assurance Report

Agenda reference:	BM/26/04/010a(i)	Date of Board meeting:	1 April 2026
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Date of meeting:	10 February 2026
Name of meeting and chair:	Quality Safety Assurance Committee in Common (QSAC), chaired by Cliff Richards
Was the meeting quorate:	Yes

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

Agenda reference	Agenda item	Issue and lead officer	Delivery assurance	Governance assurance	Follow up / review date
QAC/26/02/05	Deep Dive into Antimicrobial Resistance	<p>The committee received a presentation noting</p> <ul style="list-style-type: none"> • Review of current targets for Antimicrobial Resistance • Actions in place to improve performance against targets • Improving trends noted across all metrics • Noted staffing challenges have improved • Focused interventions planned in ED <p>Laboratory merger with Mersey and west Lancashire will create some challenges</p>	Moderate Improving picture need to continue to see sustained improvement towards target	Substantial: Review via Quality Safety Assurance Committee . Reported to IPC Sub Committee quarterly.	Update to IPC subcommittee Q4.
QAC/26/02/04	Typing Backlog update	<p>The committee received a presentation noting</p> <ul style="list-style-type: none"> • Reduction of 2609 letters outstanding compared to December 2025. • Slight increase in urgent letters noted. 	Moderate Improving picture – although	Substantial	Update to Quality Safety Assurance

		<ul style="list-style-type: none"> • Consultation of Medical Secretaries concluded. • Behind trajectory by 1852 letters- due delay to roll out of process due to an error being identified in workflow for secretaries– new workflow on track for roll out February 2026. • Phase 2 went live December 2025; phase 3 planned for February 2026. • NHSE still reviewing plans for funding Remains on Risk Register scored at 15 	behind trajectory. Need to continue to recover in line with plan	Quarterly oversight at QSAC	Committee Q4.
QAC/26/02/16	Sepsis High Level Update Q3	<p>The committee received a report noting</p> <ul style="list-style-type: none"> • December compliance for ED Lactate 90%, Blood Cultures 72%. Antibiotic administration challenged. • No adverse events have been recorded in quarter relating to Sepsis. • Patient Safety Improvement Nurses undertake review of all Red Flag Sepsis - 111 pts in Q3 all had appropriate recognition and escalation. • 39 deaths recorded with Sepsis on death certificate, Structured Judgement Reviews – demonstrated good care Corporate Risk 579 increased to 12 due to non- compliance with KPI targets 	Moderate Monthly Improving picture, appropriate escalation and care identified – need to improve compliance with KPIs particularly antibiotic administration within 1 Hour.	Substantial Quarterly oversight at QSAC. Monthly reporting via Patient Safety and Clinical Effectiveness	Update to QSAC in Q4.
QAC/26/01/228	Clinical Pharmacy Service Supply,	The committee received a report noting	Moderate Good assurance	Substantive Oversight at QAC monthly.	Progress report back to QAC in 6 Months

	Discharge and Reconciliation	<ul style="list-style-type: none"> • The performance of the Clinical Pharmacy Service across medicines supply • Pharmacy screening of ward discharges had improved significantly, rising from 39% in January 2024 to 64–70% by late 2025 <ul style="list-style-type: none"> • Assurances seen how high-risk patients are prioritised using digital tool • Work required with Digital Teams to sustain resilience of the tool. 	regarding mechanisms and performance to manage risk. Digital tool not sustainable in its current form required Digital Team support.	reported monthly to Patient Safety and Clinical Effectiveness Committee	monitoring via PSCESC
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The Committee also received the following items.

- QAC/26/02/06** Quality IPR metrics
- QAC/26/02/07** IQPR
- QAC/26/02/08** ED Improvement
- QAC/26/02/12** Quality Council Report
- QAC/26/02/13** Maternity Update
- QAC/26/02/14** Learning from Experience
- QAC/26/02/15** Serious Incident Oversight
- QAC/26/02/16** Sepsis High Level Update
- QAC/26/02/17** Infection Control Q3 Update
- QAC/26/02/18** Palliative Care and End of Life Report
- QAC/26/02/19** Integration Update
- QAC/26/02/20** High Level Enquiries update
- QAC/26/02/21** BCH Audit recommendations
- QAC/26/02/22** BCH- WHH Quality IPR Reporting Alignment overview

Assurance key:

Delivery assurance: Assurance in achieving outcomes

Governance assurance: Assurance in the internal controls in place

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

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

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	COG/26/05/009aii
AGENDA ITEM	Committee Observation Report
COMMITTEE MEETING ATTENDED	Quality Assurance Common in Committee
DATE OF MEETING(s):	10 March 2026
GOVERNOR OBSERVER	Diane Nield, Deputy Lead Governor
GOVERNOR COMMENTS	<p>There was 3 NED's in attendance. Meeting chaired by Elaine Inglesby (BCH). WHH Chair (AC) also in attendance</p> <p>The meeting papers were available on Team Engine beforehand. There was a full agenda with multiple detailed papers. The meeting was chaired very efficiently with lots of opportunity for questions and a request for feedback from attendees at the end</p> <p>Apologies noted, minutes approved, action logs and matters arising reviewed.</p> <p>Highlights:</p> <p><u>Deep Dive – Never Events. Thematic Analysis and Plan</u></p> <p>2023/24 saw a number of 'never events' at WHH in ITU/Theatres.</p> <p>There has been a MIAA review and action plan developed together with a formal safety and culture programme in Theatres.</p> <p>However, over the last 24 months we have seen further events (12) in ITU/Theatres/CSTM. 2 events were borderline.</p> <p>Themes – Trauma and Orthopaedics (Prosthetics in Halton + CSTM) and Pain Service (wrong site injections)</p> <p>Warrington site has not seen any 'never events' since implementation of the safety and culture programme</p> <p><u>Plan</u></p> <p>Letter to staff</p> <p>Listening events to take place in Halton+ CSTM</p> <p>Urgent T+O and CSTM theatre staff engagement</p> <p>Update T+O prosthesis SOP</p> <p>Bespoke Culture + Training plan for T+O/ CSTM plan</p>

The MD expressed that this is clearly a high-risk area that we take very seriously and noted that there has been high staff turnover with inexperienced staff. One surgeon has also left and been removed from bank.

Several questions followed to gain assurance and that new staff will now follow procedure.

Questions also arose regarding the development of 'scrub staff' to be able to challenge decisions – we don't have assurance yet

In addition, assurance was sort regarding senior oversight of the Halton and CSTM sites. Currently we do not have this full time. There has been a lot of sickness at the sites, staff survey results show theatres stand out and clear leadership and oversight needs to happen.

Board Assurance Framework (BAF)

Consolidation of WHH & BCH BAF's

9 new unified strategic risks have been pulled together and aligned to a committee structure

The chair thanked the team for an incredible piece of work. Both the chair and BCH feel assured after reading the paper

Datix will be ready for BCH staff by 28/3. Trust wide comms is also going out with training dates in place.

Initially we will be running dual reporting systems

Fractured Neck of Femor – FNOF Feb data

Time to Theatre within 36 hours = 65.7% vs 30% previous

35 FNOF cases in February (13 cases where patient was first on the list)

Admission to ward A6 = 100%

Post op mobilisation = 67.5%

Ortho-geriatric review within 72 hours = 80.6%

Post-op assessment = 100%

Need to improve time to admission which is currently 18 hours vs National 9 hours

Data quality issues have also been identified with the ASA grades – plan in place

Ortho-geriatric vacancy – recruitment ongoing

The board congratulated the team on the improvements made and highlighted the need to maintain this

performance

Questions were asked regarding how we will improve time to theatre and at what point we will get there and improve mortality rates and weekday vs weekend performance considering theatres are only available up to 2pm on weekends

BCH Updates

Dermatology service – skin cancer

181 patients have not been recorded on the Somerset system. All patients have now been seen or offered appointments and harm levels have been identified

The number of 2 week wait referrals have increased from 75 to 115 per week

Discussion followed highlighting that even with significant funding the service still has issues

Neurodevelopment

The diagnostic pathway service saw a significant increase in referrals pre-covid and has continued to grow since and now exceeds capacity

Wait times and numbers have increased. An ICB tool is used to risk assess children with the greatest RAG rated at referral.

A steering group meets with the ICB commissioners monthly and an early health needs assessment team was created – we are not seeing an impact this year.

510 children waiting over 52 weeks in Halton (2 RED Rated)

470 children waiting over 52 weeks in Warrington (8 RED Rated)

The board requested assurance as to when the RED rated patients would be seen – this will be brought to the next meeting

Other questions were based around the commissioners and how long this has been on the agenda – 8 years

BCH is the only team who have risk stratified their referrals and are sharing this information with other trusts as this is fast becoming an issue in other areas and some have even paused referrals

AC Chair to pick up with the commissioners direct – we are failing children

Community Equipment Store (CES)

This store provides essential equipment to patients

across BCH

Challenges have been identified – resource, capacity, quality and safety.

It has taken >2months to identify the issues. This is the only assurance that can be given at this time

Action plan developed

Greatest risks – Capacity, leaking roof, bed rails and bed levers

The board requested clarity around the risks and the impact on patients and to gain understanding of the 'root cause'

Deep Dive required for the next meeting

Items to escalate to Trust Board

FNOF

Theatres

CES

Neurodevelopment

Dermatology

Fragile Services

ED improvement programme

Trust Board: Committee Assurance Report

Agenda reference:	BM/26/04/010a(ii)	Date of Board meeting:	1 April 2026
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Date of meeting:	10 March 2026
Name of meeting and chair:	Quality Safety Assurance Committee in Common (QSAC), chaired by Elaine Inglesby
Was the meeting quorate:	Yes

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

Agenda reference	Agenda item	Issue and lead officer	Delivery assurance	Governance assurance	Follow up / review date
QAC/26/03/31	Deep Dive into Never Events	<p>The committee received from the Medical Director noting</p> <ul style="list-style-type: none"> Analysis of events in last 24 months 2 themes identified Trauma and Orthopaedics and Pain Service Procedures Noted reduction in never events at Warrington site following safety culture work. Sir Captain Tom Moores(CSTM) Theatres undergoing rapid improvement intervention Oversight will be managed via formal Planned care Quality recovery Plan overseen by Deputy Medical Director reporting to the Executive Management Team 	Moderate Improving picture noted with Warrington Hospital Theatre Safety. Further assurance required re CSTM	Substantial: Review via Quality Safety Assurance Committee . Reported to IPC Sub Committee quarterly.	Update to Patient Safety and Clinical Effectiveness March 2026. Escalation to QSAC as required.

QAC/26/03/34	ED Improvement Update	<p>The committee received a presentation noting</p> <ul style="list-style-type: none"> • 2% improvement in 12 hours compared to January 2025 • Average time in Department reduced • No criteria to reside figure has increased to 156 patients • Increase in Hospital Acquired pressure ulcers and falls in December – immediate actions in place • Special cause improvement from August 2025 onwards in Sepsis performance <p>Harm profile has increased in Q3 for incidents recorded against the Emergency Department – themes identified – actions in place</p>	Moderate Improving picture in performance, some quality metrics have deteriorated. Further assurance required regarding Red Lines Tool Kit.	Substantial Monthly oversight at QSAC.	Update to Quality Safety Assurance Committee April 2026
QAC/26/03/35	Fractured Neck of Femur Assurance and Future Plan	<p>The committee received a report noting</p> <ul style="list-style-type: none"> • Improvements in time to theatre in 36 hours improved from 29% January 2026 to 65.7% in February 2026. • 100% of patients were admitted to Ward A6 compared to 93% in January • 67% mobilised timely after theatre- further work to be undertaken on pain management. • Overall Best Practice Tarriff was 42 % compared to 19 % (December 2025) <p>Case mix adjusted 30-day mortality remains above the control limit for 2 quarters</p>	Moderate Monthly Improving picture, sustained improvement are required with improved focus on pain management to aid early mobilisation	Substantial Quarterly oversight at QSAC. Monthly reporting via Patient Safety and Clinical Effectiveness	Update to QSAC in Q4.
QAC/26/03/41	Bridgewater updates re Dermatology, Neurodevelopment and Community Equipment Stores	<p>The committee received a report noting</p> <ul style="list-style-type: none"> • Risk Register risk noted at 15 relating to clinical harm reviews in Dermatology. 2 week wait referrals have noted to increase from average of 75 pw to 155. 	Moderate Good assurance regarding mechanisms and	Substantive Oversight at QSAC Quarterly . Will be	Deep Dive into Community Equipment Stores April 2026

		<ul style="list-style-type: none"> • Noted unable to meet increased demand for neurodevelopmental diagnostic assessments – risk stratification process in place. • Risks identified with Community Equipment Service relating to IPC standards, servicing, building issues and equipment checks- immediate actions are in place 	performance to manage risk. Digital tool not sustainable in its current form required Digital Team support.	reported to Patient Safety and Clinical Effectiveness Committee	
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The Committee also received the following items.




The Committee also received the following items.

- QAC/26/03/32** Board Assurance framework
- QAC/26/03/33** Annual Quality KPI refresh
- QAC/26/03/36** Patient safety And Clinical Effectiveness Update
- QAC/26/03/38** Bridgewater Serious Incidents
- QAC/26/03/39** Maternity Update
- QAC/26/03/40** Learning from Deaths
- QAC/26/03/41** Mental Health Update
- QAC/26/03/42** Quality Priorities Update Q3
- QAC/26/03/43** Integration Update
- QAC/26/03/44** Terms of Reference Review
- QAC/26/03/45** High Level Enquiries
- QAC/26/03/46** Bridgewater Audit Recommendations
- QAC/26/03/47** High Quality Impact Assessment Update
- QAC/26/03/48** Information Governance and records committee Quarterly Update
- QAC/26/03/49** Controlled Drugs accountable Officer Improvement Framework

Assurance key:

Delivery assurance: Assurance in achieving outcomes

Governance assurance: Assurance in the internal controls in place

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

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

Council of Governors Committee Observation Report

Agenda reference:	COG/26/05/007a (ii)
Committee observed:	Quality and Safety Assurance Committee
Date of meeting:	14 th April 2026
Author(s):	Diane Nield, Public Governor Warrington and Halton
Governor Observation Report	<p>There was 2 NED's (inc Chair) in attendance</p> <p>The meeting papers were available on Team Engine beforehand. There was a full agenda with multiple detailed papers. The meeting was chaired very efficiently with lots of opportunity for questions and a meeting review at the end.</p> <p>Apologies noted, minutes approved, action logs and matters arising reviewed.</p> <p>Highlights:</p> <p><u>Deep Dive – Community Equipment Store (CES)</u></p> <p><u>Key Issues</u></p> <p>Leadership – prolonged gaps – Band 7 Team lead</p> <p>Long Term absences</p> <p>High sickness rates</p> <p>Cultural issues around leadership + management</p> <p>The committee were informed that actions and assurance is in place to address and monitor the above. A band 7 team leader has been recruited along with warehouse staff by the end of the month. In addition, there is a long-term sickness plan in place with dates for some to return to work.</p> <p>There are also persistent issues with a leaking roof in the main warehouse over the de-contamination area. Rain is</p>

The agenda and minutes of this meeting may be made available to public and persons outside of NHS North Cheshire and Mersey NHS Foundation Trust as part of the Trust's compliance with the Freedom of Information Act 2000.

affecting repair works but hopeful to sort this out soon.

Actions have already been taken to address some issues around prioritisation and escalation. There is still work to do.

Drivers also tend to be the ones identifying issues, but they are out all day and only report when returning to CES

Committee asked to note the plan in place and issues will be monitored moving forward. Committee requested the service return to QASC in 2 months.

ED Improvement Programme

March data shows an improvement in 4 hour + 12-hour performance.

6% improvement in Paediatrics performance – new twilight staffing model/pathway work

Corridor Care – sustained reduction in numbers + hours. The exec team attended the critical care summit in London. Action plan in progress

Hot Topic – Surgical Site Infection T+O

In April 2004 NHS Trusts performing orthopaedic surgery were mandated by DOH to carry out surveillance for a minimum of 3 repair of NOF and Reduction of long bone fracture.

WHH were found to be an outlier in 2022 for hip replacement and in 2024 for knee replacement by UK Security Agency.

WHH identified long gaps in reported infections and oversight meetings. These meetings have now recommenced on a fortnightly basis

Committee requested the clinical team returns to QASC in 2 months to present the audit findings.

FNOF update

The data presented was not consistent with that shown in previous months. The chair called an end to the discussion and requested more clarity and T+O team

engagement for next meeting.

Typing Backlog

Unfortunately, we are not tracking as we would have wanted due to increased sickness rates etc.

Overtime has been taken up but not as high as we would wish. ENT & MAX Fax are highlighted, other secretaries are picking up the slack, and a plan is set to reduce the 'Big Hand' backlog.

Currently there are still 2 systems running: 'Big Hand' and Lyrebird. There are still 2 specialities to start Lyrebird. There have been some small issues with the new system regarding logins which have been resolved.

The future plan is to not extend the Big Hand contract beyond June '26.

The chair challenged the current plan. We expected this to be sorted by Dec/Jan. A working group has been set up to track weekly progress and track interventions.

Return to QASC next month

Neurodevelopment Pathway Update

Demand has far exceeded capacity since 2019. There has also been no increase in clinician capacity. Children have been risk stratified. The number of children waiting = Halton 562, Warrington 470

The community paediatric service is also very stretched Halton 93, Warrington 120

It is estimated by the end of March 27 the service will have capacity to see all Red rated patients. However Amber children will continue to rise if we don't do anything.

The Commissioners are focussing on a National Diagnostic Tool.

There followed lots of questions around how we could transform/modernise the service together with questions around which services are having good results and how

we can learn from them

Return to QASC in 2 months

Items to escalate to Trust Board

FNOF

CES

Neurodevelopment

Fragile Services

ED improvement programme

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	COG/25/05/007bi
AGENDA ITEM	Committee Observation Report
COMMITTEE MEETING ATTENDED	SPCiC Committee
DATE OF MEETING(s):	18 th February 2026
GOVERNOR OBSERVER	Dr Margaret Bamforth
GOVERNOR COMMENTS	<p>Purpose of this report</p> <p>To provide assurance to the Council of Governors that the Non-Executive Directors (NEDs) serving on this Committee are effectively holding the executive team to account, providing independent challenge and ensuring robust governance.</p> <p>This Committee is co-chaired by Julie Jarman (WHH) and Abdul Siddique (BCH). The Chair alternates and Julie Jarman chaired the meeting on this occasion. There was a full agenda with some excellent, high quality papers and presentations. Julie ensured that there were opportunities for clarification, discussion and challenge for all agenda items while moving efficiently through the agenda. She identified those areas where further assurance was required and ensured that assurance ratings were given when necessary and items were escalated appropriately. The Staff Story was a presentation by two Junior Clinical Fellows and Committee members showed interest in the experience of these two doctors starting out on their careers specialising in ICU medicine. Julie kept the discussion on track and ensured that the doctors were able to give their views. The experience of these two doctors demonstrated how the Trust is addressing and fulfilling the Improving the Lives of Resident Doctors NHSE requirements. Further assurance that the Trust is addressing these requirements was provided by Dr Eshita Hasan, Deputy Medical Director</p> <p>Michael O'Connor (NED WHH), Abdul and Elaine Inglesby (NED BCH) attended online. The papers appeared to provide the assurance needed as Mike and Abdul did not seek additional assurance. Elaine asked questions and sought clarification.</p> <p>My observation of this meeting would suggest that the two Trusts, as they move closer towards integration, are working well together and provide the necessary assurance to the Committee. There continue to be two CPO reports but apart</p>

from that the papers relate, overall, to both Trusts.

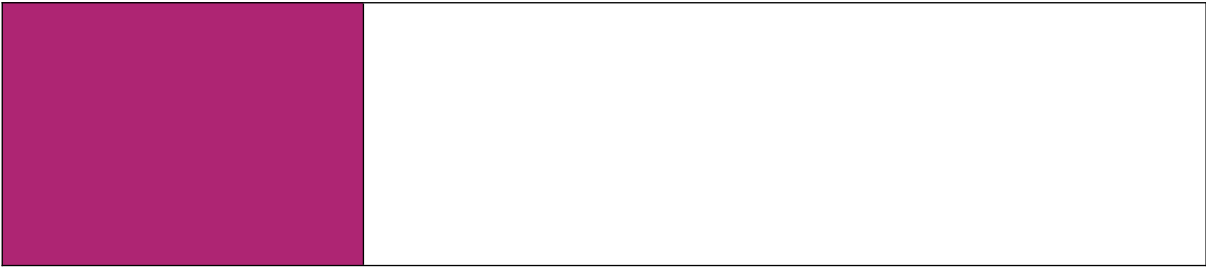
There were some items for escalation. From the action plan, an outstanding item relating to corporate costs was identified by Julie and will be escalated to Audit committee. There was a discussion relating to rebanding and the recent Government announcement re Band 5s. Reassurance was given that there is Executive oversight of this matter. However, an assurance rating of amber was given by Julie for delivery as currently there is a lack of clear guidance available.

Generally, throughout the meeting assurance was appropriately sought where there are concerns.

In summary, based on the observation of this Committee meeting, I am assured that:

- The Committee is led well by the Chair who is effective at keeping the focus on assurance and governance. She is clear when concerns need escalation to the Board or the Audit Committee.
- The Committee is effective in ensuring that there is appropriate scrutiny by encouraging questions and discussion where they are needed. She ensures that if there is not adequate assurance then further evidence is provided.
- All members of the Committee are clearly comfortable in challenging when necessary and I observed challenge of the Executive Team members by other Executives.

The Committee is functioning as an effective and mature component of the Trust's governance arrangements.



Trust Board: Committee Assurance Report

Agenda reference:	BM/26/04/010b(i)	Date of Board meeting:	1 April 2026
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Date of meeting:	18.02.2026
Name of meeting and chair:	Strategic People Committee, Chaired by Julie Jarman
Was the meeting quorate:	Yes

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

Agenda reference	Agenda item	Issue and lead officer	Delivery assurance	Governance assurance	Follow up / review date
SPCiC/26/02/209	Deep Dive – Medical Rostering & System Change	The presentation described the significant programme underway to move the WHH and BCH Medical and Dental workforce from their existing roster management systems to a new system which will incorporate rostering, job planning, exception reporting and temporary staffing. The benefits of this are increased grip and control with for example, job planning not having to be transferred between systems and being able to be mapped to rosters, and much more robust data reporting to support productivity oversight. The system also has the ability to enable preference rostering. There has been engagement across the Trust regarding roll out. There are also financial savings from implementing the new system based on the costs of the current systems.	Assured	Assured	Not applicable

		A full benefits realisation will be undertaken following implementation.			
SPCiC/26/02/210 (i)	WHH Chief People Officer Report	<p>The current MARS round attracted 130 applications. All panels have now been completed, including Equality Impact Assessments, with outputs presented to EMT. Individuals approved for MARS will be required to leave the Trust by 31 March 2026. The Trust Board will be informed of any EMT decisions.</p> <p>A revised MARS process is being prepared to commence from April. The new process will require formal approval through NARC. Approved by SPC.</p> <p>Significant work is underway to meet the requirements of the Sexual Safety charter commitments. The Charter sought to create nationally comparable data for the first time. A full update would be provided on work including training and oversight via the EDI report to SPCiC in March 2026.</p>	Assured	Assured	March 2026
SPCiC/26/02/211	Workforce Brief on National, Regional, ICB, or Local Workforce Issues	<p>The Government and the Royal College of Nursing (RCN) have jointly announced a major package of national nursing workforce reforms aimed at recognising and strengthening the value of the nursing profession. The reforms include improvements to pay, career progression, and early-career support, such as increased graduate starting pay, a fully funded review of all Band 5 nursing roles, and the introduction of a new national nursing preceptorship framework.</p> <p>An update on the progress of the Band 5/6 nursing job description review was provided. Local job descriptions have been compared against new national profiles released in June 2025, with no significant differences identified. Work is underway to develop generic job descriptions across nursing.</p>	Moderate assurance – awaiting more national guidance on approach	Assured	Updates to be provided via CPO report

The Committee also received the following reports:

For Information:

SPCiC/26/02/208 – Staff Story – Newly Appointed Fellows

SPCiC/26/02/214 – Better Care Together Integration Update (Workforce and Corporate Services)

For Approval:

SPCiC/26/02/212 Workforce Integrated Performance Recommendations 2026/27

For Assurance:

SPCiC/26/02/215 – Due Diligence Report

SPCiC/26/02/217 – Safer Staffing Report

SPCiC/26/02/218 – Guardian of Safe Working Q3 Report

SPCiC/26/02/219 – Midwifery Safer Staffing Report Q3

SPCiC/26/02/220 – Workforce Inclusion and Culture Sub-Committee Chairs Log

SPCiC/26/02/221 – Workforce Review Group




For Discussion:

SPCiC/26/02/216 – People and Workforce EDI Strategy 2026/27

Assurance key:

Delivery assurance: Assurance in achieving outcomes

Governance assurance: Assurance in the internal controls in place

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

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

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	COG/26/05/007b i
AGENDA ITEM	Committee Observation Report
COMMITTEE MEETING ATTENDED	SPCiC Committee
DATE OF MEETING(s):	18 th March 2026
GOVERNOR OBSERVER	Dr Margaret Bamforth, Public Governor Warrington and Halton
GOVERNOR COMMENTS	<p>Purpose of this report</p> <p>To provide assurance to the Council of Governors that the Non-Executive Directors (NEDs) serving on this Committee are effectively holding the executive team to account, providing independent challenge and ensuring robust governance.</p> <p>This Committee is co-chaired by Julie Jarman (WHH) and Abdul Siddique (BCH). This was the last meeting of the financial year and the last Committee in Common before the acquisition takes place on 1st April 2026. Abdul chaired the meeting and handed over to Julie to make some opening remarks. Julie formally thanked the BCH NEDs and governors who have supported the Committee over the last year.</p> <p>It was a lengthy agenda which included several Annual Reports that required approval by the Committee. The Committee is now working well, with the collaboration between the WHH and BCH staff clearly evident. The Committee has evolved over the last several months under the leadership of the NED Chairs and the agenda reflects the joint working approach. Although, there were still separate papers for some aspects of committee business there were several that reflected the progress made on integrating workforce processes. The papers focussed appropriately at a strategic and governance level.</p> <p>The first two items of business, a deep dive on the Staff Surveys and the Staff Reduction Plans, were both appropriately discussed in some length. The staff survey was presented in a combined format and will feed into</p>

the Culture Plan. There was a lengthy discussion on the Workforce Reduction Plans with many pertinent questions and challenges from NEDs. Many of the questions identified possible risks and highlighted the need for robust governance and triangulation through the Board Sub-committees. It was emphasised that workforce reduction could not take place in isolation but needed to be done as part of a Trust wide transformation plan. Discussion of transformation plans then resulted in further robust challenges from NEDs. This was a good example of the NEDs holding the Execs to account and identifying the need for rigorous governance processes to be in place as change takes place.

Amongst the papers was the proposal for the revised Board Assurance Framework which represents the consolidation of WHH and BCH strategic risks. Once this has been agreed then it will allow the focus to be on key strategic risks at Board level.

In summary, this was the final SPCiC and represented both the hard work that has gone before to get to this point but also identified the challenges ahead. The foundations have been laid for a functioning workforce committee post 1st April with strong oversight from NEDs. The Workforce Governance Structure and the reviewed Committee Terms of Reference were included in the papers so that governance arrangements are clearly in place moving forward. Having the Committee under the leadership of one Chair enable will support the oversight and scrutiny of future workforce processes and challenges.

The meeting ended on a very positive note with BCH governors and NEDs voicing their belief that bringing together acute and community services is the right things to do.

Trust Board: Committee Assurance Report

Agenda reference:	BM/26/04/010 (b)	Date of Board meeting:	1 April 2026
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Date of meeting:	18 March 2026
Name of meeting and chair:	Strategic People Committee, Chaired by Julie Jarman
Was the meeting quorate:	Yes

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

Agenda reference	Agenda item	Issue and lead officer	Delivery assurance	Governance assurance	Follow up / review date
SPCiC/26/03/228	Deep Dive – Staff Survey	<p>The presentation detailed:</p> <ul style="list-style-type: none"> Participation / response rates (WHH: 39%; BCH: 52.5%) High-level results across all 9 People Promise elements Protected characteristics insight (race, disability, sexual orientation) Key organisational risks (advocacy, morale, psychological safety, staffing, workload) Next steps and proposed priority actions for SPC assurance <p>The survey highlights clear, consistent themes across both legacy organisations:</p>	Moderate assurance – delivery not yet commenced	Assured	As per SPC CoB 2026/27

		<ul style="list-style-type: none"> • Shared challenges focus on staff voice, morale, workload and fairness • Shared strengths include compassion, inclusion, teamwork and managerial support <p>At an organisational level as part of the Medium-Term Planning Framework, there is a requirement to undertake an analysis to support a minimum of three organisational actions which must be reported to the Board. This cannot be completed until a full analysis of the free text comments is completed (due to be released to each Trust in March 2026).</p>			
SPCiC/26/03/229	Hot Topic – Workforce Plan 2026/27	<p>An overview of the workforce plan for 2026/27 was provided for both Trusts with significant reductions identified. Details of the schemes to support the workforce plan reductions were detailed to the Committee.</p> <p>There was discussion at the Committee regarding ownership of the relevant programmes of work as well as how achievable the programmes of work were. The Committee highlighted the requirement to ensure robust QIAs and EIAs for all programmes. The interdependency with workforce design and new service models was identified, with the request to ensure the Committee were kept informed of this programme of work.</p> <p>Data from the quarterly People Pulse Staff Survey will also be analysed in the depts. with significant workforce programmes of change to monitor impact on staff.</p>	Moderate assurance – delivery not yet commenced	Assured	Bi-monthly IPR to SPC

The Committee also received the following reports:

For Assurance:

- SPCiC/26/03/230 – Board Assurance Framework Consolidation of WHH and BCH
- SPCiC/26/03/231 – WHH Chief People Officer Report
- SPCiC/26/03/232 – Workforce Brief on National, Regional, ICB or Local Workforce Issues and Transforming People Services Update
- SPCiC/26/03/233 – WHH Workforce Integrated Performance Report February 2026
- SPCiC/26/03/235 – Culture Plan 2025/26 Bi-Annual Update
- SPCiC/26/03/237 – Safer Staffing Report
- SPCiC/26/03/242 – WHH Assessment of Compliance Against the NHS England Improving Working Lives of Resident Doctors 10 Point Plan
- SPCiC/26/03/244 – Workforce Review Group

For Approval:

- SPCiC/26/03/234 – Workforce EDI Strategy 2026/27
- SPCiC/26/03/236 – EDI Annual Report 2025/26
- SPCiC/26/03/239 – People Strategy 2026/27
- SPCiC/26/03/240 – Workforce Governance Structure
- SPCiC/26/03/241 – Review of Committee Terms of Reference




For Information:

- SPCiC/26/03/238 – Better Care Together Integration Update (Workforce and Corporate Services) / Due Diligence Report / Integrated Governance Structures / Policy Update

Assurance key:

Delivery assurance: Assurance in achieving outcomes

Governance assurance: Assurance in the internal controls in place

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

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

Council of Governors Committee Observation Report

Agenda reference:	COG/26/05/007b (iii)
Committee observed:	Strategic People Committee
Date of meeting:	22 April 2026
Author(s):	Dr Carol Ann Kelly (Governor Observer), Public Governor, Warrington and Halton
Governor Observation Report	<p>This was the first SPC for the new NC&M NHS Trust. Attendance was low and apologies noted. Apart from the Chair no other NEDs were in attendance. The meeting was held according to the agenda with levels of governance and assurance determined as each item was discussed. Overall there was clear evidence of <i>holding to account</i>, both NED to Exec and Exec to Exec.</p> <p>The agenda featured a ‘staff story’: a very emotional account of how a member of staff, working as a reservist, was recalled to service initially part time and then full time. With her safeguarding experience she worked to relocate Afghanistan families and children to the UK. The reflection included what the NHS could learn from her experience in addition to the benefits to the Armed Forces.</p> <p>This month’s Hot Topic Featured the staff survey. A thematic analysis together with priorities and recommendations was presented. The findings were received by the Chair and Execs as ‘worrying’. A detailed discussion ensued regarding messaging to staff and how to bring people along on the journey of transformation.</p> <p>Other agenda points of interest: MARS 1 complete (23 individuals) MARS2 launched 8/4; doctors strike up from 40+% turnout to 69%; Leng review – actions not progressing as anticipated as escalation by PAs has made engagement difficult; ED recruitment still challenging; activity and flow effecting costs.</p> <p>The CPO report highlighted the unsuccessful bid for support to roll out preference rostering. This item then</p>

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recurred throughout the meeting and has been identified as a priority. Initial evidence (3/12) had shown positive benefits in terms of patient safety, staff retention and sickness levels. Issue of invest to save discussed at length and the need to stop activity in order to finance new activity. Chair asked for a review of the first 12 months to gauge cost benefits and escalate for investment. This will return as a hot topic next month.

The meeting was effectively Chaired. Members were invited to give feedback on the conduct of the meeting.

Trust Board: Committee Assurance Report

Agenda reference:	BM/26/04/010c(i)	Date of Board meeting:	1 April 2026
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Date of meeting:	23 February 2026
Name of meeting and chair:	Finance, Sustainability and Performance Committee in Common, Chaired by Tina Wilkins
Was the meeting quorate:	Yes

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

Agenda reference	Agenda item	Issue and lead officer	Delivery assurance	Governance assurance	Follow up / review date
FSPCiC/26/02/197	Hot Topic – Productivity: The Way Forward	<p>The Committee in Common received the report noting:-</p> <ul style="list-style-type: none"> • 2025/26 developed plans were £5.8m with non cash releasing benefits of £2.8m realised year to date at M10 • 2026/27 productivity plan is £10.8m <p>Theatres</p> <ul style="list-style-type: none"> • Consistent improvement in capped utilisation • Reduction in late starts, now 2-3 minutes from peer average • Day case rates remain high 	The Committee received no assurance with the requirement for the paper to come back again next month	The Committee noted and discussed the report receiving moderate assurance	FSPCiC March 2026

		<ul style="list-style-type: none"> Change in metrics for 2026/27 with a focus on the waiting list and what has been booked to deliver <p>Outpatients</p> <ul style="list-style-type: none"> Clinic templates have been the main focus in 2025/26 Focus to be on transformational delivery of outpatients in 2026/27. <p>To be brought back next time with a greater focus on how to deliver improved productivity in 2026/27 with a focus on what will be different from 2025/26.</p>			
FSPCiC/26/02/198	Operational Plan Update	<p>The Committee in Common received the report noting:-</p> <ul style="list-style-type: none"> WHH non compliant with deficit control limit in year 1 and 2 (compliant in year 3) Feedback not yet received on the plan submission <p>Combined position for WHH and BCH presented with a 6% CIP, work ongoing to develop specific schemes to achieve this</p>	The Committee received no assurance given the risk to deliverability of the plan	The Committee noted the report received moderate assurance	Trust Board March 2026
FSPCiC/26/02/199(i)	Finance Update	<p>The Committee in Common received the report noting:-</p> <ul style="list-style-type: none"> Month 10 deficit position is £0.5m worse than plan at £34.8m (before deficit support funding (DSF)) due to integration costs. Risk adjusted forecast excluding DSF has been submitted at a £41.6m deficit (£40.7m excluding the CIP adjustment) compared to a plan of £28.7m. The variance consists of £11.2m stretch target and the impact of integration (£0.8m). 	The Committee received moderate assurance due to the risk of overall plan delivery	The Committee noted the report and is assured	FSPCiC March 2026

		<ul style="list-style-type: none"> • The Trust underlying deficit is £45.5m with the variance to plan driven by the stretch target, non-recurrent benefits in 2025/26 and some risk regarding non-recurrent CIP. • £17.2m CIP delivered at month 10, however £7.7m delivered recurrently, push to turn non-recurrent to recurrent. • All schemes fully developed, delivery risk reducing, £1.1m in high risk compared with £8.4m in month 4. If financial performance continues this should be mitigated in year. • Income continues to be off plan mainly in Endoscopy, T&O and Gynae, consistent performance throughout the year. Dynamic plans in place support delivery. • Bank not meeting 10% reduction, mainly due to IA and the impact of the pay award. Agency on plan, however, is increasing month on month, mainly driven by nursing. 			
FSPCiC/26/02/201	Corporate Performance Report	<p>The Committee in Common received the report noting:-</p> <ul style="list-style-type: none"> • ED 4 hour performance 68% (including Widnes UTC), (improvement from last month and best ranking since provider tables published). • Percentage waiting over 12 hours remains a challenge. • Medical and surgical SDEC flows to be separated which may impact on 12 hour wait however it is likely to improve the 4 hour metric. 	The Committee received moderate assurance given some metrics are not achieving	The Committee noted the report and is assured around level of detail reported	FSPCiC March 2026

		<ul style="list-style-type: none"> Maintained RTT performance at 61%, 52 week wait is the biggest challenge, on track to deliver 1-1.5% by the end of the year), 65 week wait achieved a zero position. It has been indicated that an exit from tier 2 is possible at the end of Q4 if performance improvement is maintained. Cancer performance – 98% 31 day wait consistently achieved, 80% 62 day wait achieved although is a deterioration from last month, 28 day Faster Diagnosis is 78% which has been improving month on month although this still remains below target. 			
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Items for noting

- FSPCiC/26/02/199 (ii) Cost Pressures*
- FSPCiC/26/02/199 (iii) Cash Support Update – supported cash request for Q1*
- FSPCiC/26/02/199 (iv) Monthly CIP Update*
- FSPCiC/26/02/199 (v) Monthly Productivity Update*
- FSPCiC/26/02/199 (vi) Capital Expenditure and Schemes over £500k – supported and approved the movement in capital contingency*
- FSPCiC/26/02/203 Delivery Unit Assurance Report – Dashboard*
- FSPCiC/26/02/204 Integration Update including due diligence*
- FSPCiC/26/02/205 Pay Assurance Report including MARS update*
- FSPCiC/26/02/206 Benefits Realisation Quarterly Report – Q3*
- FSPCiC/26/02/207 Elective Recovery Update*
- FSPCiC/26/02/208 Medical Workforce Review Group Quarterly Report – Q3*
- FSPCiC/26/02/213 WHH Digital Services HLB and Digital Board minutes – Q3*

Assurance key:

Delivery assurance: Assurance in achieving outcomes

Governance assurance: Assurance in the internal controls in place

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	Moderate assurance – potential moderate impact on quality, operational or financial performance
	Assured – no or minor impact on quality, operational or financial performance

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

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	COG/26/05/007c ii
AGENDA ITEM	Committee Observation Report
COMMITTEE MEETING ATTENDED	Finance & Sustainability and Performance Committee in Common
DATE OF MEETING(s):	23 March 2026
GOVERNOR OBSERVER	Helen Bennett, Public Governor
GOVERNOR COMMENTS	<p>Purpose of this report</p> <p>To provide assurance to the Council of Governors that the Non-Executive Directors (NEDs) are effectively holding the executive team to account, providing independent challenge and ensuring robust governance during the Board meetings.</p> <p>Assurance on NED Effectiveness</p> <p>1. Strong and disciplined chairing</p> <p>The meeting started on time and was chaired effectively by Julie Jarman, who ensured that the agenda was managed in a structured way, taking into account the availability of external participants. Papers were reviewed, and discussion time was allocated proportionately to areas of highest risk.</p> <p>2. High-quality independent scrutiny</p> <p>Throughout the meeting the Chair and NED challenged the Executives. Overall, while the financial and performance delivery remains challenging and some risks persist, the NEDs could take assurance that key issues are recognised, appropriately escalated and subject to clear plans, oversight and ongoing monitoring. This challenge was conducted constructively, without being adversarial, and ensured that executives were held to account while also supported in identifying solutions.</p> <p>3. Clear focus on assurance rather than operational management</p> <p>NEDs consistently steered the conversation back to</p>

assurance but requested further detail to ensure clear clarification of the particular issue.

4. *Constructive but direct challenge*

The tone of the meeting struck the right balance: respectful, collegiate and supportive, but also firm and direct where proposals carried material risk. The NEDs focussed their questioning on the key strategic issues.

Overall Governor Assurance

Based on the observation of this meeting, I am assured that: · the Chair and one other NED were actively engaged, well-prepared, asking appropriate questions and operating with appropriate independence. ·

The meeting was very well chaired with opportunities for questions after each agenda item. Challenge and enquiry were demonstrated by both NEDs and comprehensive responses were provided by the executives.

Assurance levels were agreed for all key agenda items in terms of Governance and Delivery which were each rated as red, amber or green. Key issues raised at the meeting were noted for escalation to the Board of Directors.

The NEDs are functioning as an effective part of the Trust's governance structure, providing the Council of Governors with confidence that they are discharging their statutory duties.

Trust Board: Committee Assurance Report

Agenda reference:	BM/26/04/010c (ii)	Date of Board meeting:	1 April 2026
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Date of meeting:	23 March 2026
Name of meeting and chair:	Finance, Sustainability and Performance Committee in Common, Chaired by Julie Jarman
Was the meeting quorate:	Yes

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

Agenda reference	Agenda item	Issue and lead officer	Delivery assurance	Governance assurance	Follow up / review date
FSPCiC/26/03/221	Deep Dive – Productivity	<p>The Committee in Common received the report noting:-</p> <ul style="list-style-type: none"> 2026/27 productivity plan is £9m of which £6.5m opportunity has been identified to date with PIDs and QIAs being developed, work continues to identify additional schemes. Benchmarking indicates that there is no opportunity in Elective and Outpatients, however there is opportunity in these areas will continue to be explored. Delivery unit changes planned for 2026/27 with a strong focus on operational delivery 	The Committee received moderate assurance as there is still work to deliver against the plan	The Committee noted and discussed the report and is assured	FSPC April 2026

		<p>and new leadership in Planned Care and Theatres is expected.</p> <ul style="list-style-type: none"> • Change in metrics for 2026/27 with a focus on the waiting list and timely booking. • Transformation resource to be realigned with delivery of the operational plan (transformation team is a devolved model to Care Groups with the Head of Improvement role overseeing transformation). • Focus on detailed activity planning and then monitoring against this to make sure the plan is met, the tracking of this will be at clinician level. <p>A similar approach is being taken as BCH to ensure that there is alignment as the trusts integrate.</p>			
FSPCiC/26/03/222	Hot Topic – PwC Actions	<p>The Committee in Common received the report noting:-</p> <ul style="list-style-type: none"> • The forecast non-recurrent CIP in 2025/26 is £9.6m of which £7.1m is included in the underlying deficit which forms part of the 2026/27 plan, the remaining £2.5m is being reviewed by Care Groups in order to mitigate this (£1.4m has been confirmed with £1.1m to be identified). • Request from NHSE to increase CIP of 6% (£26.4m) to 7% (£30.8m), letter has been sent by the Trust and awaiting a response. • Weekly governance CIP submission, fully developed schemes increasing week on week with £9.4m at 16 March 2026. 	The Committee received no assurance given the risk of delivering the plan	The Committee noted and discussed the report and is assured	

		<ul style="list-style-type: none"> CIP profile has been updated in the latest plan submission, maintaining the 40:60 profile however with a lower target in Q1 compared to Q2 as some schemes only expected to start from Q2. If 7% CIP is required this would be profiled in Q4 to give a 35:65 profile. Contract negotiations continue with a £5m variance in relation to TIF, Endo and CDC, discussions ongoing to finalise the contract position prior to the start of 2026/27. <p>BCH have a variance of £1m on the contract and contract negotiations are ongoing and expected to be finalised prior to the start of 2026/27.</p>			
FSPCiC/26/03/224	WHH Finance Update	<p>The Committee in Common received the report noting:-</p> <ul style="list-style-type: none"> Month 11 deficit position is £0.6m worse than plan at £38.4m (before deficit support funding (DSF)) due to unfunded integration costs. Risk adjusted forecast excluding DSF has been submitted at a £40.7m compared to a plan of £28.7m. The variance consists of £11.2m stretch target and the unfunded impact of integration (£0.8m). The Trust underlying deficit is £45.5m with the variance to plan driven by the stretch target and non-recurrent CIP offset by non-recurrent benefits in 2025/26. £19.4m CIP delivered at month 11, however £9.4m delivered recurrently (£10m 	The Committee received moderate assurance due to the risk of overall plan delivery and level of non-recurrent CIP	The Committee noted the report and is assured	FSPC April 2026

		<p>non-recurrent). The forecast non-recurrent CIP in 2025/26 is £9.6m of which £7.1m is included in the underlying deficit which forms part of the 2026/27 plan, the remaining £2.5m is being reviewed by Care Groups in order to mitigate this (£1.4m has been confirmed with £1.1m to be identified).</p> <ul style="list-style-type: none"> • Care Groups tasked with turning non-recurrent savings recurrent. • All schemes fully developed, delivery risk reducing with £nil remaining in high risk compared with £8.4m in month 4. • Income continues to be off plan mainly in Endoscopy, T&O and Gynae, consistent performance throughout the year. Dynamic plans in place support delivery. • Bank not meeting 10% reduction, mainly due to IA and A&E medical staffing. <p>Agency on plan, mainly driven by nursing.</p>			
FSPCiC/26/03/225	BCH Finance Report	<p>The Committee in Common received the report noting:-</p> <ul style="list-style-type: none"> • Month 11 deficit position is on plan at £3.7m. • £5.2m CIP delivered at month 11 with 95% being delivered recurrently. • Non-pay expenditure is £1m above plan mainly due to unexpected rent reviews. This has mainly been offset by an underspend on agency expenditure. Risk adjusted forecast has been submitted at a £4.4m compared to a plan of £1.5m. 	The Committee received moderate assurance due to the risk of overall plan delivery	The Committee noted the report and is assured	FSPC April 2026

		The variance consists of £2.9m stretch target.			
FSPCiC/26/03/228	WHH Corporate Performance Report	<p>The Committee in Common received the report noting:-</p> <ul style="list-style-type: none"> • Q3 NOF released with an improvement in the overall performance domain (4 to a 3), elective and the cancer programme however there is a deterioration in UEC. Patient safety has also been reported as a 1. • ED 4 hour performance 68% (including Widnes UTC), (small deterioration from last month) mainly due to a continuing deterioration in NCTR. • Percentage waiting over 12 hours remains a challenge. • Increase in RTT performance at 63%, 52 week wait is the biggest challenge, on track to deliver by the end of the year), 65 week wait reported one patient breach who has now been treated. It has been indicated that the Trust will remain in tier 2 despite the improvements. The Trust has queried this and is awaiting a response, strong indication that the Trust will come out in Q1 with a change to the tiering assessment expected. <p>Cancer performance – all cancer standards achieved, 99% 31 day wait consistently achieved, 85% 62 day wait achieved, 78% 28 day Faster Diagnosis achieved.</p>	The Committee received moderate assurance given the balance between NOF improvements whilst some metrics are not achieving	The Committee noted the report and is assured	FSPC April 2026

FSPCiC/26/03/229	BCH Performance Council Report and Integrated Performance Report (IQPR)	<p>The Committee in Common received the report noting:-</p> <ul style="list-style-type: none"> • Audiology now compliant, Dental reported last month therefore only Dermatology reported by exception. • Cancer performance – 62 day and 2 week wait continuing to improve in line with recovery trajectory. • FDS standards improvement requires change to the process (e.g. validation and clinical variation rather than just a biopsy as a standard approach) with a recommendation report expected over the next month. <p>Following integration the Performance Council will report into the Performance Review Group (PRG) at the hospital going forward.</p>	The Committee received moderate assurance given some metrics are not achieving	The Committee noted the report and is assured	FSPC April 2026
FSPCiC/26/03/232	Performance Reporting 2026/27	<p>The Committee in Common received the report noting:-</p> <ul style="list-style-type: none"> • Risk around combined reporting when performance of the two Trusts is combined and the potential impact that this will have on the NOF. • Focus on community dermatology, Widnes UTC and waiting times in RTT, Cancer, Diagnostic and A&E. <p>The Trust continues discussions with NHSE to establish how and when the combined reporting will commence.</p>	The Committee received moderate assurance given the potential risk around NOF reporting	The Committee noted the report and is assured	




Items for noting

- FSPCiC/26/03/223 Board Assurance Framework Consolidation of WHH and BCH Board Assurance Frameworks*
- FSPCiC/26/03/224(ii) WHH Cost Pressures*
- FSPCiC/26/03/224 (iii) WHH Cash Support Update*
- FSPCiC/26/03/224 (iv) WHH Monthly CIP Update*
- FSPCiC/26/03/224 (v) WHH Monthly Productivity Update*
- FSPCiC/26/03/224 (vi) WHH Capital Expenditure and Schemes over £500k – supported and approved the movement in capital contingency*
- FSPCiC/26/03/226 Joint Final Operational Plan*
- FSPCiC/26/03/227 Annual Budget Setting Report (Draft budgets approved subject to potential plan changes)*
- FSPCiC/26/03/230 WHH PAF Review and Refresh of Trust KPIs – supported for Trust Board approval*
- FSPCiC/26/03/231 Delivery Unit Update 2026/27*
- FSPCiC/26/03/233 Integration Update*
- FSPCiC/26/03/234 FPSC ToR – approved*
- FSPCiC/26/03/235 Committee Effectiveness – Annual Survey*
- FSPCiC/26/03/236 WHH Elective Recovery Update*
- FSPCiC/26/03/237 BCH Estates, Health and Safety and Green Plan Update*
- FSPCiC/26/03/238 BCH Audit Recommendations – Month 11*
- FSPCiC/26/03/239 EPRR Update and WHH Event Planning Group Meeting*

Assurance key:

Delivery assurance: Assurance in achieving outcomes

Governance assurance: Assurance in the internal controls in place

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

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

Council of Governors Committee Observation Report

Agenda reference:	COG/26/05/007ciii
Committee observed:	Finance, Sustainability & Performance Committee
Date of meeting:	Monday 27 April 2026
Author(s):	Helen Bennett, Public Governor – Warrington and Halton
Governor Observation Report	<p>Purpose of this report</p> <p>To provide assurance to the Council of Governors that the Non-Executive Directors (NEDs) are effectively holding the executive team to account, providing independent challenge and ensuring robust governance during the Board meetings.</p> <p>Assurance on NED Effectiveness</p> <p>1. Strong and disciplined chairing</p> <p>The meeting started on time and was chaired effectively by John Somers, who ensured that the agenda was managed in a structured way, taking into account the availability of external participants. Papers were reviewed, and discussion time was allocated proportionately to areas of highest risk including the meeting’s Deep Dive & Hot Topics.</p> <p>2. High-quality independent scrutiny</p> <p>Throughout the meeting the Chair and NED (Julie Jarman) appropriately challenged the Executives. The focus of Deep Dive and Hot Topic was to outline the 2026/2027 structures, controls and escalation routes for the delivery of both the Trust’s CIP and the Trust’s Performance & Activity Plan. Through robust questioning by Chair and NED and appropriate Executive responses provided, assurance was gained that all mechanisms were in place for effective delivery. Assurance of actual delivery could not be achieved as it was start of new financial year. All challenge was conducted constructively, without being adversarial, and ensured</p>

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that executives were held to account while also supported in identifying solutions.

3. *Clear focus on assurance rather than operational management*

NEDs consistently steered the conversation back to assurance but requested further detail to ensure clear clarification of the particular issue.

4. *Constructive but direct challenge*

The tone of the meeting struck the right balance: respectful, collegiate and supportive, but also firm and direct where proposals carried material risk. The NEDs focussed their questioning on the key strategic issues.

Overall Governor Assurance

Based on my observation of this meeting, I am assured that: the Chair and one other NED were actively engaged, well-prepared, asking appropriate questions and operating with appropriate independence. ·

The meeting was very well chaired with opportunities for questions after each agenda item. Challenge and enquiry were demonstrated by both NEDs and comprehensive responses were provided by the executives.

Assurance levels were agreed for all key agenda items in terms of Governance and Delivery (where appropriate due to time of year) which were each rated as red, amber or green. Key issues raised at the meeting were noted for escalation to the Board of Directors.

The NEDs are functioning as an effective part of the Trust's governance structure, providing the Council of Governors with confidence that they are discharging their statutory duties.

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	COG/26/05/007di
AGENDA ITEM	Committee Observation Report
COMMITTEE MEETING ATTENDED	Audit Committee
DATE OF MEETING(S):	26 th February 2026
GOVERNOR OBSERVER	Dr Margaret Bamforth, Public Governor Warrington and Halton
GOVERNOR COMMENTS	<p>Purpose of this report</p> <p>To provide assurance to the Council of Governors that the Non-Executive Directors (NEDs) serving on this Committee are effectively holding the executive team to account, providing independent challenge and ensuring robust governance.</p> <p>The Committee is led by Michael O'Connor and all the NEDs attend. On this occasion, Andy Carter, Trust Chair designate attended. Apart from Mike O'Connor, all NEDs attended online. Cliff Richards gave apologies and Jane Downey provided feedback from the Quality Committee.</p> <p>I have now observed this Committee for a year and have seen the governance processes working effectively over that period. I feel able to provide assurance to the Council of Governors that the executive team are being held to account by the NEDs through independent challenge and the seeking of robust assurance. I have observed concerns escalated from the other Committees to the Audit Committee when further assurance is needed and how those issues have been addressed through the governance processes. An example of this has been the triangulation of job planning, rostering and monitoring of Consultants. Consultant job plans were audited by the internal Auditors MIAA and several actions identified. The progress of these actions has been monitored through scrutiny and challenge at the Audit Committee over a period of time. The position has improved considerably, and the Committee is now assured that the backlog has been managed and the Trust is now able to engage in prospective job planning.</p>

This has now been removed from the Committee Action Plan and will be monitored through the Strategic People Committee.

This meeting was a lively and interesting meeting, with the NEDs feeding back from the various committees and identifying the areas where they had not received the level assurance they required. Discussion was robust and challenging with the NEDs clearly demonstrating their ability to provide independent scrutiny. The discussions were effectively managed by Michael who identified where assurance was lacking such that Audit Committee required additional evidence and data.

There was good discussion about the development of the Board Assurance Framework (BAF) with the WHH and BCH strategic risks needing to be brought together following integration. How to structure the BAF so that it is more focussed on strategic risks will be addressed through a Board Development session. The BAF and the risk register is a key part of governance, and the intention is to have a clear a clear line from the BAF to the Corporate Risk register which addresses the operational risks.

In summary, Under the Chair's leadership, I observed robust scrutiny and challenge from all the NEDs when assurance was lacking. Appropriate actions identified when needed and escalation if necessary.

Trust Board: Committee Assurance Report

Agenda reference:	BM/26/04/010 (d)	Date of Board meeting:	1 April 2026
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Date of meeting:	26 February 2026
Name of meeting and chair:	Audit Committee, Chaired by Michael O'Connor
Was the meeting quorate:	Yes

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

Agenda reference	Agenda item	Issue and lead officer	Delivery assurance	Governance assurance	Follow up / review date
AC/26/02/83–85	Internal Audit Plan and fees, Internal Audit Progress Report & Internal Audit Follow up Report	Internal audit reports were reviewed, with generally positive findings. Substantial assurance was received in several areas, with limited assurance in relation to IT third-party controls, reflecting national challenges. Actions are in place to address this.	Assured – The Committee received assurance that there are no significant weaknesses or delays were identified, and recommendations are being actioned	Assured - The Committee received assurance robust processes are in place	Audit Committee – April 2026
AC/26/02/89–90	Counter fraud arrangements	The Committee approved the counter-fraud work programme and received assurance that appropriate arrangements are in place to	Assured – it was evidenced that the Trust were delivering to a	Assured – it was evidenced that the Trust were delivering to a	Ongoing oversight by Audit Committee.

		prevent, detect and respond to fraud, including preparation for new national requirements.	substantial standard	substantial standard	
AC/26/02/91-92	Review of Losses & Special Payments and Review of Quotation & Tender Waivers	The Committee noted continued improvement in losses and special payments and a reduction in retrospective procurement waivers, demonstrating stronger financial controls.	Assured – the Committee agreed that improvements had been made and there was clear and measurable progress.	Assured - the Committee received assurance of embedded process	Audit Committee – April 2026

Other agenda items:

AC/26/02/81– Board Assurance Framework

AC/26/02/82– Committee Assurance Updates

AC/26/02/88– Report and Update External Audit

AC/26/02/93- Annual Report & Accounts Timetable

AC/26/02/81 – Draft Annual Accounts Accounting Policies

AC/26/02/81 – North West Skills Development Network Bi-annual Report

AC/26/02/81 – MIAA Audit Action Plan Update – Medical Job Planning

Assurance key:

Delivery assurance: Assurance in achieving outcomes

Governance assurance: Assurance in the internal controls in place

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

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

Council of Governors Committee Observation Report

Agenda reference:	COG/26/05/007d(ii and iii)
Committee observed:	Audit Committee
Date of meeting:	23 rd and 30 th April 2026
Author(s):	Dr Margaret Bamforth, Public Governor Warrington and Halton
Governor Observation Report	<p>The Audit Committee agenda for April was split between two meetings to ensure timely approvals for the statutory annual reports. Reports were received from both Trusts to sign off the financial year prior to the formation of the new Trust.</p> <p>The meeting on 23rd April received and approved the unaudited annual accounts and financial statements for both WHH and BCH Trusts, as well as the Annual Reports for both Trusts. The meeting was chaired by John Somers and was brief as the only other item on the agenda was the going concern reports for both Trusts. The remaining agenda items on the cycle of business were to be considered on 30th April. John Somers asked some follow-up questions and invited views from the external auditor, but the otherwise the items were approved without challenge.</p> <p>The Committee which took place on 30th April was chaired by Michael O'Connor, and again there were annual reports considered for 2025/6 from both WHH and BCH. Of particular note, the Internal and External Annual Audit reports and plans for 2026/2027 were presented. The agenda also included the consolidated Board Assurance Framework for North Cheshire and Mersey which was approved by the Trust Board on 1st April, the Annual Counter Fraud Annual Report, the Annual Governance Statement and the Declaration of Interests Annual Report. There were some clarifications and questions from the Chair and appropriate scrutiny by the Committee.</p> <p>Reports from NEDS included, from the Quality</p>

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Committee, ongoing concerns about the typing backlog and fracture neck of femur outcomes. There was discussion and challenge from NEDs concerning these issues. The typing backlog will be brought back to QAC and the progress of improvement in the treatment of fractured neck of femur brought back to AC in August. From the FSC, the issues highlighted by John Somers were the underlying deficit position for the start of 26/27 and the challenging CIP for this financial year. It was acknowledged that there must be more recurrency to achieve the objective of reducing the deficit over the next three years.

The issue of changing requirements to ensure digital and cyber safety was also noted and addressed.

In summary, much of the business was receiving the annual reports and there was appropriate scrutiny and questioning by NEDs. The Chair encouraged questions and engaged with the agenda items to ensure that the Committee was assured.

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	COG/26/05/009e
COMMITTEE ATTENDED	Charitable Funds Committee
DATE OF MEETING(s):	5 March 2026
AUTHOR(S):	Sue Fitzpatrick, Lead Governor
GOVERNOR COMMENTS	<p>Quality of chairing and governance discipline</p> <p>The meeting was chaired by Steve McGuirk. There was a full and detailed pack of papers accessed by Team Engine. The link was circulated well before the meeting. The papers were presented in a clear and concise way. The minutes of the previous meeting were reviewed and accepted. There were no declarations of interest. Action log one action to be reworded.</p> <p>Constructive Engagement with patients</p> <p>The inclusion of a patient story was again inspirational. The story of Baby Taiya born with meningitis showed how WHH went that extra mile for the parents and baby Taiya. Tom in wanting to give back and running 7 marathons is a big challenge and will not only raise money but has had other benefits in helping others especially men discuss the subject. Tom stated “The challenge has been a huge talking point and he has had amazing conversations with people who shared similar experiences”.</p> <p>Clear focus on assurance and governance.</p> <p>There was an update on the fundraising. Plans are in place to mark WHH Charity 30th anniversary, alongside increased social media engagement and exploration of an ED campaign to support reasonable adjustments. A workforce wellbeing grant application has been submitted to support electronic rostering aimed at improving staff flexibility, moral and efficiency in high impact areas such as ED. KH informed the committee that the NHS funding together is less likely to give wellbeing grants routinely moving forwards. Legacy income updates were provided and approval was sought to fund a charity communications officer to formalise Comms support and sustain fundraising visibility and engagement.</p> <p>WHH Charity will extend its current strategy in 2025-2026 followed by a strategy refresh 2026-27 aligned with the</p>

integration of BCH.

Income and expenditure report was taken as read. The chair noted we are in a reasonably healthy state. The Chair stated that bids can be approved in the knowledge we have good governance in place. The committee approved the bid for the Delemere Centre.

Investment support – not a lot of change. Suggested to hold funds in the bank account.

The committee was asked to approve the annual budget 2026-2027 and the appointment of a part time Comms person.

Overall Governor Assurance

I am assured that:

Members of the committee are well-informed, well-prepared and actively engaged. With the Chair noting that the good standard of papers.

The committee members demonstrate strong governance

The Committee is functioning as an effective body. No improvements to the conduct of the meeting were put forward.

Note

This is Steve McGuirk's last meeting as chair and the committee thanked him for his support and acknowledged the changes made in the last 5-6 years under his stewardship. There have been some fantastic things undertaken not least the inclusion and impact of the patient stories.

Trust Board: Committee Assurance Report

Agenda reference:	BM/26/04/010 (e)	Date of Board meeting:	1 April 2026
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Date of meeting:	5 March 2026
Name of meeting and chair:	Charitable Funds Committee, Chaired by Steve McGuirk
Was the meeting quorate:	Yes

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

Agenda reference	Agenda item	Issue and lead officer	Delivery assurance	Governance assurance	Follow up / review date
CFC/26/03/42	Charity Impact Story	The committee heard an impact story detailing the benefit that charity funding brings, with a presentation from Tom Dore, who is fundraising for the charity by running 7 marathons in 7 days as a thank you for the care his partner and daughter received in 2024.	The Committee received high assurance as hearing first hand the positive impact the charity can make	The Committee received high assurance as committee members hear directly the positive impact	June 2026
CFC/26/03/43	Fundraising Report and Quarterly Workplan	CFC noted the quarterly fundraising report, including updating on 30 th birthday plans, key campaigns, legacy donations. CFC approved investment in communications support. Lead: Kate Henry / Helen Higginson	The Committee received substantial assurance as the Charity is on track for delivering	The Committee received high assurance as performance is monitored at each meeting of the Committee	June 2026

			against its strategy	and a Charity Leadership meeting has been established	
CFC/26/03/44	Operational Plan	CFC received and supported the charity's operational plan for 2026/27 Lead: Hayley Smith	The Committee received substantial assurance as plans for 26/27 are aligned to the strategy	The Committee received high assurance as annual reporting processes are in place and working well	June 2026
CFC/26/03/45	Finance Report	CFC noted the financial position for Q3 (1 October to 31 December 2025) and the period 1 April to 31 December 2025: <ul style="list-style-type: none"> • Income is £77k above plan in quarter 3 and £165k YTD. • Expenditure (overheads) is £2k below plan in quarter 3 and £1k above plan YTD. • Expenditure (disbursements of funds) is £78k in quarter 3 and £154k YTD. • The net fund balance is £692k. • The balance after commitments for purchases, reserves and overheads is £250k. Lead: Tina Littler	The Committee received substantial assurance as income is ahead of plan	The Committee received high assurance as sufficient processes and reporting are in place	June 2026
CFC/26/03/46	Bid Applications	One bid was approved by CFC: <ul style="list-style-type: none"> • Delamere Centre therapeutic support for cancer patients An update was provided on bids under £5k approved since the last committee meeting, either by the director of comms and engagement (up to £1k) or by execs (up to £5k). Lead: Helen Higginson	The Committee received high assurance that the approved bids will be delivered and any unspent funds returned	The Committee received high assurance as the application process is robust, proportionate, and aligned with the Governing Document	June 2026

CFC/26/03/48	Charity budget (financial plan)	CFC received and approved the charity's stress-tested budget and cashflow for 2026/27, with a conservative income assumption of £390k. Lead: Tina Littler	The Committee received substantial assurance as the financial plan was deemed prudent and appropriate	The Committee received high assurance as quarterly and annual reporting processes are in place and working well	June 2026
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The committee also received reports on:

- **CFC/26/03/47** – Investment update
- **CFC/26/03/49** – Overhead policy review
- **CFC/26/03/50** – Cycle of business 2026/27

Assurance key:

Delivery assurance: Assurance in achieving outcomes

Governance assurance: Assurance in the internal controls in place

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

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

Governor Questions

Ageda Reference:	COG/26/05/008
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Question 1	<p>Is smoking on hospital grounds illegal? Most NHS trusts (over two thirds) have implemented their own voluntary “smoke free” bans which often include outdoor areas, car parks and entrances. What is NCM policy and how is it policed?</p> <p>Responder(s): John Somers, Non-Executive Director Chair of FSPCiC, Executive Lead Dan Moore, Chief Operating Officer and Deputy Chief Executive</p>
Questions 2	<p>What assurance can be provided that robust infection prevention measures, including staff vaccination uptake, occupational health screening, and risk assessments, are in place to protect patients, particularly in vulnerable clinical areas?</p> <p>Responder(s): Cliff Richards, Deputy Chair and Chair of QAC, Julie Jarman, Chair of SPC. Exec Leads Ali Kennah, Chief Nurse and Paula Woods, Chief People Officer</p>
Question 3	<p>What assurance can we take that corridor care is reducing? Is it reducing month on month and is there a time when corridor care will be eradicated? Can the trust provide a timeline to demonstrate how people being looked after in corridors will be reduced and by when?</p> <p>Responder(s): Cliff Richards, Deputy Chair and Chair of QAC, John Somers, Non-Executive Director Chair of FSPC. Exec Leads Ali Kennah, Chief Nurse, Paul Fitzsimmons, Exec Medical Director and Dan Moore, Chief Operating Officer and Deputy Chief Exec</p>
Question 4	<p>What are the top (five) priorities now that we are a single trust? What will good look like come December?</p> <p>Responder(s): Exec Leads: Lucy Gardner Chief Strategy and Partnerships Officer, Nik Khashu, Chief Exe</p>
Question 5	<p>We have asked questions re MADE events and understand why we can't have MADE every day, but what processes have changed and what can be applied on an everyday basis?</p> <p>Responder(s): Cliff Richards, Deputy Chair and Non-Executive Director, John Somers Non-Executive Director Chair of FSPC. Exec Leads: Dan Moore, Chief Operating Officer, Ali Kennah, Chief Nurse and Paul Fitzsimmons, Exec Medical Director</p>

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	COG/26/05/009i (a)
COMMITTEE ATTENDED	Trust Boards
DATE OF MEETING(S):	4 February 2026
AUTHOR(S):	Sue Fitzpatrick, Lead Governor
GOVERNOR COMMENTS	<p>Purpose of this report</p> <p>To provide assurance to the Council of Governors that the Non-Executive Directors (NEDs) are effectively holding the executive team to account, providing independent challenge and ensuring robust governance during the Board meetings.</p> <p>Assurance on NED Effectiveness</p> <p>1. Strong and disciplined chairing. The meeting started on time and was chaired effectively by Steve McGuirk, who ensured that the agenda was managed in a structured way, taking into account the availability of external participants. Papers were reviewed, and discussion time was allocated proportionately to areas of highest risk.</p> <p>2. High-quality independent scrutiny</p> <p>Throughout the meeting the NEDs challenged the Executives. Overall while the operating environment remains challenging and some risks persist, the NEDs could take assurance that key issues are recognised, appropriately escalated and subject to clear plans, oversight and ongoing monitoring. This challenge was conducted constructively, without being adversarial, and ensured that executives were held to account while also supported in identifying solutions.</p> <p>3. Clear focus on assurance rather than operational management</p> <p>NEDs consistently steered the conversation back to assurance. Governance and leadership arrangements remain stable with continued focus on transparency, learning and staff support. NEDs sought evidence that</p>

controls were functioning, risks were understood, and planning addressed performance, productivity and financial sustainability. They avoided drifting into operational detail and instead required executives to explain the effectiveness of governance, decision-making processes and oversight arrangements. The following committees chaired by the NEDs provide assurance to the Trust Board.

- Finance and Sustainability and Performance Committee in Common;
- Quality Assurance Committee
- Strategic People Committee in Common.

This reflects appropriate role boundaries of NED oversight.

4. Constructive but direct challenge

The tone of the meeting struck the right balance: respectful, collegiate and supportive, but also firm and direct where proposals carried material risk. The NEDs focussed their questioning on the key strategic issues.

Overall Governor Assurance

Based on the observation of this meeting, I am assured that: · NEDs are actively engaged, well-prepared, asking appropriate questions and operating with appropriate independence. ·

The Chair is providing effective leadership, ensuring the NEDs fulfil their assurance role.

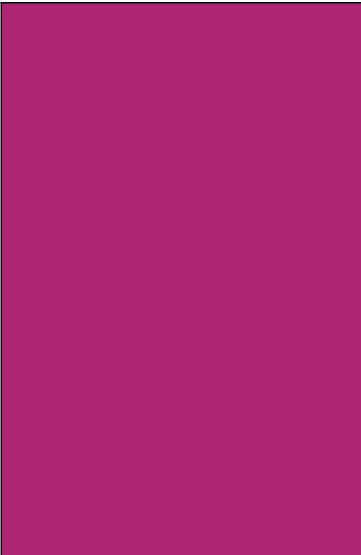
Scrutiny applied is timely, evidence-based and proportionate, and strengthens the quality of executive reporting and decision-making. ·

The NEDs are functioning as an effective part of the Trust's governance structure, providing the Council of Governors with confidence that they are discharging their statutory duties.

Part 2 of the Board.

Assurance on NED Effectiveness

The second part of the meeting was effectively chaired



by Steve McGuirk, with discussions well-structured and appropriately focused. There was robust discussion and constructive challenge from the NEDs particularly in relation to operational plans and the Board Assurance Statements.

From an assurance perspective, the level of challenge and scrutiny provided confidence that the matters discussed are subject to effective oversight. Overall, the NEDs sought to gain assurance that the agenda items are being managed in line with the Trust's values, strategic objectives, and statutory responsibilities, with appropriate controls and governance arrangements in place.

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	COG/26/05/009ib
COMMITTEE ATTENDED	Trust Boards – Extraordinary Board
DATE OF MEETING(s):	12 March 2026
AUTHOR(S):	Sue Fitzpatrick, Lead Governor – Public Governor Warrington and Halton
GOVERNOR COMMENTS	<p>Purpose of this report</p> <p>To provide assurance to the Council of Governors that the Non-Executive Directors (NEDs) are effectively holding the Executive Team to account, specifically the Chief Strategy and Partnership Officer, through independent scrutiny, constructive challenge, and robust governance during the final stages of the transaction process.</p> <p>Assurance on NED Effectiveness.</p> <p>1. Strong chairing.</p> <p>The meeting commenced on time and was chaired effectively by SMcG. The Chair provided a concise update at the outset. Although the agenda was brief, it focused on the approval of key integration transaction documents requiring detailed consideration. All papers were circulated in advance via TeamEngine, enabling members to prepare adequately, and sufficient time was allocated for discussion. Much of the content had been reviewed at previous meetings.</p> <p>2. High-quality independent scrutiny.</p> <p>NEDs were able to gain assurance regarding the key documents presented for Board approval, namely the Application Letter, the New Constitution, and the Transaction Agreement. LG highlighted the principal amendments and confirmed that the documents had been developed with support from the Trust’s legal advisers. The documents had previously been approved in principle by both the Board (12 Feb 2026) and the Council of Governors.</p> <p>3. Focus on assurance.</p> <p>The submitted documents had been updated to reflect NHS England’s formal transaction risk rating of Amber.</p>

Final versions were presented to the Board for approval prior to submission to NHS England.

4. Constructive but direct challenge.

NEDs provided appropriate challenge and scrutiny throughout the discussion. As the documents had been subject to prior review and agreement in principle, discussion was focused and proportionate.

Overall Governor Assurance.

Based on observation of the meeting, I am assured that:

- The Board undertook an appropriate final review of the transaction documentation.
- NEDs provided effective oversight and scrutiny of the process.
- The documentation was approved following due consideration and governance review.

Council of Governors Committee Observation Report

Agenda reference:	COG/26/05/009i (c)
Committee observed:	Trust Boards
Date of meeting:	1 April 2026
Author(s):	Sue Fitzpatrick, Lead Governor - Public Governor, Warrington and Halton
Governor Observation Report	<p>Purpose of this report</p> <p>To provide assurance to the Council of Governors that the Non- Executive Directors (NEDs) are effectively holding the executive team to account, providing independent challenge and ensuring robust governance during the Board meetings. This was the first North Cheshire and Merseyside NHS Foundation Trust meeting.</p> <p>Assurance on NED Effectiveness.</p> <p>1. Strong chairing.</p> <p>The meeting commenced on time and was chaired effectively by Andy Carter. The Chair demonstrated strong leadership in managing a comprehensive and demanding agenda. Papers were reviewed, and discussion time was allocated proportionately to areas of highest risk. While the meeting overran due to the depth of discussion, this was indicative of active engagement rather than inefficiency. In place of a traditional patient story, the Board incorporated a presentation on patient-facing services, specifically the Patient Advice and Liaison Service (PALS) demonstrating a patient centric approach.</p> <p>2. High-quality independent scrutiny.</p> <p>NEDs consistently demonstrated high-quality independent scrutiny throughout the meeting. Executives were constructively challenged, with particular attention given to areas of risk within a complex and pressured operating environment. NEDs were able to take</p>

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assurance that: Key risks are clearly identified and understood, Issues are appropriately escalated and Mitigation plans are in place and subject to ongoing monitoring. Some area were identified for close scrutiny at the next board, namely operating plans and staff survey.

3. Focus on assurance rather than operational management.

Discussions were appropriately steered towards assurance, with emphasis on governance effectiveness rather than operational detail. NEDs sought evidence that controls were functioning, risks were understood, and planning addressed performance, productivity and financial sustainability. Executives were required to articulate the effectiveness of governance structures, decision-making processes, and oversight arrangements.

Assurance was further supported through reports from NED-chaired committees, including:

- Finance, Sustainability and Performance Committee (in common)
- Quality Assurance Committee
- Strategic People Committee (in common)
- Audit Committee

This reflects appropriate adherence to the defined role and responsibilities of NED oversight.

4. Constructive but direct challenge.

There was a lot of challenge from the NEDs and assurance sought especially where proposals carried material risk. The NEDs focussed their questioning on the key strategic issues.

5. Overall Governor Assurance.

Based on the observation of this meeting, I am assured that:

NEDs are actively engaged, well-prepared, asking appropriate questions.

The use of Statistical Process Control (SPC) data was appropriately challenged, with an expectation that data

utilisation will be strengthened going forward.

The proposal for a single integrated dashboard was supported, with appropriate caution noted regarding the need for detailed data interrogation where required.

The Chair identified the 3 key strategic areas Effectiveness, Safety and Quality. The scrutiny applied by NEDs was, timely, proportionate and evidence based. This contributed positively to the quality of Executive reporting and Board decision-making.

The NEDs are functioning as an effective part of the Trust's governance structure, providing the Council of Governors with confidence that they are discharging their statutory duties.

6. Assurance on NED Effectiveness.

From an assurance perspective, the level of challenge and scrutiny provided confidence that the matters discussed are subject to effective oversight. Overall, the NEDs sought to gain assurance that the agenda items are being managed in line with the Trust's values, strategic objectives, and statutory responsibilities, with appropriate controls and governance arrangements in place.

GOVERNORS OBSERVATION PRO-FORMA (Ward Based)

Date: 17/02/2026	Department Manager:	Governors Present: S Fitzpatrick, L Mills, S Walton		
Ward: B3				
Number of Patients: 33 Capacity 33 Total on day of visit: 33	Staff on duty:	Days	Nights	CBU Manager:
	Nurses	4		
	Medical Team	2		Matron: Taylor Thompson
	Healthcare Assistants	4		
	AHP's			
	Students	1		Lead Nurse: Midwife in charge: Sarah Preston
	Domestic Assistants			Ward Manager: Sister N Roose
	Administration			
	Housekeepers			

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

SHARING FINDINGS

IF ANY IMMEDIATE CONCERNS:

Escalate to:
Deputy Chief Nurse, Head of Patient Experience and Inclusion or Associate Chief Nurse for Planned / Unplanned Care.

FOR ROUTINE VISITS:

Once visit is completed send copy of document within 5 working days to Tracy Fernell, Deputy Chief Nurse tracy.fernell@nhs.net
Susan Dean, Head of Patient Experience, and Inclusion susan.dean11@nhs.net
cc whh.patient.experience@nhs.netThe

FIRST IMPRESSION	First Impressions	Confidence Score
	Based on your first impressions on entering this ward, how confident are you that patients are experiencing good care?	0 / 1 / 2 / 3
	<p><i>Using your senses, what do you hear?</i> The ward was quiet and calm</p> <p><i>What do you see?</i> There was clutter in the corridor obscuring the white board. The white board was not up to date. In the waiting room which was warm and not unpleasant there was cleaning equipment mops buckets cleaners and step ladders left in the corner of the room.</p> <p><i>What do you smell?</i> The ward smelt clean</p> <p><i>What do you feel?</i> The ward appeared organised and calm</p> <p><i>How does that make you feel?</i> A pleasant feeling on entering the ward. <i>What do you notice? Does that build your confidence and trust?</i> The ward was quiet calm and the staff were really welcoming. <i>Is information relevant, within date and displayed appropriately?</i> No white board needed updating and obscured by cages.</p> <p>First impression calm quiet environment. This is a temporary ward which was due to close initially by March 2026 but it seems that the ward is now going to be used until May 2026. The ward is staffed by staff from other wards and bank staff. There is no permanent staff on this ward which we believe is about to change from next week. The introduction of permanent, if short term staff, will improve the communication, handover and patient experience it will also improve the moral of the staff although the staff we spoke to were happy and smiling.</p>	2
Well Led	Confidence Score	

WELL LED	<p>How confident are you that this ward is WELL LED?</p>	0 / 1 / 2 / 3
	<p>What is it like to work here? <i>(ASK ALL STAFF about staffing, leadership, team culture, uniforms, personal and professional development, feeling valued, feel supported, what matters most to you? etc.) How could this be improved further?</i></p> <p>The staff enjoyed working on the ward but they are redeployed and so there is no continuity of staff There was a first year student nurse on the ward who was very complimentary about the level of support, supervision and learning he had received. The band 5 Nurse had just completed a “your future your way” course and is going to conduct a QI project supported by managers..</p>	3
	<p>Do the ward staff know their data? <i>(ASK ALL STAFF about any recent incidents, complaints, safety messages, safety thermometer/harm free care, staffing, patient experience etc.) - (CHECK Is data on display? Are improvements underway?) What quality improvement initiatives are in place in this area? Are staff aware of any specific risks? Is there good MDT working?</i></p> <p>The patients said the staff were very caring. They knew their patients. The boards were very clear but unfortunately had not been updated that day. There had only been 1 fall documented in the last month. They knew how many patients were on the ward</p>	2
	<p>Is there anything that you notice that could improve how the department is led? <i>(provide details)</i></p> <p>Good lines of escalation but communication is poor down to continuity of staff. With the introduction of more permanent staff the continuity of care may be improved. It would be helpful if staff could be supported by Occupational Health</p>	2
	<p>Safe</p>	Confidence Score

SAFE	<p>How confident are you that this ward is SAFE?</p>	0 / 1 / 2 / 3
	<p>Do staff know how to escalate issues if they have concerns about either a patient or the ward? <i>(ASK STAFF do they know how to contact senior nursing staff if needed, do they understand the importance of timely multi-professional team response to acutely unwell patients etc.) Do staff feel confident to raise any concerns?</i></p> <p>They said they would have no hesitation to talk to their line managers. They said they would go to the Matron if needed. Staff were aware of speak up champions but said they would hope to resolve things with their line manager.</p>	3
	<p>Is ward security appropriate? <i>(NOTICE Does anyone check who is arriving on ward? Could patients wander off ward without staff knowing? Do patients have ID wristbands? etc.) Is confidential information stored appropriately?</i></p> <p>Ward entrance open but we were challenged on entry. Draws containing notes locked. All patients had wrist bands. There were dementia patients on the ward and although unlikely to wander due to mobility issues having an open door could be an issue.</p>	2
	<p>Are there any visible 'hazards' on this ward? <i>(NOTICE Corridors / fire escapes blocked? Sharps bins over filled. Storerooms and cupboards not locked, medicines left on the side? etc.)</i></p> <p>Bit cluttered in the entry corridor due to cages. Patient waiting room used for storage.</p>	2
	<p>Are there any medication safety issues? <i>(NOTICE Are any medications not locked away? Are there any delays in giving medications?)</i></p> <p>The door to the pharmacy was locked.</p>	3

	<p>Does the ward have two entrances? Are processes in place to ensure this is managed? Are doors locked in areas that this is required?</p> <p>Fire door locked.</p>	3
CARING	<p>CARING</p>	Confidence Score
	<p>How confident are you that the staff on this ward are CARING?</p>	0 / 1 / 2 / 3
	<p>Do staff communicate / interact with patients and carers in a caring and compassionate manner? <i>("Hello, my name is")</i> The patients thought the staff were wonderful and said that they spoke to them and kept them informed. Only issue was that the patients when transferred from Warrington were told that the move was to help their rehabilitation. The patients felt that this was not the case as they had limited access to physio. They had high praise for the HCA who took them for little walks during the day.</p>	2
	<p>Do staff provide care that meets patient's individual needs? <i>(ASK PATIENTS Do staff ask what matters most to you? Do staff call you by your preferred name? Does this ward support your family and friends to visit at an appropriate time? etc.) Is there positive MDT working?</i> The staff were satisfying patient's needs as best they can. We observed the evening meal. The patients that could sit up were helped out of bed but there was no hand washing before the meal. One patient's modesty could have been improved when sitting out of the bed.</p>	2
	<p>Are noise levels appropriate? <i>(NOTICE / ASK PATIENTS including noise at night)</i> The noise level was acceptable. No patients complained about noise in the night.</p>	3

	<p>Do patients feel involved in their care and treatment? <i>(ASK PATIENTS AND CARERS Do staff include you in conversations? Do staff explain what is happening next? Do you get enough opportunity to ask questions? Are you involved in making decisions about your care and treatment? etc.)</i></p> <p>One patient had felt they had been misled when coming from Warrington. This clearly was a holding ward/winter pressure not a rehabilitation ward and she had been frustrated at not having physio or being mobilised especially as her recovery from a hip fracture was hampered by recovering from a recent stroke. She felt that she had been overlooked. Some patients are too poorly, fragile or elderly for this ward and some patients have had to be transferred back to Warrington.</p>	<p>1</p>
FOOD and NUTRITION	<p>Food and Nutrition</p>	<p>Confidence Score</p>
	<p>How confident are you with the standards and experience of patient food and nutrition on this ward?</p>	<p>0 / 1 / 2 / 3</p>
	<p>Are standards met regarding meals and drinks? <i>(NOTICE / ASK PATIENT about quality, quantity, choice, timeliness, and help given if needed)</i></p> <p>A number of the patients required assistance with the food and assistance was given when required. All enjoyed the food and there were no complaints about the choice of food.</p>	<p>3</p>
	<p>Do patients feel there is enough choice at mealtimes? <i>(NOTICE / ASK PATIENT about options and presentation and help given if needed)</i></p> <p>All enjoyed the food. One patient was gluten free and they were well catered for and had were happy with the choices.</p>	<p>3</p>

	<p>Do patients feel they have enough to drink throughout the day? Is this appropriately recorded where required?</p> <p>There were jugs of water available for patients use. One of the visitors commented that he frequently filled up the water jug for his elderly mother. He frequently filled other patients' jugs too.</p>	2
	<p>Notice - are patients prepared for mealtimes? (e.g., do staff support patients out of bed in advance of mealtimes where possible)</p> <p>Many patients who were able were sat out of bed or were sat up for meal times.</p> <p>It was observed that the food was served before the cutlery was given which gives the opportunity for the food to get cold.</p>	3
RESPONSIVE	<p>Responsive</p>	Confidence Score
	<p>How confident are you that staff on this ward are RESPONSIVE to patient's needs?</p>	0 / 1 / 2 / 3
	<p>Do patients know their plan of care and discharge plan? Are measures in place to ensure efficient and safe discharge? (ASK PATIENTS / STAFF how this is done?)</p> <p>The staff are very caring but not able to verify if patients understood their care plan due to the type of patient on the ward. One patient was very anxious that there was insufficient care package on leaving the hospital and thought that the burden would fall on her elderly mother who is already caring for her invalid father.</p>	3

	<p>Are call bells responded to appropriately? (NOTICE - are lots of call bells ringing, are they answered quickly? Do patients report any issues with using call bells?)</p> <p>We did not view a call bell being rang. But a patient's relative stated that the call button was not connected.</p>	2
	<p>Are patient's specific needs met? (ASK PATIENTS about pain management, or any other specific needs that they have)</p> <p>All patients complained about lack of physio and OT once on admission and once on leaving. Patients very unhappy about this being a winter pressure ward and not a rehabilitation ward they said the staff echoed this view.</p>	1
	<p>Are reasonable adjustments and/or steps in place to support patients who require additional support? (ASK/NOTICE PATIENTS AND STAFF - how is this done? Do staff know how to access interpretation services? Who to speak to for support?)</p> <p>No - patients often left in bed and not mobilised this may be due to staffing levels</p>	2
EFFE CTIV E	Effective	Confidence Score
	How confident are you that the ward processes are EFFECTIVE?	0 / 1 / 2 / 3

	<p>Does the ward / department appear to be clean and organised? Are there any visible risks present? (NOTICE general cleanliness, lockers and bedside tables, storage issues etc.)</p> <p>Generally clean No risks observed</p>	<p>3</p>
	<p>Is patient flow managed well on this ward? (NOTICE / ASK STAFF & PATIENTS, Are there delays for admissions, transfers, and discharges? Is there a reliable process for multi-professional team to communicate about patient flow?)</p> <p>No they have been instances of blue lighting patients back to Warrington due to inappropriate transfer of patients</p>	<p>2</p>
	<p>Please use this section to record any other observations / interactions.</p>	

<p>FURTHER FEEDBACK</p>	<p>One of the patient’s family complained about the fact that his mum had been lost in the system that she is not mobilised and he can see her deteriorating every day. He described his experience as appalling He contact PALs more than a week ago and left messages and no one had returned his call. He was very upset and was so grateful that we listened to his story. I have already forwarded his details to EH and SD to action.</p>	<p>1</p>
<p>LASTING IMPRESSIONS and EVIDENCE of GOOD</p>	<p>Lasting Impressions</p>	<p>Confidence Score</p>
	<p>Having carried out this observation, how confident do you now feel about whether patients are experiencing good care in this ward?</p>	<p>0 / 1 / 2 / 3</p>
	<p><i>Provide reasons for any change, from first impressions to your confidence levels:</i></p> <p>A clean calm ward but a lot of frustration from the patients and staff that the wrong patients are being transferred to the ward. Patients thinking it is a rehabilitation ward. Staff feel the ward is understaffed and feel continuity is an issue.</p>	<p>2</p>

Governor Observation Visit

Date / Time: 17/02/2026 4.30pm

Ward / Department: B3

Governors: S Fitzpatrick, L Mills and S Walton

First Impressions

Positives	Recommendations
Clean and calm	Keep the corridor clutter free and do not obscure the white board
Staff welcoming	Update the white board
Loved the bright doors on the theatres adjacent to ward	Remove cleaning equipment from waiting area

Well Led

Positives	Recommendations
Deployed staff from other wards but the staff enjoyed their work	More permanent staff would improve the continuity and communication. This is currently being addressed
Staff are well supported and are developed on their normal working wards	
The student felt very positive felt supported supervised and had learnt a lot	

Safe

Positives	Recommendations
Generally a safe environment	Care must be taken moving from one hospital to another as on some occasions the wrong patients have been transferred and have had to go back to Warrington.

Caring

Positives	Recommendations
Nursing and other staff very caring	
HCA's especially praised by the patients for taking for short walks	

Food and Nutrition

Positives	Recommendations
Food was enjoyed by all patients	Patient sat up or out of bed but no hand washing. Recommend use of wet wipes.
Good choice of food	Checking and ensuring sufficient water in water jugs
Needs of a gluten free patient met	Put out cutlery before food is given

Responsive

Positives	Recommendations
They try to meet patients' needs although the staff do feel understaffed	Patient family member felt not listened to.
	Most patients require mobilisation and physio this does not appear to be an option. Is there any way to increase physio or OT time?

Effective

Positives	Recommendations
Ward clean and organised	Patients not mobilised as above
	Patient felt anxious over discharge care package as burden will fall on elderly mother. Not sure what the recommendation for this is other than to listen and note the patients concerns

Further Feedback

Positives	Recommendations
	Patient family member felt frustrated that his mother was lost in the system. She was not being mobilised and he could see her deteriorate every day. The call button was not attached, the bed control was not plugged in all in all he felt that the experience was appalling. He did not feel he was listened to.
	The same family member complained to PALS and did not get any reply which again added to the sense of frustration. This has been escalated with the hope that someone speaks or listens to the person

Lasting Impressions

Positives	Recommendations
Clean calm ward	Staff feel that more staff are needed
Staff enjoy working on the ward even though they have been redeployed	There needs to be a review of the type of patient transferred to this ward and patient should not be under the impression that this is a rehabilitation ward
	Give clear instruction to patient why there are being moved to Halton so we move away from the idea they are just getting rid of the patients from Warrington

GOVERNORS OBSERVATION PRO-FORMA (Non-Ward Based)

Date: 19/03/2026	Department Manager:	Governors Present: S Fitzpatrick, C Ardern, H Bennett and N Newton		
Department: Outpatient Department				
Number of Patients: Capacity: In Warrington 26 clinic rooms see 8 patients per room So capacity for 208 patients. Unfortunately very quiet when we visited as lunchtime Total on day of visit: 40 staff across all clinics on today Clinics at WHH, Halton, Runcorn Hub CSTM (breast clinic) and Delemere)	Staff on duty:	Days	Nights (if applicable)	CBU Manager:
	Nurses	40 staff nurses and HCA	N/A	Matron:
	Healthcare Assistants			
	AHP's			
	Students			Lead Nurse Nicola Milkins Band 7 Nurse - Lisa Porter
	Domestic Assistants			Departmental Manager(s):
	Administration			
	Housekeepers	2		

FIRST IMPRESSIONS	First Impressions	Confidence Score
	Based on your first impressions on entering this department, how confident are you that patients are experiencing good care?	
	Using your senses, what do you hear, see, smell and feel? Why?	0 / 1 / 2 / 3

	<p>What do you notice? Does that build confidence and trust? Does your experience or score change as you are in the department? Is appropriate information displayed?</p> <p>Very welcoming. Andrea and Jess on reception. Both knew the clinics on today. Capacity to deal with 208 patients but very quiet as over lunchtime period. Quiet clean and calm Boards were completed where required</p>	<p>3</p>
<p>WELL LED</p>	<p>Well Led</p>	<p>Confidence Score</p>
	<p>How confident are you that this department is 'well led'?</p>	
	<p>What is it like to work here? – Ask staff about staffing, leadership, culture, development opportunities. Do they feel valued and supported? Do staff know about their data? – Ask staff about recent incidents, complaints, safety messages, patient experience. Is there anything you notice to suggest this department/area is not well led?</p> <p>Lisa Porter (Band 7 Nurse): Appears to be on top of everything and knows her data. She really loves working in Out Patients. 5 out-patient spaces –In Warrington 26 clinic rooms with 8 patients in each >200 patients through each day. e-outcomes is a very good system to plan for patients and to alert and allow reasonable adjustments to be made for patients with additional needs e.g. dementia patients. AI being looked at to aid with recording patients' medical notes- some concerns about patient consent. Very few DNAs. Issues with ENT Sometimes clinics are cancelled on the day - patients accommodated, though, perhaps at Halton or being seen by another consultant. Clinics may be cancelled at short notice by specialist consultants being called to cases in A&E Runs regular team meetings and CPD for the team. Ensured that staff are developed by sign off competencies and also allow staff to attend training days.</p>	<p>0 / 1 / 2 / 3</p> <p>3</p>
<p>SAFETY, CARING</p>	<p>Safety, Caring and Responsive</p>	<p>Confidence Score</p>
	<p>How confident are you that this department is safe and caring?</p>	
	<p>Do staff know how to escalate concerns and are there any visible hazards?</p>	<p>0 / 1 / 2 / 3</p>

and RESPON SIVE	<p>Do staff communicate and interact with patients or service users in a caring manner? Do staff provide care that meets individual needs of patients? Do patients feel involved in their care and treatment? Are staff aware of any risks in their areas?</p> <p>Patient "Shirley" with Dr Yadav Attending diabetes clinic has regular check-ups. She reported a very good service. No waiting. All positive. Did talk negatively about waiting times in A&E, the car park and also non-covered car park payment (get soaked if raining!) Suggested a separate waiting area for >70 year olds in A&E</p> <p>The staff also said they would go to Lisa if they had any issues and would escalate it to Nicola if needed. They were aware of the speak up champions Staff did mention the lack of shuttle bus if they have to go to cover at Halton especially if they cannot drive</p>	<p>3</p>
EFFECTIVE	<p>Effective</p> <p>How confident are you that the department processes are effective?</p> <p>Does the department appear to be clean and organised? Are patients' appointments managed well?</p> <p>Patient appointments sent via NHS app. Patients are unable to open the app to refer to the letter as there is no WiFi in the hospital. There are over 5 patients a day going to the wrong hospital. Suggest in the header it states Halton/Warrington. One of the staff suggested that for ENT patients there should be information as to how long the visit may take. Many patients may require test which can take up to 3 hours. We assume that e-outcomes can help manage the flow of these patients. The reception staff reported frustration with the rheumatology department as they get a lot of complaints for example regarding issue of medication without instruction. The reception staff have to raise issues via email and they are 3 months behind in dealing with these emails</p> <p>One patient asked why there were no patients or staff around. It may have been due to our visit time 12.15 but staff said this was a quiet time due to sickness and holidays</p>	<p>Confidence Score</p> <p>0 / 1 / 2 / 3</p> <p style="text-align: center;">2</p>

FURTHER FEEDBACK	<p>Please use this section to record any other observations / interactions.</p>	Confidence Score
	<p>Lawrence Health an external company use the outpatients department over the weekend using a separate team. There is absolutely no information regarding out patients department on the website. Lisa said that there is a video walkthrough from the entrance to the department but this appears to be on the intranet.</p> <p>On talking to one ENT patient who was told they required an urgent appointment within 3 days they were in fact waiting for 3 weeks. They also reported that respiratory letters were factually incorrect. The same patient had tests done 26 Jan and are still waiting for the results.</p> <p>A patient in a wheelchair had a humiliating experience on entering the hospital. They could not get up the ramp without help in the end 3 strangers had to push her up the ramp she felt humiliated and had lost her dignity.</p> <p>We had the usual complains re car park letters as indicated.</p>	0 / 1 / 2 / 3
LASTING IMPRESSIONS and EVIDENCE of GOOD PRACTICE	<p>Having carried out this observation, how confident do you now feel about whether patients are experiencing good care in this department?</p>	Confidence Score
	<p>Are there any specific areas of learning identified?</p> <p>This department is well led and feels calm and clean. The e-outcomes system appears to help organise lists and pulls data (observations) ready for the consultants.</p> <p>Consultants often arrive with their registrars and the registrars require clinic rooms. The departments need to liaise with Lisa beforehand.</p> <p>We could not assess the impact of virtual clinics as the outpatient appointments continue to be made as usual</p>	0 / 1 / 2 / 3 3

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



**Warrington and Halton
Teaching Hospitals**

NHS Foundation Trust

Positives	Recommendations
Good signage	Could there be some information about outpatients department on the website?
Clean and calm	There is a walk through to the department on the intranet not on patient facing website can we add it to the website?
Daily list done by e-outcomes (Pivot)	
Used the system to get the best flow for patients	

Governor Observation Visit

Date / Time: 12 noon 19/03/2026

Ward / Department: Outpatient

Team: S Fitzpatrick, C Ardern, H Bennett, N Newton

Well Led

Positives	Recommendations
Ward well led	None
Staff very happy	
Staff being developed	
Positives	Recommendations
Good signage	Could there be some information about outpatients department on the website?
Clean and calm	There is a walk through to the department on the intranet not on patient facing website can we add it to the website?
Daily list done by e-outcomes (Pivot)	
Used the system to get the best flow for patients	

Safe

Positives	Recommendations
Calm environment no issues found	None

Caring

Positives	Recommendations
Staff have patients' needs in mind	None
Good process in place to cater for special needs patients	

Food and Nutrition

Positives	Recommendations
Hydration available.	None

Responsive

Positives	Recommendations
Aware of patients' needs	Consultants need to liaise with the department beforehand if bringing a registrar as rooms have to be pre booked
Staff read patient passports	

Effective

Positives	Recommendations
Patients happy with their treatment	Suggest adding which site (Warrington or Halton) in the header of letters and texts on the NHS app to minimise patients attending the wrong hospital
	There is a 3 month wait for emailed issues raised by the receptionists to be addressed by rheumatology department is there anything that can clear the backlog?

Further feedback

Positives	Recommendations
	What is the process for patients coming in wheelchairs who are on their own? Can they or should they request help before they come?
	Can we do anything about Car park machines when raining?

Lasting impression

Positives	Recommendations
Well led calm clean department	None

GOVERNORS OBSERVATION PRO-FORMA (Ward Based)

Date: 09/04/2026	Department Manager:	Governors Present: S Fitzpatrick , D Nield, D Akeju		
Ward: A6				
Number of Patients: Capacity 35 Total on day of visit: 36	Staff on duty:	Days	Nights	CBU Manager:
	Nurses	5 of 6		
	Medical Team			Matron: Natalie Slater
	Healthcare Assistants	6		
	AHP's			
	Students			Lead Nurse: Carol McEvoy Nurse in charge: Jenny Chappell
	Domestic Assistants			
	Administration			Ward Manager: Suchitra Sajeev
	Housekeepers			

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

SHARING FINDINGS

IF ANY IMMEDIATE CONCERNS:

Escalate to:
Deputy Chief Nurse, Head of Patient Experience and Inclusion or Associate Chief Nurse for Planned / Unplanned Care.

FOR ROUTINE VISITS:

Once visit is completed send copy of document within 5 working days to Tracy Fernell, Deputy Chief Nurse tracy.fernell@nhs.net
Susan Dean, Head of Patient Experience, and Inclusion susan.dean11@nhs.net
cc whh.patient.experience@nhs.net

FIRST IMPRESSION	First Impressions	Confidence Score
	Based on your first impressions on entering this ward, how confident are you that patients are experiencing good care?	0 / 1 / 2 / 3
	<p><i>Using your senses, what do you hear?</i> The ward was clean but appeared a bit cluttered. (Had previously been described by a patient family member as grubby but undergone a recent thorough clean.).</p> <p><i>What do you see?</i> A very busy ward</p> <p><i>What do you smell?</i> There was no odour detected.</p> <p><i>What do you feel?</i> This was a very busy ward with many dementia patients. The noise levels were very high. One patient elected to sit out in the corridor since 1am and wore ear plugs to get away from the unacceptable level of noise (patients shouting out). The patient was fully accepting of the situation and felt sorry for the dementia patients.</p> <p><i>How does that make you feel?</i> <i>What do you notice? Does that build your confidence and trust?</i> We all felt very sorry for the patient but also felt that although it was a difficult situation at least the patients were on the right ward for their various hip, knee and wrist injuries.</p> <p><i>Is information relevant, within date and displayed appropriately?</i> There was excellent information on the white board which was up to date and very informative.</p>	2 1/2
	Well Led	Confidence Score

WELL LED	<p>How confident are you that this ward is WELL LED?</p>	0 / 1 / 2 / 3
	<p>What is it like to work here? <i>(ASK ALL STAFF about staffing, leadership, team culture, uniforms, personal and professional development, feeling valued, feel supported, what matters most to you? etc.) How could this be improved further?</i> Staff reported high levels of satisfaction working on the ward, with a mix of newer staff (since October) and long-standing team members. The rota system is effective, and although the ward is busy, it is considered less fast-paced than ED. One staff member noted that they really felt part of a team</p>	3
	<p>Do the ward staff know their data? <i>(ASK ALL STAFF about any recent incidents, complaints, safety messages, safety thermometer/harm free care, staffing, patient experience etc.) - (CHECK Is data on display? Are improvements underway?) What quality improvement initiatives are in place in this area? Are staff aware of any specific risks? Is there good MDT working?</i> Suchitra demonstrated good knowledge of patients and their needs. Twice-daily safety briefs support clear communication, and staff described a strong team ethos, with noted improvements in teamwork and quality of care in recent months. One patient with complex physical and mental health needs has remained on the orthopaedic ward for three months and is receiving mental health support.</p>	3
	<p>Is there anything that you notice that could improve how the department is led? <i>(provide details)</i> Patient flow could be improved with greater access to senior medical support for discharges. A senior doctor on the ward was very helpful but was not orthopaedic trained, they have their limits. Staff also suggested a step-down ward would help, as current transfers to Halton or Ward A4 can be challenging, There are issues with rolling patients on A4 staff are afraid to move the patients. Theatres were open over the bank holiday so patient time to theatre has improved.</p>	3

SAFE	Safe	Confidence Score
	How confident are you that this ward is SAFE?	0 / 1 / 2 / 3
	Do staff know how to escalate issues if they have concerns about either a patient or the ward? <i>(ASK STAFF do they know how to contact senior nursing staff if needed, do they understand the importance of timely multi-professional team response to acutely unwell patients etc.) Do staff feel confident to raise any concerns?</i> Staff were clear on escalation processes, reporting they would approach Suchrita initially, followed by Natalie if required. While aware of Speak Up Champions, they expressed confidence in their leadership to listen and provide support. In addition, the team felt supported to be able to speak up regarding improvements/development of systems and processors.	3
	Is ward security appropriate? <i>(NOTICE Does anyone check who is arriving on ward? Could patients wander off ward without staff knowing? Do patients have ID wristbands? etc.) Is confidential information stored appropriately?</i> On arrival, there was no receptionist present and we were not challenged, although we quickly introduced ourselves to a senior staff member and one doctor approached us to offer help. There were two ward entrances, one was locked.	2
	Are there any visible 'hazards' on this ward? <i>(NOTICE Corridors / fire escapes blocked? Sharps bins over filled. Storerooms and cupboards not locked, medicines left on the side? etc.)</i> One safety concern was identified: a loaded syringe was left unattended in an unlocked preparation room with the door open, posing a potential risk to patients.	1
	Are there any medication safety issues? <i>(NOTICE Are any medications not locked away? Are there any delays in giving medications?)</i> The unattended syringe	As above

	<p>Does the ward have two entrances? Are processes in place to ensure this is managed? Are doors locked in areas that this is required? There were two ward entrances, one was locked.</p>	3
CARING	<p>CARING</p>	Confidence Score
	<p>How confident are you that the staff on this ward are CARING?</p>	0 / 1 / 2 / 3
	<p>Do staff communicate / interact with patients and carers in a caring and compassionate manner? <i>("Hello, my name is")</i> Yes but difficult with elderly dementia patients. Staff were observed to communicate effectively with patients, including those who were challenging.</p>	3
	<p>Do staff provide care that meets patient's individual needs? <i>(ASK PATIENTS Do staff ask what matters most to you? Do staff call you by your preferred name? Does this ward support your family and friends to visit at an appropriate time? etc.) Is there positive MDT working?</i> The staff do their best but can't control the noise levels</p>	2
	<p>Are noise levels appropriate? <i>(NOTICE / ASK PATIENTS including noise at night)</i> No this was a very noisy ward one lady was sat in the corridor to get away from the noisy cubical environment. There were no side wards available as these are reserved for infection patients and all were occupied. A calm environment would aid patient recovery.</p>	2

	<p>Do patients feel involved in their care and treatment? <i>(ASK PATIENTS AND CARERS Do staff include you in conversations? Do staff explain what is happening next? Do you get enough opportunity to ask questions? Are you involved in making decisions about your care and treatment? etc.)</i> Staff were observed to communicate effectively with patients, including those who were challenging. While some patients had limited understanding of their condition, those who were able felt well-informed, although delays in decision-making were noted due to reliance on other departments or hospitals.</p>	<p>3</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">FOOD and NUTRITION</p>	<p>Food and Nutrition</p>	<p>Confidence Score</p>
	<p>How confident are you with the standards and experience of patient food and nutrition on this ward?</p>	<p>0 / 1 / 2 / 3</p>
	<p>Are standards met regarding meals and drinks? <i>(NOTICE / ASK PATIENT about quality, quantity, choice, timeliness, and help given if needed)</i> Food was praised and standard described as good.</p>	<p>3</p>
	<p>Do patients feel there is enough choice at mealtimes? <i>(NOTICE / ASK PATIENT about options and presentation and help given if needed)</i> No issues plenty of hydration stations and the topic of the month is nutrition and hydration. Using the dementia plates</p>	<p>3</p>
	<p>Do patients feel they have enough to drink throughout the day? Is this appropriately recorded where required? There were no complaints</p>	<p>3</p>

	<p>Notice - are patients prepared for mealtimes? (e.g., do staff support patients out of bed in advance of mealtimes where possible)</p> <p>We did not really observe this aspect/</p>	<p>N/A</p>
<p>RESPONSIVE</p>	<p>Responsive</p>	<p>Confidence Score</p>
	<p>How confident are you that staff on this ward are RESPONSIVE to patient's needs?</p>	<p>0 / 1 / 2 / 3</p>
	<p>Do patients know their plan of care and discharge plan? Are measures in place to ensure efficient and safe discharge? (ASK PATIENTS / STAFF how this is done?) Due to the profile of the patients, elderly and dementia, discharge is challenging. Patients are transferred to Halton to await care packages. The patient to be transferred to the Walton centre felt informed but awaiting a decision</p>	<p>2</p>
	<p>Are call bells responded to appropriately? (NOTICE - are lots of call bells ringing, are they answered quickly? Do patients report any issues with using call bells?) Call bells were answered but seemed to be ringing for a long time. But we observed one patient ring, be seen then instead of waiting for the nurse to fulfil his request he rang again and again.</p>	<p>3</p>
<p>Are patient's specific needs met? (ASK PATIENTS about pain management, or any other specific needs that they have) Yes to the best of their ability. No patients seemed to be in visible pain.</p>	<p>3</p>	

	<p>Are reasonable adjustments and/or steps in place to support patients who require additional support? (ASK/NOTICE PATIENTS AND STAFF - how is this done? Do staff know how to access interpretation services? Who to speak to for support?)</p> <p>Yes. There was mental health support given for the long term patient. The dementia patients all accommodated with staff constraints</p>	<p>3</p>
EFFECTIVE	<p>Effective</p>	<p>Confidence Score</p>
	<p>How confident are you that the ward processes are EFFECTIVE?</p>	<p>0 / 1 / 2 / 3</p>
	<p>Does the ward / department appear to be clean and organised? Are there any visible risks present? (NOTICE general cleanliness, lockers and bedside tables, storage issues etc.) Yes but cluttered</p>	<p>3</p>

	<p>Is patient flow managed well on this ward? (NOTICE / ASK STAFF & PATIENTS, Are there delays for admissions, transfers, and discharges? Is there a reliable process for multi-professional team to communicate about patient flow?)</p> <p>Biggest issue on this ward is transfer to appropriate ward (B3 or A4) or home/care home but things are deemed to be improving</p> <p>Delays in availability of beds due to lack of social care packages</p>	<p>2</p>
<p>FURTHER FEEDBACK</p>	<p>Please use this section to record any other observations / interactions.</p>	
	<p>A patient's family member was asked to come to the ward to pick up medication for a patient who had been discharged. They had been waiting for over an hour luckily a chair was found for her to sit and wait. This is probably better than the patient still occupying a bed awaiting pharmacy.</p>	<p>N/A</p>

LA ST IN G	Lasting Impressions	Confidence Score
	Having carried out this observation, how confident do you now feel about whether patients are experiencing good care in this ward?	0 / 1 / 2 / 3
	<p><i>Provide reasons for any change, from first impressions to your confidence levels:</i></p> <p>On entering the ward the information board was very good gave the impression of a well-run and organised ward.</p> <p>Very busy ward with patients very demanding and challenging but the staff love working on this ward. Everyone we spoke to said if they could have one thingmore staff but would a level of staff make a difference or is it down to right patients in the right place</p>	3

Governor Observation Visit

Date / Time: 12 noon 09/04/2026

Ward / Department: A6

Team: S Fitzpatrick, D Nield D Akeju

First Impression

Positives	Recommendations
Good signage	None
Good white board up to date and very informative	
Clean	

Well Led

Positives	Recommendations
Ward well led	None
Staff very happy	
Staff being developed	

Safe

Positives	Recommendations
There were 2 falls last month and only 1 this month which is low considering the cohort of patients	Very noisy environment not sure if anything can be done due to the profile of the patients on this ward
	Keep doors closed and do not leave Hazards (syringes) unattended

Caring

Positives	Recommendations
Staff have patients' needs in mind	None
Good process in place to cater for special needs patients	

Food and Nutrition

Positives	Recommendations
Hydration available. Good topic of the month	None
Food praised by patients who were able to communicate	

Responsive

Positives	Recommendations
Aware of patients' needs	None
Listened to challenging patients	

Effective

Positives	Recommendations
Patients who were capable to communicate were happy with their treatment	None

Further feedback

Positives	Recommendations
	What is the process for patients coming to pick up medication from the ward? I appreciate that it is better for a patient family member to come back and wait rather than the patient occupy a bed waiting for pharmacy.

Lasting impression

Positives	Recommendations
Well led clean department	Is it possible to provide more senior support for discharges?
	Is there scope in looking into a step down ward?
	Would training of staff on ward 4 to roll patients be advantageous?

GOVERNORS OBSERVATION PRO-FORMA (Ward Based)

Date: 29/04/2026 Ward: Padgate House Last CQC March 2020 Good	Department Manager: Elaine Miller (WBC)	Governors Present: S Fitzpatrick , D Nield, C Jenkins		
Number of Patients: Capacity 35 18+ although many are elderly Total on day of visit 33 2 discharged awaiting 2 new patients	Staff on duty:	Days	Nights	CBU Manager:
	Nurses	3		
	Medical Team	2 GPs		
	Healthcare Assistants	3NCM 7nurses on shift	4	Matron:
	AHP's			
	Students	2 (nursing and OT)		Lead Nurse: Charlotte Carton (clinical lead), Sam Yates Adult lead and Rachel Briers AHP lead
	Domestic Assistants	3am and 2pm		
	Administration	2/3 receptionists (WBC)		Ward Manager:
	Housekeepers	1		

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

SHARING FINDINGS

IF ANY IMMEDIATE CONCERNS: Escalate to: Deputy Chief Nurse, Head of Patient Experience and Inclusion or Associate Chief Nurse for Planned / Unplanned Care.	FOR ROUTINE VISITS: Once visit is completed send copy of document within 5 working days to Tracy Fernell, Deputy Chief Nurse tracy.fernell@nhs.net Susan Dean, Head of Patient Experience, and Inclusion susan.dean11@nhs.net cc whh.patient.experience@nhs.net
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FIRST IMPR ESSI ON	First Impressions	Confidence Score
	Based on your first impressions on entering this ward, how confident are you that patients are experiencing good care?	0 / 1 / 2 / 3
	<p><i>Using your senses, what do you hear?</i> Quiet calm and professional.</p> <p><i>What do you see?</i> Bright airy and very clean</p> <p><i>What do you smell?</i> There was no odour detected.</p> <p><i>What do you feel?</i> There is an air of confidence.</p> <p><i>How does that make you feel?</i> <i>What do you notice? Does that build your confidence and trust?</i> All the patients were sat out of bed. We felt assured that patients are cared for.</p> <p><i>Is information relevant, within date and displayed appropriately?</i> Information boards were up to date neat and tidy and there was easy access to information re the unit. In case of fire the assembly points were clearly indicated and they do regular fire drills</p> <p>This is a free facility for short term intermediate care</p>	3

WELL LED	Well Led	Confidence Score
	How confident are you that this ward is WELL LED?	0 / 1 / 2 / 3
	<p>What is it like to work here? <i>(ASK ALL STAFF about staffing, leadership, team culture, uniforms, personal and professional development, feeling valued, feel supported, what matters most to you? etc.) How could this be improved further?</i></p> <p>Staff reported high levels of satisfaction working at the unit, with a mix of newer staff (4 months) and long-standing (35+ years) team members. The rota system is effective, 2 weekends on in 4, and although the unit is busy they do try and accommodate staff. The staff members really appeared to work together as a part of a team. The WBC:NCM mix is 80:20 %. Elaine (WBC) really is very passionate about the unit she is conscientious and competent. She organises the 97 staff and knows her patient data. She will not ask any staff to do anything that she is not prepared to do herself</p>	3
	<p>Do the ward staff know their data? <i>(ASK ALL STAFF about any recent incidents, complaints, safety messages, safety thermometer/harm free care, staffing, patient experience etc.) - (CHECK Is data on display? Are improvements underway?) What quality improvement initiatives are in place in this area? Are staff aware of any specific risks? Is there good MDT working?</i></p> <p>Yes there is a white board listing all rooms with coded information for example dementia patients or those with special requirements. There were currently 4 dementia patients.</p>	3

	<p>Is there anything that you notice that could improve how the department is led? <i>(provide details)</i></p> <p>No. The only issue we had was what was the succession plan if Elaine should leave. Charlotte Carton looks like she is shadowing and learning from Elaine. Elaine is traditional with really high standards. Her attitude is mirrored by the other staff.</p>	<p>3</p>
SAFE	<p>Safe</p>	<p>Confidence Score</p>
	<p>How confident are you that this ward is SAFE?</p>	<p>0 / 1 / 2 / 3</p>
	<p>Do staff know how to escalate issues if they have concerns about either a patient or the ward? <i>(ASK STAFF do they know how to contact senior nursing staff if needed, do they understand the importance of timely multi-professional team response to acutely unwell patients etc.) Do staff feel confident to raise any concerns?</i></p> <p>Staff appear to have clear escalation processes, reporting they would approach Elaine, they expressed confidence in their leadership to listen and provide support. We did identify an issue regarding patient falls they normally have 2-3 per month last month they had 17. They are looking to identify issues and trends with a view to reducing numbers. They identified that some patients were overconfident in their mobility (carrying objects when walking) All patients have emergency push bell pendants.</p>	<p>3</p>
	<p>Is ward security appropriate? <i>(NOTICE Does anyone check who is arriving on ward? Could patients wander off ward without staff knowing? Do patients have ID wristbands? etc.) Is confidential information stored appropriately?</i></p> <p>On arrival, there were 2 receptionist (WBC) present and we had to sign in. We were then met by Elaine and taken to her office to meet the clinical staff. The unit is like a warren but we were given a tour of the facilities before going to talk to patients staff or who we wished.</p>	<p>3</p>

	<p>Are there any visible 'hazards' on this ward?<i>(NOTICE Corridors / fire escapes blocked? Sharps bins over filled. Storerooms and cupboards not locked, medicines left on the side? etc.)</i></p> <p>None. The laundry (not personal) is done on site there is a record of sheet changes on the wall indicating when they should be changed. They never run out of linen as sheets are washed and returned to the cupboard by the end of a shift</p>	3
	<p>Are there any medication safety issues? <i>(NOTICE Are any medications not locked away? Are there any delays in giving medications?)</i></p> <p>No safety issues well run and monitored 48 hours before discharge . There is a pharmacy technician on site and she works closely with the GPs. Nurses provide cover if she in not on site. Medication is brought in from Dallam retail pharmacy and this appears to work well. The staff said regular input/access to a pharmacist would be helpful especially when changing dose levels before discharging patients. Some patients have high ACB scores who are taking medicines with anticholinergic effects and it would be good to review with a pharmacist.</p>	3
	<p>Does the ward have two entrances? Are processes in place to ensure this is managed? Are doors locked in areas that this is required?</p> <p>There were a number of entrances the main one is manned</p>	3
CARING	CARING	Confidence Score
	How confident are you that the staff on this ward are CARING?	0 / 1 / 2 / 3
	<p>Do staff communicate / interact with patients and carers in a caring and compassionate manner? <i>("Hello, my name is")</i></p> <p>Staff were observed to communicate effectively with patients.</p>	3

	<p>Do staff provide care that meets patient's individual needs? <i>(ASK PATIENTS Do staff ask what matters most to you? Do staff call you by your preferred name? Does this ward support your family and friends to visit at an appropriate time? etc.) Is there positive MDT working?</i></p> <p>There is an open door policy and family and friends can visit at any time. All the patients were dressed and sat out bed during the visit. One lady I spoke to was very happy with her care she was on the mend But taking a bit longer then she thought. Patients are offered a bath or shower every day. There is also a hairdresser</p>	3
	<p>Are noise levels appropriate? <i>(NOTICE / ASK PATIENTS including noise at night)</i></p> <p>All patients have their own rooms unfortunately not ensuite. No noise and one lady said she had much better sleep than at the hospital. The call bells rang a few times and there is a screen on the wall showing which room required assistance</p>	3
	<p>Do patients feel involved in their care and treatment? <i>(ASK PATIENTS AND CARERS Do staff include you in conversations? Do staff explain what is happening next? Do you get enough opportunity to ask questions? Are you involved in making decisions about your care and treatment? etc.)</i></p> <p>Staff were observed to communicate effectively with patients</p>	3
FOOD and NUTRITION	<p>Food and Nutrition</p>	Confidence Score
	<p>How confident are you with the standards and experience of patient food and nutrition on this ward?</p>	0 / 1 / 2 / 3
	<p>Are standards met regarding meals and drinks? <i>(NOTICE / ASK PATIENT about quality, quantity, choice, timeliness, and help given if needed)</i></p> <p>Food was praised and standard described as really good. There is restricted access to the kitchen which had a 5 star review for food hygiene.</p>	3

	<p>Do patients feel there is enough choice at mealtimes? (NOTICE / ASK PATIENT about options and presentation and help given if needed)</p> <p>No issues and plenty of hydration with water jugs being changed while we were there. The staff said if someone did not like the set meals they would try to make them something they would be able to eat</p>	3
	<p>Do patients feel they have enough to drink throughout the day? Is this appropriately recorded where required?</p> <p>There were no complaints</p>	3
	<p>Notice - are patients prepared for mealtimes? (e.g., do staff support patients out of bed in advance of mealtimes where possible)</p> <p>Patients are encouraged to eat in the communal areas but may also eat in their room if they wish.</p>	3
RESPONSIVE	Responsive	Confidence Score
	How confident are you that staff on this ward are RESPONSIVE to patient's needs?	0 / 1 / 2 / 3
	<p>Do patients know their plan of care and discharge plan? Are measures in place to ensure efficient and safe discharge? (ASK PATIENTS / STAFF how this is done?) Staff reported that they were able to organise care packages for patient quite easily as they are integrated with other WBC services.</p>	2

	<p>Are call bells responded to appropriately? (NOTICE - are lots of call bells ringing, are they answered quickly? Do patients report any issues with using call bells?) Call bells were answered with a good screen system for identification of the room requiring attention to escort patients to the bathroom when needed. There are 14 bathrooms. One bathroom doubled up as a sluice.</p>	3
	<p>Are patient's specific needs met? (ASK PATIENTS about pain management, or any other specific needs that they have) Yes This is helped by family being able to visit at any time</p>	3
	<p>Are reasonable adjustments and/or steps in place to support patients who require additional support? (ASK/NOTICE PATIENTS AND STAFF - how is this done? Do staff know how to access interpretation services? Who to speak to for support?) Yes. Most patients required physio/OT help. There is a set of stairs to exercise and assess patients' ability. It really felt like a rehabilitation facility with patients being encouraged to meet up in the communal areas. The OT said if there had a wish it would be more OT support to help with the flow of patients at discharge</p>	3
EFFE CTIV E	<p>Effective</p>	Confidence Score
	<p>How confident are you that the ward processes are EFFECTIVE?</p>	0 / 1 / 2 / 3

	<p>Does the ward / department appear to be clean and organised? Are there any visible risks present? (NOTICE general cleanliness, lockers and bedside tables, storage issues etc.) Yes extremely organised</p> <p>Although a bit of a rabbit warren the areas are split into 4 lounges which makes it easier to navigate.</p> <p>There is a smoking area outside lounge 3</p>	<p>3</p>
	<p>Is patient flow managed well on this ward? (NOTICE / ASK STAFF & PATIENTS, Are there delays for admissions, transfers, and discharges? Is there a reliable process for multi-professional team to communicate about patient flow?)</p> <p>Yes there are 2 vacant beds which will be filled as soon as possible. Care packages are not an issue as services are integrated.</p> <p>On discharge the receptionists collect feedback data the results are fed back to Elaine quarterly who passes the information on to WBC</p>	<p>3</p>

FURTHER FEEDBACK	Please use this section to record any other observations / interactions.	
	<p>We asked about staffing levels sickness and absentees they appear to be managed by using their own Bank staff. Elaine did not feel there was a great deal of sickness. Speaking to the receptionists they confirmed proportionately there is more staff sickness in NCM staff.</p> <p>The staff viewed the integration as a good positive thing as increasing collaboration in patient care but it was felt to also help with recruitment of staff. Technically they are not fully staffed but they have daily staffing calls to pre-empt staffing issues.</p> <p>We talked about pressure ulcers and the staff said that patient often have DTIs (deep tissue injuries) when come from WHH and they now have a podiatrist to attend asap</p> <p>Staff wish list....It would be good to have a sluice room but there is currently nowhere to put it.</p> <p>Would be nice for staff to have benches outside for the staff to use.</p> <p>Biggest issue was identified by Elaine re terminology of carers. WBC and NCM carers are called assistant by one organisation and HCAs if they could all be called HCAs this would help with culture and terms and conditions.</p> <p>The information on the website is out of date and requires a bit of an update.</p>	3
LASTING IMPRESSIONS and EVIDENCE of GOOD PRACTICE	Lasting Impressions	Confidence Score
	Having carried out this observation, how confident do you now feel about whether patients are experiencing good care in this ward?	0 / 1 / 2 / 3
	<p><i>Provide reasons for any change, from first impressions to your confidence levels:</i></p> <p>This appears to be a well led intermediate care unit that is clean, calm, well-organised, and strongly led. The overall impression is very positive, with consistently high confidence scores. The environment is bright, tidy, and professional, creating a reassuring atmosphere for patients and visitors. Patients are up, dressed, and engaged, which reflects a strong rehabilitation focus and promotes dignity and independence. In terms of leadership and culture, the unit is exceptionally well led. The manager is experienced, hands-on, and highly respected, fostering a supportive and team-oriented environment. Staff report high job satisfaction, good teamwork, and clear communication. They are knowledgeable about patient needs and ward data, and there is strong multidisciplinary collaboration. A minor concern is future succession planning. The only issue we identified that requires more investigation is the increase on the number of falls from 2-3 per month to 17.</p>	3



North Cheshire and Mersey
NHS Foundation Trust

Governor Observation Visit

Date / Time: 2.30 29/04/2026

Ward / Department: Padgate House

Team: S Fitzpatrick, D Nield, C Jenkins

First Impression

Positives	Recommendations
The unit is calm, clean, bright, and professional, creating a reassuring atmosphere	None
Patients are up, dressed, and engaged, which reflects a strong focus on rehabilitation and dignity	

Well Led

Positives	Recommendations
Staff work well as a team, report high job satisfaction many been in position for many years	Need to consider a succession plan
Experienced and hands-on leader who sets high standards	

Safe

Positives	Recommendations
Secure access, and no visible hazards or medication issues	There were 2 -3 falls last month and 17 this month which requires attention
	Might be helpful to have access to a pharmacist to discuss doses of drug on discharge

Caring

Positives	Recommendations
Care is compassionate and patient-centred, with open visiting, good communication	None

Food and Nutrition

Positives	Recommendations
Food quality is highly rated, and hydration and choice are well managed.	None
Kitchen has 5 stars for hygiene	

Responsive

Positives	Recommendations
The ward is responsive, with effective call bell systems and strong support for discharge planning	Consider additional occupational therapy as their input could improve patient flow

Effective

Positives	Recommendations
Responsive, and effective, with consistently high confidence scores	None

Further feedback

Positives	Recommendations
	Minor improvements include succession planning.
	Update website information,
	Clearer staff role terminology for carers
	Consider additional facilities like a sluice room and staff seating.

Lasting impression

Positives	Recommendations
Well led clean unit	The main issue requiring further attention is the increase in falls.

SERVICE VISIT REPORT
SERVICE LOCATION: Bath Street
Legh Street
Warrington
WA1 1UG
DATE: April 7th 2026
REPORT: Sue Fitzpatrick

Service Location & Address	Bath Street Dental Clinic and District Nurse Office
Team Leader/Manager	District Nurse Team Leader Roberta Kilty
Date and time of visit	Tuesday 7 th April 1.45-3.30
Governor attendance	Sue Fitzpatrick - Public Lead Governor
Non-Executive Director attendance	Andy Carter - Chair
Facility Condition	<p>There is good accessibility with parking, toilets, and lifts. There are a number of services housed in a modern airy building. The services include: Blood tests, breast screening catheter care, children's community nursing, community matrons, district nursing service and treatment room, IV and oral health improvement. There is also the dental services offering specialised dental services, including emergency treatment, sedation, and surgical extractions.</p> <p>There is also a commercial pharmacy and GP surgery which is not part of NCM.</p> <p>There was a single reception manned by 2 people directing you to your appointment area. All patients have been referred to the facility and have appointments. The</p>

patient facing part of the facility was particularly quiet at our visit and the breast screening facility was closed.

We visited the dental department which was observed to have its own reception and waiting area, where several patients were awaiting treatment. Clinical areas were clean, well-equipped, and fit for purpose, including the availability of bariatric chairs and wheelchair-accessible examination facilities. The staff we spoke to had been there for a number of years and were happy in their positions. The online appointment system allotted 30-45 min time slots for each patient/consulting room.

During the visit, a positive example of staff engagement was noted, as a team member recognised a governor from a previous virtual engagement session, demonstrating the impact of such interactions.

We then visited the district nurses, which housed a group of around 20, it was staff change over so the office was quite busy. This group is West Warrington and there are 3 other groups covering the Warrington area. The staff have a large number of visits to make in the community and receive a list each morning. The schedule of visits and ensuring sufficient handover information takes an individual around 4 hours to complete. There used to be a proforma system which was no longer in use. After discussion with Andy team leader Roberta Kilty was encouraged to be empowered and bring back this system to increase efficiency. The possibility of introducing a central or AI enabled system was discussed although it was recognised that there would still be a requirement for human oversight.

We were able to celebrate with the team

	<p>the recognition of a colleague who had been nominated in the “Hero” category of the NCM Thank You Awards.</p> <p>The biggest issue identified at our visit was car parking. It is a very small staff car park and cars are parked blocking people in. The blocking cars leave a number to ring if you require the car to be moved. It took 45 mins for a district nurse to get her car out of the car park. District nurses need to go in and out as part of their role. If they don’t park in the staff car park they have to keep moving their cars to avoid parking tickets.</p> <p>One senior district nurse is leaving the team due to the parking issues. She is not leaving the trust just moving to another site. This does however lead to a loss of specialist skills within the Bath Street team.</p> <p>There was also frustration around agenda for change and banding of nursing roles. The lack of response/mitigation for issues previously escalated was also cause for concern regarding staff morale.</p> <p>All the staff we spoke to were very happy in their role. Apart from parking there were few major issues identified..</p>
<p>Staff Feedback – staff issues and general feedback</p>	<p>All the staff we spoke to were very happy in their role. Apart from parking there were few major issues identified. There was frustration around agenda for change and banding of nursing roles. The lack of response/mitigation for issues previously escalated was also cause for concern</p>
<p>Waiting areas</p>	<p>Clean pleasant and reception staff were very welcoming. There were a range of chairs suitable for patients use.</p>
<p>Noticeboards</p>	<p>The notice boards appeared clean and displayed useful information. The signage was geared towards patients.</p>
<p>Tour and staff engagement</p>	<p>The staff that we met were very friendly and engaging. They had no hesitation</p>

	sharing information, including their challenges, with us.
Summary of visit	<p>Staff were friendly, welcoming and open with us. We had a tour of the dental area and district nurse office. It was disappointing that the breast screening clinic was not in use.</p> <p>The identified issues were taken by the Chair to follow up and share with the appropriate staff.</p> <p>It is vital that we follow up on actions and show the staff that they are being listened to.</p>

SERVICE VISIT REPORT
SERVICE LOCATION: Thelwall
DATE: April 16th 2026
REPORT: Sue Fitzpatrick

Service Location & Address	Thelwall Clinic Springfield Avenue Grappenhall Warrington WA4 2NW
Team Leader/Manager	District Nurse Team Leader Nick Perceval Lisa Dolphin
Date and time of visit	16 th April 1.30-3.30
Governor attendance	Sue Fitzpatrick - Public Lead Governor Helen Bennett – Public Governor
Non-Executive Director attendance	Andy Carter - Chair
Facility and Working Condition	<p>The facility is an older building but is generally well maintained. The annex accommodates district nurses, while the main building contains seven treatment rooms, managed through a weekly room allocation schedule. Services provided include children’s 0–19 development reviews, ADHD support, audiology, podiatry, speech and language therapy (SALT), INR/Warfarin monitoring, and orthopaedic clinical assessment. The receptionist is often moved to other facilities (around once a week) and was unsure why this was happening.</p> <p>The South Warrington district nursing team consists of approximately 20 staff, including one Band 7, three Band 6s, one senior community nurse, and several Band 5 nurses. The team delivers significant palliative care and typically sees 14–15 patients per day. Visits are restricted to housebound patients, requiring</p>

	<p>coordination with hospitals to track discharge timings. There is a recognised need for a dedicated district nurse liaison within discharge teams and improved access to shared patient information systems (e.g., ward trackers and care plans).</p> <p>Scheduling visits is time-intensive, and while previous automated solutions were not effective, there is openness to exploring AI-based approaches. The current system (SystemOne) is viewed as less efficient than EPIC, reportedly adding around 20 minutes of administrative time per visit, often completed outside working hours. Communication and system integration challenges exist, particularly with limited access to some GP systems (EMIS).</p> <p>Referrals are received via email or phone from GPs and hospitals. Weekend demand includes 4–5 calls, where many cases are not appropriate for home visits and are redirected to walk-in services. A strong lone-working buddy system is in place.</p> <p>Treatment rooms are clean and well organised. They operate from 9am to 5pm, with nurses seeing up to 20 patients daily, primarily for wound care, leg ulcers, and diabetic reviews, with a strong emphasis on prevention. Demand requires daily triage, and unmet demand is redirected to walk-in clinics, contributing to patient complaints. Staffing challenges include the loss of a Single Point of Access (SPA) nurse due to ill health and difficulty recruiting Specialist Practice Qualified (SPQ) staff.</p> <p>A patient highlighted limited evening care availability, often resulting in prolonged A&E waits. The site also hosts around 20 health visitors, while school nurses are based elsewhere.</p>
<p>Staff Feedback – staff issues and general feedback</p>	<p>Staff reported high levels of job satisfaction and value the relationships built with patients, particularly in end-of-life care. However, they highlighted the need for additional staffing and improved morale. The workload is considered high and can be stressful, with staff working one in four weekends. The reporting system was identified as a key area of dissatisfaction. Previously the team used to have an away afternoon tea at Park Royal but realise the budget constraints at the moment.</p> <p>It was noted that recent corporate team mergers may enable increased investment in patient-facing</p>

	<p>initiatives.</p> <p>.</p>
Waiting areas	<p>Waiting areas were observed to be clean, pleasant, and well-equipped, with welcoming reception staff and appropriate seating for patients.</p>
Noticeboards	<p>Noticeboards were tidy and contained relevant, patient-focused information with clear signage.</p>
Tour and staff engagement	<p>The staff that we met were very friendly and engaging. They had no hesitation sharing information, including their challenges, with us.</p>
Summary of visit	<p>Overall, the facility is functioning effectively despite infrastructure and system limitations. Staff are committed and patient-focused, but operational pressures—particularly staffing shortages, administrative burden, and system inefficiencies—impact service delivery. Opportunities exist to improve integration with hospital systems, streamline scheduling processes, and strengthen workforce capacity to enhance patient care and staff wellbeing.</p>

SERVICE VISIT REPORT
SERVICE LOCATION: ED & SDEC

Service Location & Address	ED & SDEC Warrington Hospital Lovely lane Warrington
Team Leader/Manager	Sharon Kilkenny, Associate Director – Unplanned Care Laura James, CBU Manager for Urgent and Emergency Care Rachel Lutkevitch – Lead Nurse for UEC Dr Saagar Patel – Clinical Director for UEC
Date and time of visit	27 th April 2026 11.00 – 12.30
Governor attendance	Colin Jenkins
Non-Executive Director attendance	Andy Carter - Chair
Facility Condition	<p>The department was purpose built and over the years has evolved piece by piece to meet the demand which continues to grow and evolve as time progresses. This is compounded by other external factors such as:</p> <ul style="list-style-type: none"> • An ever-growing population, • A population that is living longer with all of the health conditions associated with that. • Developing guidance from the government and NHSE • Budget constraints <p>Corridor care continues to be an issue with 16 patients awaiting a bed on a ward at the time of our visit. I have concerns about the dignity of such patients and there are issues about data protection in a confined space with no partitions offering any privacy. These corridors were only designed for people to pass in opposite directions comfortably, not for beds to be semi permanently sited there. This does not feel like an advancement in patient care and treatment at any level.</p>

	<p>Staff are all too aware of the issues and are doing their absolute best with what they have.</p> <p>SDEC continues to see GP referrals but has now been divided into two parts; treatment and surgical. This division is a relatively new development to help reduce waiting times while ensuring everyone is dealt with according to their needs. SDEC surgical has been approved for funding and the staff currently drawn from other areas as a temporary measure, will eventually be replaced by permanent staff.</p>
<p>Staff Feedback – staff issues and general feedback</p>	<p>There has been a number of staff changes in recent months with the senior management team implementing a number of changes discussed within the department on New Years Eve. A clear statement of intent which I/we applaud as a sign of things to come.</p> <p>Dr Patel outlined the changes made to the way they work which allowed for:</p> <ul style="list-style-type: none"> • A better patient experience • Reduced time wastage • Improved working practices, improving staff mental health • The creation and implementation of a training pathway in readiness for the impending Urgent Treatment Centre <p>He also stated that the three consultant vacancies had drawn interest from over 12 newly qualified applicants which had been shortlisted to 5 for interviews. We were told that Warrington is now becoming a workplace of choice which bodes well for us as a Trust. There was a confidence about the changes and benefits they brought for the future.</p> <p>There was also a discussion about a working group Laura James is part of looking at mental health and where the blockages and obstructions are that prevent optimum care. She has agreed to present to the Board of Governors in the future the results and objectives of the group.</p> <p>AI dictation to patient notes has made a massive improvement to the way consultations are recorded save a great deal of staff time where they previously would have typed or hand written patient notes.</p>
<p>Waiting areas</p>	<p>There are several waiting areas in the dept and all</p>

	<p>were busy but not to capacity and they were clean, well-lit and calm.</p> <p>There has been an ongoing issue with the information sharing screen in the main ED waiting area, and it wasn't working today either. I feel we are missing a trick here with our captive audiences and what and how we share relevant information</p> <p>Is it worth exploring the feasibility of displaying health related videos to occupy the minds of patients whilst providing vital health information?</p> <p>Paediatrics was quiet, even though there were 9 patients and their parents, in the unit. There was an activity table(s) with games and toys for the younger patients to offer some distraction from their predicament.</p>
<p>Noticeboards</p>	<p>In some areas of the hospital, noticeboards are many and contribute to information overload. That is definitely not the case here. They were where they needed to be with just the right amount of information shared without people becoming bored and indifferent.</p>
<p>Tour and staff engagement</p>	<p>The tour staff were keen to show us all the department, good and not so good. Any and all questions we asked were answered fully and we believe honestly without hesitation. All other staff</p>
<p>Summary of visit</p>	<p>I must say, this was a very reassuring visit. It's safe to say that the new (and younger) staff that have joined the department have none of the old preconceived ideas about why we shouldn't institute changes. This younger team have taken what they believe are the first steps to a "much improved" department without the need for more staff, (their words) but better utilisation of what they have got and integrating technology advancements where practical.</p>

SERVICE VISIT REPORT

SERVICE LOCATION: Halton Health Hub

Runcorn Shopping City

DATE: REPORT: 28 April 2026

Service Location & Address	Halton Health Hub, Runcorn Shopping City, Palacefields Halton Lea Runcorn WA7 2BS
Team Leader/Manager	Lefteris Zabatis Senior Strategic Project Manager Lynne Collins - Nurse
Date and time of visit	9am 28 April 2026
Governor attendance	Sue Fitzpatrick (Lead Governor) Colin Jenkins (Public Governor)
Non-Executive Director attendance	Andy Carter – (Chair) Julie Jarman (NED)
Facility Condition	<p>Halton Health Hub is a modern, community-based healthcare facility requiring appointments for access. The site is fully accessible, with parking, toilets, lifts, and hearing loop systems available.</p> <p>Phase 1 of the development opened in 2023, delivering a range of services including an out-of-hours GP service operating two days per week. The facility is well regarded by patients due to its convenient location and strong transport links, reducing the need for travel.</p> <p>The hub currently accommodates approximately 2,500–3,000 patients per month across 10 consulting rooms. Phase 2 has expanded capacity with an additional 11 consulting rooms, enabling a further 1,200 patients per month to be seen. Phase 3 is planned and could add seven more consulting rooms.</p> <p>Despite its high-quality infrastructure, the facility is significantly underutilised due to staffing constraints. There is an</p>

	<p>opportunity to improve efficiency and reduce costs by relocating services from multiple existing sites (approximately 70 locations) to this hub, particularly as no rent is payable on the facility until 2035.</p> <p>Toilet facilities were largely operational, with five out of six in use at the time of the visit. However, there have been recurring maintenance challenges, as replacement of maceration units costs approximately £700 and can take 4-5 months to complete.</p>
<p>Staff Feedback – staff issues and general feedback</p>	<p>Staff reported a positive working experience at the site, particularly highlighting the quality of staff facilities.</p> <p>The primary concern raised relates to the use of multiple IT systems across different services:</p> <ul style="list-style-type: none"> • Outpatients: eOutcome • Audiology, Dermatology, Ultrasound, MSK: separate systems • Phlebotomy: WASP system <p>Staff indicated that a single, integrated system would significantly improve efficiency.</p> <p>One long-serving staff member (25 years within the NHS) stated confidence in using Speak Up channels, though acknowledged that not all staff may feel equally confident.</p> <p>Additional issues raised included:</p> <ul style="list-style-type: none"> • Appointment text messages lacking clear location details • Ongoing exploration of mutual aid solutions for ultrasound diagnostics across Cheshire and Merseyside
<p>Waiting areas</p>	<p>The phlebotomy waiting area was</p>

	<p>observed to be clean, bright, and well-maintained, with eight patients waiting at the time of the visit. All patients had scheduled appointments, and staff confirmed that the WASP system is functioning effectively. A dedicated children’s waiting area is also available.</p>
<p>Noticeboards</p>	<p>Noticeboards in the main reception area were well-organised and up to date. The audiology department noticeboard was not in use at the time due to a lack of active clinics.</p>
<p>Tour and staff engagement</p>	<p>A guided tour of the facility was provided.</p> <p>Notable services and observations include:</p> <ul style="list-style-type: none"> • Ultrasound and audiology services were among the first in the country to be delivered in a community setting • AI-supported dermatology clinics are highly effective, offering a “one-stop” treatment model • Dermatology clinics currently operate only two days per week due to staffing limitations, with additional services provided from the Wolves Clinic <p>Although demand could support increased activity, current service levels meet the national six-week target in dermatology for example, it requires a balance between expansion and investment.</p> <p>A plethysmography unit, reportedly the only one located within a retail-based setting nationally, is available on-site. The equipment cost approximately £110,000 but is not used daily, indicating potential for expanded use, including private patient services.</p> <p>Discussion with staff in the sleep apnoea</p>

	<p>clinic (operating Tuesday and Wednesday) highlighted significant delays:</p> <ul style="list-style-type: none"> • Waiting times for CPAP machines are approximately 52 weeks • Delays are primarily due to staffing shortages, particularly the requirement for consultant review of results <p>Potential improvements include:</p> <ul style="list-style-type: none"> • Introduction of AI-supported diagnostics for sleep apnoea • Expanded roles for nurse specialists, supported by recent training initiatives
<p>Summary of visit</p>	<p>Halton Health Hub is a high-quality, modern healthcare facility with strong patient satisfaction and excellent accessibility. However, its full potential is not being realised due to workforce limitations and fragmented IT systems.</p> <p>Key opportunities identified include:</p> <ul style="list-style-type: none"> • Increasing utilisation by consolidating services from other sites • Streamlining IT systems to improve staff efficiency • Expanding clinic availability where demand exists • Exploring innovative solutions such as AI integration and private service use for underutilised equipment <p>Addressing staffing constraints will be critical to unlocking the full value of this strategically important community healthcare asset.</p>

SERVICE VISIT REPORT

SERVICE LOCATION:

Drive Ability North West

St Helens

DATE: REPORT:

Service Location & Address	Drive Ability North West 193 Newton Road St Helens WA9 2JR
Team Leader/Manager	Matt Bryers Operational Manager
Date and time of visit	3 pm 28 April 2026
Governor attendance	Sue Fitzpatrick (lead Governor)
Non-Executive Director attendance	Andy Carter – (Chair)
Facility Condition	<p>Drive Ability North West operates from a modern, well-maintained facility shared with St Helens wheelchair services. The site is well-equipped and welcoming, staffed by 13 driving ability specialists and 3 wheelchair staff. A £220,000 investment was made to bring the facility up to standard, offset by a three-year rent-free agreement. The service forms part of a wider network of hubs across the North West, including Fleetwood, Preston, Accrington, and Liverpool, and is one of only three NHS-funded services</p> <p>The team have applied to WHH charity for some seating for the outside space.</p>
Staff Feedback – staff issues and general feedback	The team consists of occupational therapists and approved driving instructors who support individuals with disabilities,

	<p>medical conditions, or age-related challenges to maintain or regain independence through driving. Staff reported high levels of job satisfaction and demonstrated strong team cohesion. The service plays a vital role in promoting independence and reducing reliance on hospital-based care.</p> <p>Over the past 12-15 months, the service has strengthened links with key organisations, including The Walton Centre, Preston Specialist Rehabilitation Centre, regional spinal services, and emergency services. However, there is currently no formalised integration pathway or policy, with progress largely driven by individual initiative. Further work is required to define the service's position within the CBU model and to strengthen system-wide connectivity, potentially drawing on models such as the Newcastle connection of services. The key message ...keeping patients away from hospitals by maintaining their independence through driving. The also have ADI in the community.</p>
<p>Waiting areas</p>	<p>The waiting areas are clean, modern, and well-maintained, with a covered outdoor space that allows demonstrations in all weather conditions</p>
<p>Noticeboards</p>	<p>Noticeboards are up to date and highlight service impact, including support provided to 1,023 individuals this year and £52,000 raised. The team also provides signposting to additional services where appropriate.</p>
<p>Tour and staff engagement</p>	<p>The facility promotes collaborative working, with hot-desking arrangements supporting teamwork. A key strength is the breadth of partnerships and community integration. Staff highlighted administrative workload, particularly report writing, as an area where digital or AI solutions could improve efficiency and</p>

	<p>increase patient-facing time.</p> <p>The team is recognised as innovative but would benefit from additional funding and protected time to attend training, conferences, and professional development opportunities. A rotational programme for Band 5 occupational therapists (5–6 months) was identified as a valuable initiative to broaden skills and support workforce development, particularly if expanded across community and acute settings.</p>
Summary of visit	<p>Drive Ability North West is a well-led, high-performing service with modern facilities, a motivated workforce, and strong community links. It plays a critical role in supporting independence and reducing healthcare demand. Key opportunities for development include formalising integration pathways, clarifying its role within the wider healthcare model, and investing in workforce development and digital solutions to enhance efficiency and service capacity.</p>

Council of Governors

Agenda reference:	COG/26/05/011			
Subject:	Membership Strategy Q4			
Date of meeting:	12 May 2026			
Action required:	To note			
Author(s):	Emily Kelso, Head of Corporate Governance and Gina Coldrick, Corporate Information Specialist			
Executive director sponsor:	Andy Carter, Chair			
Equality considerations: (please select as appropriate)	Please indicate who is impacted by the equality considerations:	Patients	Workforce	Public
		✓		✓
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	Yes	No	N/A
				✓
Further information / comments:				
Executive summary:	<p>This report updates on activity against the three strategic objectives of the Trusts Memberships strategy, and the priorities agreed against each of these objectives:</p> <p>Strategic Objective 1: High Quality Information Provision of high-quality Information to members to provide them with the knowledge they need to understand the offer of membership and to be ambassadors for the Trust.</p> <p>Strategic Objective 2: Inclusivity Ensure our membership is reflective of the different people and communities, we serve, with a focus on attracting younger members and those from groups that are currently underrepresented.</p> <p>Strategic Objective 3: Sustainability Taking meaningful steps so we can make sure that we are promoting sustainability in all membership</p>			

	communications and activities. The report consists of: <ul style="list-style-type: none"> • Overview of Q4 activity • Details of engagement plans for 2026/27. 		
Purpose: (please select as appropriate)	To approve	To note ✓	Decision
Recommendation:			
Previously considered by:	Committee	Governor Engagement Group	
	Agenda reference	GEG/26/04/05	
	Date of meeting	30 April 2026	
	Summary of outcome	Noted	
Next steps: state whether this report needs to be referred to at another meeting or requires additional monitoring	<i>none</i>		
Freedom of information status (foia):	Release Document in Full		
Freedom of information exemptions applied (if relevant):	None		



North Cheshire and Mersey
NHS Foundation Trust

Membership Strategy Update

Q4

2025/26



Strategic Objective 1: High Quality Information (1)

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

Priorities	Activities in Quarter 4	Expected Completion
Educate current and prospective members on the membership offer at WHH.	<ul style="list-style-type: none"> Members Newsletters – March edition was circulated Monday 2 March 2026, with a 40% open rate. Next one Tuesday 5 May 2026. Engagement stand dates agreed with governors to support. Space has been booked across sites to engage with and recruit new members. Each took place after Governor Engagement Group meetings, the last one was at Birchwood Shopping Centre, 29 January 2026. Welcome letter – to go to members who join and then will be issued monthly to capture all new members who join between newsletters. Issued to new members at the end of each month. 	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>
Reinforcing the various ways members can contribute their views, thoughts and ideas to help shape WHH and showcasing what the Trust is doing in response to the feedback received.	<ul style="list-style-type: none"> Members Newsletter – Next edition will be circulated on Tuesday 5 May 2026 Experts by Experience (EbyE) programme is promoted via member newsletters. Governors have attended the following EbyE events: <ul style="list-style-type: none"> 20 January 2026 - EbyE and Gov session, Warrington Hospital, main entrance toilet refurbishment: Helen Bennett, Sue Fitzpatrick, Catherine Ardern, Dorcas Akeju 21 January 2026 - EbyE and Gov feedback, surgery school video storyboard and script: Helen Bennett and Maureen McLaughlin (Partner Gov) January - Governors took part in a survey to develop the branding and values of North Cheshire and Mersey NHS FT 29 January 2026 - Governor outreach, Birchwood Shopping Centre: Sue Fitzpatrick and Helen Bennett 26 March 2026 - EbyE and Gov session, Warrington Hospital, Ward A8 refurbishment and designs: Sue Fitzpatrick 	<p>Ongoing</p> <p>Ongoing</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p>



Strategic Objective 1: High Quality Information (2)

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

Priorities	Activities in Quarter 4	Expected Completion
Keep members and partners updated on developments at WHH plus the activity of the Council of Governors so that we can promote engagement and also attract new members.	<ul style="list-style-type: none"> Members Newsletter provides details on upcoming Trust and community events. Engagement stands (as on previous slide). As mentioned above new members updates issued via Civica as and when required Update on new Trust name was sent via Civica – 1 April 2026 	5 May 2026 Ongoing Ongoing Complete
Retention of active members and recruitment of new Members.	<ul style="list-style-type: none"> Governor engagement and recruitment stands (as above) Local community and internal WHH engagement events being utilised to recruit new members and engage with current members. 	Ongoing Ongoing
Development of suitable Induction Training for newly elected Governors & Development Training for current Governors	<ul style="list-style-type: none"> Adhoc visits to departments/areas after GEGiC dependent on time. 	Ongoing
Governors Development Day	Welcome to new governors and an introduction to WHH and the role of governor	Complete



Strategic Objective 2: Inclusivity

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

Priorities	Activities in Quarter 4	Expected Completion
Focusing on reaching out to the target groups which are underrepresented such as under 35's, public male members as well as those in ethnic minority groups.	<ul style="list-style-type: none"> Upcoming engagement events to be utilised to recruit members from underrepresented groups. Recruitment/engagement packs produced for governors to support recruitment events - including a limited number of paper membership forms, QR leaflets to complete membership in own time, an iPad for online applications, Governor Handbooks, NHS Feedback Forms produced, to ask questions: In a sentence, tell us of a time when the NHS made a difference to you; Tell us 3 words you would use to describe the NHS; Tell us your 3 top priorities to help improve patient experience. Rota has been devised for Governors to attend upcoming Engagement Events (see slide 5). Governors invited to attend. 	Ongoing Ongoing
Simplifying our communications so that the message is clear and accessible.	<ul style="list-style-type: none"> Civica Engage is being used with new Trust branding to circulate members newsletters. Members updates via Civica Engage – plans to send out updates on integration between WHH and BCH as required following briefing from the Communications Team Welcome letter to new members via Civica Engage – informing them of the benefits of being a member and links to important information on the WHH website 	Ongoing Ongoing



Strategic Objective 3: Sustainability

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

Priorities	Activities in Quarter 4	Expected Completion
Being environmentally conscious in production of our marketing material.	<ul style="list-style-type: none"> Membership stands will primarily use digital membership application rather than paper forms. QR codes will be used to direct members to the Governor Handbook available on the Trust website, very few hard copies will be made available. 	Ongoing Ongoing
Playing an active role in contributions to the sustainability agenda at WHH.	<p>Reduced printing</p> <ul style="list-style-type: none"> Members Newsletter now circulated via email only December newsletter achieved an open rate of 35% was achieved All future Governor elections communications including voting to be electronic unless specifically requested to be via post. All new members are asked to add their email address via the application form; engagement stands will encourage current members to provide their email addresses if we do not have on file. 	Ongoing Ongoing Ongoing
Carrying out a database cleanse to Improve the quality of the data we hold for public members, retaining active members only and recruit new members particularly from underrepresented groups.	<ul style="list-style-type: none"> The Trust currently has 3,110 active members (a reduction from 9,940 - 31 March 2023). Membership figures alter throughout the year, with new joiners and leavers. Recent developments email to all WHH Volunteers 2 February 2026 and BCH members (1494) on 27 February 2026. This saw 62 new members join. 	Ongoing



Governor engagement activities – Q4



**Governors Development
Day –
22 January 2026**



**Membership Stand at Birchwood
Shopping Centre –
29 January 2026**



Forthcoming Engagement Events: 2025/2026 into 2026/2027

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



Council of Governors

Agenda reference:	COG/26/05/012			
Subject:	Communications and engagement update report			
Date of meeting:	12 May 2026			
Action required:	N/A			
Author(s):	Mike Baker, Head of Communications and Engagement and Esstta Griffiths, Engagement and Involvement Officer			
Link to strategic aim:	3. SUSTAINABILITY - We will work in partnership with others to achieve social and economic wellbeing in our communities and improve equity in health outcomes			
Executive director sponsor:	Kate Henry, Director of Communications and Engagement			
Equality considerations: (please select as appropriate)	Please indicate who is impacted by the equality considerations:	Patients	Workforce	Public
		✓		✓
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	Yes	No	N/A
		✓		
	Further Information / Comments:			
Executive summary:	<p>This report provides an update on future planned activity for communications, engagement and involvement by North Cheshire and Mersey NHS Foundation Trust.</p> <p>Key highlights from the report include:</p> <ul style="list-style-type: none"> Workstream priorities Clinical pathway updates PPRG areas of future focus Forthcoming community events 			
Purpose: (please select as appropriate)	Approval	To note ✓	Decision	

The agenda and minutes of this meeting may be made available to public and persons outside of NHS North Cheshire and Mersey NHS Foundation Trust as part of the Trust's compliance with the Freedom of Information Act 2000.

Recommendation:	The CoG is asked to note the contents of this update on communications and engagement activity during the reporting period.	
Previously considered by:	Committee	Governor Engagement Group
	Agenda Ref.	GEG/26/04/07
	Date of meeting	30 April 2026
	Summary of Outcome	N/A
Next steps: state whether this report needs to be referred to at another meeting or requires additional monitoring	None	
Freedom of information status (foia):	Release document in full	
Freedom of information exemptions applied: (if relevant)	None	



North Cheshire and Mersey
NHS Foundation Trust

Communications and engagement update

Council of Governors (CoG)

Tuesday 12 May 2026



Better Care Together – phase 2

Workstream priorities: Communications and engagement

Purpose

We will deliver a clear, joined-up communications and engagement approach that supports integration, builds trust in North Cheshire and Mersey NHS Foundation Trust (NCM) and improves staff, patient and public experience.

Areas of focus include:

1. a new communications and engagement strategy
2. brand and reputation management planning
3. enhanced internal / external communication and engagement
4. communications support for service integration and clinical transformation
5. patient, public and community engagement

Considerations:

While this work is resourced primarily within the Communications and Engagement Team, it is dependent on a clear organisational strategy, leadership engagement and close alignment with integration, transformation and clinical programmes

Key risks include:

- capacity pressures
- inconsistent application
- engagement fatigue



Better Care Together – priority clinical pathways

Pathway updates and areas of future focus

Infant feeding

We have concluded our infant feeding experience survey, which ran from 4 February to 31 March 2026. 181 pieces of feedback were collected in total, with overall mixed responses.

Community-based and infant feeding teams were a clear strength, offering reassuring, evidence-based support. Ward-based hospital support was unfortunately highlighted as inconsistent, due to capacity pressures and variable specialist knowledge. Differences across all services in staff training, information quality and communication affected parental confidence and wellbeing, leading many parents to seek online / peer support, which was highly valued.

Heart failure

This pathway is looking to:

- map current pathways
- establish shared referral criteria
- seek patient involvement and opinions on heart failure services and
- gather current experience data and service baseline info

Chronic pain management

This pathway is in its early stages and is beginning to:

- gather data and baseline info from friends and family tests (FFTs), complaints, compliments and service feedback
- explore engagement options for collecting patient feedback on the future of the service



Patient and Public Reference Group (PPRG)

Areas of future focus

PPRG meetings

- We're working with Engaging Communities Solutions (ECS), contract holders for Healthwatch Warrington and Healthwatch Halton, to plan next steps of engagement work around the integration programme.
- The PPRG co-ordinator role is now vacant – Healthwatch Warrington are looking to recruit for this role as soon as possible.
- Working with ECS, we are aiming to schedule a series of PPRG meetings, each focusing on priority pathways such as heart failure, chronic pain management and digital developments.
- Information will be shared with the GEG and other stakeholders when available.

The current contract ends in December 2026 – our engagement planning will follow this timeline.



Community engagement

- Home • Community • Hospital
- Caring for you

Upcoming community events

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



Contact

Communications and Engagement Department

Email: ncm.engagement@nhs.net

Tel: 01925 662835

• Home • Community • Hospital
Caring for you

Council of Governors

Agenda reference:	COG/26/05/013i			
Subject:	NCM Council of Governors - Terms of Reference - Cycle of Business			
Date of meeting:	12 May 2026			
Action required:	To note			
Author(s):	Emily Kelso, Head of corporate governance			
Executive director sponsor:	Andy Carter, Chair			
Equality considerations: (please select as appropriate)	Please indicate who is impacted by the equality considerations:	Patients	Workforce	Public
		✓	✓	✓
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	Yes	No	N/A
		✓	✓	✓
Further Information / Comments:				
Executive summary:	<p>Following the establishment of North Cheshire and Mersey NHS Foundation Trust, the Council of Governors (CoG) operates as a statutory body in accordance with the Trust's Constitution and the requirements set out in Schedule 7 of the National Health Service Act 2006 (as amended).</p> <p>In line with good governance practice, the Council of Governors is required to review and refresh its Terms of Reference (ToR) and Cycle of Business (CoB) on an annual basis to ensure these remain fit for purpose, constitutionally compliant, and supportive of the Council's statutory role and responsibilities.</p> <p>The proposed 2026/27 Terms of Reference and Cycle of Business have been updated to:</p>			

	<ul style="list-style-type: none"> ensure full alignment with the Constitution of North Cheshire and Mersey NHS Foundation Trust; avoid duplication by referring directly to relevant constitutional provisions where appropriate; and provide greater clarity and conciseness while maintaining fidelity to the statutory duties, powers and limitations of the Council of Governors. <p>No new powers or responsibilities have been introduced through these changes. The revisions are intended to clarify and rationalise existing arrangements and to ensure consistency with the Constitution.</p> <p>The refreshed Terms of Reference and Cycle of Business are attached at Appendices 1 and 2.</p>		
Purpose: (please select as appropriate)	Approval ✓	To note	Decision
Recommendation:	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> approve the refreshed Terms of Reference for the North Cheshire and Mersey Council of Governors; and approve the associated Cycle of Business for 2026/27. 		
Previously considered by:	Committee	Not Applicable	
	Agenda Ref.		
	Date of meeting		
	Summary of Outcome		
Next steps: state whether this report needs to be referred to at another meeting or requires additional monitoring	<p>Following approval, the updated Terms of Reference and Cycle of Business will take effect from 12 May 2026 and will be published alongside the Trust's governance documentation.</p> <p>All governors will be supported to familiarise themselves with the refreshed documents.</p>		
Freedom of information status (foia):	Release Document in Full		
Freedom of information exemptions applied: (if relevant)	None		

Terms of reference – Council of Governors

1. Purpose

The Council of Governors is a statutory body established under Schedule 7 of the National Health Service Act 2006 as amended by the Health & Social Care Act 2012 and operates in accordance with the **Constitution of North Cheshire and Mersey NHS Foundation Trust**.

The Council of Governors has two principal aims:

- To hold the **Non-Executive Directors, individually and collectively, to account for the performance of the Board of Directors**; and
- To represent the interests of members of the Trust as a whole and the interests of the public.

This Terms of Reference must be read alongside the Trust's Constitution and does not override any constitutional provision.

2. Authority and Status

The Council of Governors exercises only those powers explicitly conferred by:

- National Health Service Act 2026 (as amended); and
- The Trust's Constitution.

The Council of Governors may not exercise executive powers or become involved in the day-to-day management of the Trust.

The Council of Governors discharges its duties collectively through formal meetings. Only the **Council of Governors meeting as a whole**, and the **Nominations and Remuneration Committee (as a formal committee of the Council)**, have decision-making authority. All other forums, groups or engagement mechanisms are advisory.

3. Membership

The composition of the Council of Governors, including the number and categories of elected and appointed governors, is set out in **Annex 4 of the Constitution**.

The **Chair of the Trust (Chair of the Board of Directors)** presides at meetings of the Council of Governors in accordance with the Constitution and Standing Orders. In the absence of the Chair, the **Deputy Chair** acts in accordance with the Constitution.

4. Meetings

The Council of Governors will meet at least **four times per year**.

Meetings shall be conducted in accordance with:

- The Constitution; and
- The **Standing Orders for the Practice and Procedure of the Council of Governors (Annex 7)**.

Meetings of the Council of Governors shall be held in public, except where the Council resolves to exclude the public for special reasons, as permitted by the Constitution.

5. Quorum

The quorum for meetings of the Council of Governors is as set out in the Constitution:

- At least **one-third of all governors** must be present; and
- At least **five elected governors** must be present.

Where a governor is excluded from discussion or voting due to a declared conflict of interest, they shall not count towards the quorum for that item.

6. Core Duties and Responsibilities

The Council of Governors shall discharge the following duties, strictly in accordance with the Constitution.

6.1 Holding Non-Executive Directors to Account

- Hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors.

- Agree and maintain appropriate processes and dialogue with the Board to enable effective challenge and assurance.
- Require one or more directors to attend meetings to provide information where necessary, as a last resort.

6.2 Appointments, Remuneration and Audit

- Appoint and, where appropriate, remove the Chair and other Non-Executive Directors.
- Decide the remuneration, allowances and other terms and conditions of office of the Chair and Non-Executive Directors.
- Appoint or remove the Trust's external auditor and approve the auditor's terms of engagement.
- Approve the appointment of the Chief Executive (other than the initial appointment).

All such functions shall be exercised in accordance with the Constitution and the recommendations of the Council of Governors' Nominations and Remuneration Committee.

6.3 Constitution and Regulatory Oversight

- Jointly approve amendments to the Trust's Constitution with the Board of Directors, in accordance with constitutional requirements.
- Present amendments affecting the role or powers of the Council of Governors to Members at the Annual Members' Meeting where required.
- Notify NHS England, via the Lead Governor, where the Council has unresolved concerns that the Trust may be failing to comply with its licence or statutory obligations.

6.4 Strategy, Planning and Significant Transactions

- Provide advice and feedback to the Board on the Trust's strategic direction and forward plans.
- Determine whether proposed non-NHS income-generating activity would interfere with the Trust's principal purpose and notify the Board accordingly.
- Approve increases of 5% or more in non-NHS income.
- Approve or reject proposals for mergers, acquisitions, separations, dissolutions or significant transactions, as defined in the Constitution.

6.5 Representing Members and the Public

- Represent the interests of Trust members and the public.
- Approve and oversee the Membership Strategy.
- Engage with members, patients, the public and partner organisations.
- Act as ambassadors for the Trust and promote membership.
- Report annually on the performance and effectiveness of the Council of Governors.

7. Governor Conduct, Skills and Development

Governors shall:

- Comply with the Trust's **Code of Conduct for Governors** and the Nolan Principles;
- Declare and manage conflicts of interest in accordance with the Constitution;
- Participate in induction, development and training as set out in the Membership Strategy;
- Act collectively, constructively and in the best interests of the Trust.

The Trust shall take steps to ensure governors are equipped with the skills and knowledge required to fulfil their role.

8. Committees and Working Groups

The Council of Governors shall establish:

- A **Nominations and Remuneration Committee**; and
- Such other committees or task-and-finish working groups as required.

Committees operate under approved Terms of Reference and may not exercise powers beyond those delegated by the Council in accordance with the Constitution.

9. Attendance and Removal

Governors are expected to meet attendance requirements (75% of meetings) as set out in the Constitution.

Removal, suspension or disqualification of governors shall be dealt with strictly in accordance with the Constitution and its annexes.

10. Administrative Support

The Council of Governors shall be supported by the Company Secretary and Corporate Governance team, who will:

- Agree agendas with the Chair;
- Produce and circulate papers;
- Maintain records, action logs and registers.

11. Review

These Terms of Reference shall be reviewed **annually** to ensure ongoing compliance with legislation, the Constitution and best practice.

Terms of reference revision tracker

Name of committee:	Council of Governors
Version:	V1 NCM
Implementation date:	15 May 2026
Review date:	15 May 2027
Approved by:	Council of Governors
Approval date:	15 May 2026 - TBC

Revisions			
Date	Section	Reason on change	Approved

Terms of reference obsolete		
Date	Reason	Approved by:
15 May 2025	<p>This revised Council of Governors Terms of Reference (ToR) has been updated to ensure full alignment with the duties, powers and responsibilities of Governors as set out in the Constitution of North Cheshire and Mersey NHS Foundation Trust (effective 1 April 2026), in particular:</p> <ul style="list-style-type: none"> • Paragraphs 18–19 of the Constitution (Council of Governors – duties and meetings) • Annex 6 – Additional Provisions (Roles, Responsibilities and Conduct of Governors) • Paragraphs 28, 30, 31, 37, 42, 45, 49 of the Constitution (appointments, remuneration, auditor, forward plan, non-NHS income and significant transactions) <p>No duties have been added or removed beyond those conferred in the Constitution; wording has been clarified, strengthened or rationalised to avoid duplication, inconsistency, or ambiguity.</p>	TBC CoG 15 May 2026



North Cheshire and Mersey

NHS Foundation Trust

NCM Council of Governors Cycle of Business 2026/27						
	Lead	May-26	Aug-26	AMM 09/10/2026	Nov-26	Feb-27
OPENING						
Chair's Opening Remarks & Welcome	Chair	X	X		X	X
Apologies & Declarations of Interest	Chair	X	X		X	X
Minutes of Previous Meeting	Chair	X	X		X	X
Action Log	Chair	X	X		X	X
GOVERNOR BUSINESS						
Lead Governor Update	Lead Governor	X	X		X	X
Items Requested by Governors - Governor Questions	Lead Governor	X	X		X	X
Annual Appraisal of Non-Executive Directors	Lead Governor		X			
Annual Appraisal of Trust Chairman	Lead Governor		X			
GNARC Ratification of NED Appointments (as required)	Lead Governor					
Governor Engagement Group - Chair's Report	Chair GEG	X	X		X	X
Board Committee Observations, Trust Board/SPC/CFC/Audit/FSPC/QSAC/ Board Committee Assurance Reports	Nominated Govs	X	X		X	X
	NEDs	X	X		X	X
Membership Strategy Progress Quarterly Report	Head of Corporate Governance	Q4	Q1		Q2	Q3
Governor Engagement Group Terms of Reference & Cycle of Business	Chair GEG	X CoB & ToR				
TRUST BUSINESS						
Chief Executives Report	CEO	X	X		X	X
Chair's Update	Chair (V)	X	X		X	X
Trust Operational Plan	CFO	X				
Annual Reports & Accounts including Auditors Letter and Report on Quality Account	GT Auditors		X			

Quality Account	Deputy Chief Nurse Director of Clinical Governance		X			
Communications & Engagement Update	Dir Comms & Engagement	X	X	X	X	X
Bi-monthly Strategy Programme Highlight Report	Chief Strategy & Partnerships Officer	X	X	X	X	X
GOVERNANCE						
Council of Governors Cycle of Business + ToR	Company Secretary	X				
Appointment of External Auditors (as required)	Company Secretary					
Compliance Trust Provider Licence (bi-annually)	Company Secretary				X	
Elections Activity Bi-Annual Report : Vacancies & Governors Terms of Office as rq'd	Company Secretary		X		X	
Governor Training & Development Programme	Company Secretary	X				
Audit Committee Chairs Annual Report & review of Audit Committee Terms of Reference	Chair Audit Cte				X	
Annual Council of Governors Effectiveness Survey	Company Secretary				X	
Fit and Proper Person Requirements for Board members - Compliance Report (Audit Committee in June)	Company Secretary		X			
Lead Governor role (every two years, last done Feb 2024)	Company Secretary					
SUPPLEMENTARY PAPERS						
Workforce Race Equality Standard (WRES) Update (legislative requirement) & WDES Workforce Disability Equality Standard - 6 month update report	Chief People Officer	X				
WHH People Strategy Bi-annual Update (s)	Chief People Officer		X		X	
Learning From Experience Update	Chief Nurse	X Q3	X Q4		X Q1	X Q2
OTHER BUSINESS / CLOSING						
Annual Members Meeting	Company Secretary			X		

Council of Governors

Agenda reference:	COG/26/05/14ii			
Subject:	North Cheshire and Mersey - Governor Engagement Group - Terms of Reference, and - Cycle of Business			
Date of meeting:	12 May 2026			
Action required:	To approve			
Author(s):	Emily Kelso, Head of Corporate Governance			
Executive director sponsor:	Andy Carter, Chair			
Equality considerations: (please select as appropriate)				
	Please indicate who is impacted by the equality considerations:	Patients	Workforce	Public
		✓		✓
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	Yes	No	N/A
				✓
Further information / comments:				
Executive summary:	<p>Following the successful acquisition of Bridgewater Community Healthcare NHS Foundation Trust and Warrington and Halton Teaching Hospitals NHS Foundation Trust, the North Cheshire and Mersey (NCM) Governor Engagement Group (GEG) has been formally established.</p> <p>The Governor Engagement Group supports the Council of Governors by considering matters relating to foundation trust membership and the Trust's approach to communication, engagement and involvement. In delivering this role, the Group has regard to the interests of public and staff members, patients and wider stakeholders, and acts on behalf of the Council of Governors.</p> <p>In line with good governance practice, the Governor Engagement Group is required to review and refresh</p>			

	<p>its Terms of Reference and Cycle of Business on an annual basis to ensure that these remain fit for purpose and continue to support the effective discharge of its responsibilities.</p> <p>Proposed refreshed versions of the Terms of Reference and Cycle of Business are set out in Appendices 1 and 2 respectively.</p> <p>The Council of Governors is asked to approve the refreshed Terms of Reference and Cycle of Business for the North Cheshire and Mersey Governor Engagement Group as supported by the NCM Governor Engagement Group at its meeting – 30 April 2026.</p>		
Purpose: (please select as appropriate)	To approve ✓	To note	Decision
Recommendation:	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> • review and approve the refreshed Terms of Reference and Cycle of Business for the North Cheshire and Mersey (NCM) Governor Engagement Group; and 		
Previously considered by:	Committee	Not Applicable	
	Agenda reference		
	Date of meeting		
	Summary of outcome		
Next steps: state whether this report needs to be referred to at another meeting or requires additional monitoring	<i>none</i>		
Freedom of information status (foia):	Release Document in Full		
Freedom of information exemptions applied (if relevant):	None		

Governor Engagement Group Terms of Reference

The Council of Governors of North Cheshire and Mersey NHS FT (NCM) have established a sub-group of the Council of Governors, known as the Governor Engagement Group (hereinafter referred to as ‘the GEG’).

1. Purpose

The GEG is established to consider matters relating to foundation trust membership and aspects of communications, engagement and involvement, having regard to the interests of its public and staff members, patients and stakeholders on behalf of the Council of Governors.

- 1.1** Agree the Cycle of Business with key priorities identified.
- 1.1** Receive Communications and Engagement Updates
- 1.2** Consider the content of the Annual Report(s) relating to membership and advise the Council of Governors accordingly.
- 1.3** Develop the Trust’s Membership Strategy which will be presented to the Council of Governors and the Trust Board for approval.
- 1.4** Monitor the implementation of the Membership Strategy and report on progress to the Council of Governors
- 1.5** Support membership recruitment initiatives as and when appropriate with regard to ensuring that the foundation trust membership profile is representative of the patient populations served by the trusts to ensure that inequalities are addressed.
- 1.6** Consider and recommend initiatives to facilitate effective engagement and involvement between governors, members, patients and the wider public to enable stakeholders’ views to be heard.

Date:

Approved:

Review date:

1.7 Input to Trust e-newsletters for foundation trust membership ensuring that items of interest and relevance to members and the public, on Trust developments are featured, including ways that members of the public / patients / carers can get involved.

1.8 Carry out such other engagement functions as delegated by the Council of Governors

2 Frequency of and Accountability

2.1 The GEG will meet four times per year as a minimum

2.2 The GEG will report to the Council of Governors.

2.3 The GEG will evaluate its own membership and review the effectiveness and performance of the group on an annual basis.

2.4 The GEG will review its Terms of Reference annually and recommend any changes to the Council of Governors for approval.

3 Membership and Quorum

3.1 The Group shall be comprised of at least five governors (staff or public or appointed)

3.2 The Group will elect a chair to serve for a period of three years or the remainder of their term of office, whichever is shorter.

3.3 In the event that the chair is not present, the members present will nominate one member to chair the meeting.

3.4 The following staff members of the Trust shall routinely attend meetings to report to and advise the GEGiC accordingly:

- Head of Communications and Engagement
- Head of Corporate Governance
- Engagement and Involvement Officer
- Corporate Information Specialist

3.5 No business shall be transacted unless at least three members are present

4 Administrative Arrangements

4.1 The GEG is supported by the Corporate Governance Team

4.2 An annual schedule of meetings will be circulated to the Council of Governors during Q4 of the previous year.

4.3 The agenda will be agreed in advance with the GEG chair, ensuring that items identified on the Cycle of Business and actions are brought forward in a timely manner.

4.4 Action notes from the meetings shall be taken by Corporate Governance team members and checked by the chair before submission for agreement at the next meeting.

4.5 A summary report of the meeting shall be made to the Council of Governors by the GEG Chair

4.6s

Terms of reference revision tracker

Name of committee:	Governor Engagement Group
Version:	1.1
Implementation date:	1 April 2026
Review date:	1 April 2027
Approved by:	Truist Board and Council of Governors
Approval date:	TBC

Revisions			
Date	Section	Reason on change	Approved
1 April 2026	all	Reference to GEG instead of GEGiC following the successful acquisition of BCH by WHH to form NCM	

Terms of reference obsolete		
Date	Reason	Approved by:
GEGiC	Successful acquisition of BCM by WHH to form NCM	

Governor Engagement Group in Common – Cycle of Business 2026/2027

Agenda Item	Lead	APRIL 26	AUG 26	NOV 25	FEB 27
Welcome, Apologies, Introductions & Declarations of Interest	Chair	X	X	X	X
Actions and notes from previous meeting	Corp G / C&E	X	X	X	X
Membership Strategy Updated NCM	Head of Corporate Governance			X	
Membership Strategy Implementation and Progress Report (WHH)	Head of Corporate Governance, Corporate Information Specialist	Q4	Q1	Q2	Q3
NCM Members Newsletter Content	Corporate Information Specialist (WHH)	X	X	X	X
Comms and Engagement Update	Head of Communications and Engagement	X	X	Q2	X
Governor Constituency Meetings – Outputs Reports	Governors	X	X	X	X
Updates from Trust Groups and Sub Committees - Wayfinding and First Impressions Group - Patient Experience and Inclusion Sub-Committee' - Nutrition & Hydration Steering Group - BCH groups and sub-Committees (BEG)	Governors	X	X	X	X
Annual Report 2025/26 Content Review - WHH	Head of Corporate Governance	X			
Annual Members Meeting Planning and Content Review	Head of Corporate Governance		X		
Governor Elections – Comms Planning	Head of Corporate Governance		X		
Governor Elections – Progress Update	Head of Corporate Governance		X	X	
Annual Review of Governor Handbook	Corporate Information Specialist		X		
Review of the Governor Engagement Group in Common Effectiveness	Head of Corporate Governance				X
Terms of Reference Review	Head of Corporate Governance	X			
Cycle of Business	Head of Corporate Governance	X			

Council of Governors

Agenda reference:	COG/26/05/014			
Subject:	Governor Training and Development Programme			
Date of meeting:	12 May 2026			
Action required:	To note			
Author(s):	Emily Kelso, Head of corporate governance			
Executive director sponsor:	Andy Carter, Chair			
Equality considerations: (please select as appropriate)	Please indicate who is impacted by the equality considerations:	Patients	Workforce	Public
				✓
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	Yes	No	N/A
			✓	
Further Information / Comments:				
Executive summary:	<p>NHS FTs are required to make annual self-certification declarations to NHS England (NHSE) that they can meet the obligations set out in the NHS provider licence. This license includes requirements to comply with the NHS Act and Constitution, and with governance requirements.</p> <p>Four self-certifications are required including one in relation to the corporate governance statement FT4 (which is around systems and processes for good governance).</p> <p>As part of the overall corporate governance statement the Board must review whether Governors have received the appropriate training and guidance to carry out their roles:</p> <p>This paper provides evidence of the training and</p>			

	development opportunities provided to equip Governors with the skills and knowledge needed to undertake their role.		
Purpose: (please select as appropriate)	Approval	To note ✓	Decision
Recommendation:	Governors are asked to: <ul style="list-style-type: none"> • Note the Governor training and development which has taken place throughout 2025/26 • Discuss and suggest future training and development requirements/preferences to be include in the 2026/27 programme. 		
Previously considered by:	Committee	Not Applicable	
	Agenda Ref.		
	Date of meeting		
	Summary of Outcome		
Next steps: state whether this report needs to be referred to at another meeting or requires additional monitoring	None		
Freedom of information status (foia):	Release Document in Full		
Freedom of information exemptions applied: (if relevant)	None		

1. Background/context

NHS FTs are required to make annual self-certification declarations to NHS England (NHSE) that they can meet the obligations set out in the NHS provider licence. This license includes requirements to comply with the NHS Act and Constitution, and with governance requirements.

Four self-certifications are required including one in relation to the corporate governance statement FT4 (which is around systems and processes for good governance).

As part of the overall corporate governance statement the Board must review whether Governors have received the appropriate training and guidance to carry out their roles:

The Board is satisfied that during the financial year most recently ended the Trust has provided the necessary training to its Governors as required in s151(5) of the Health and Social Care Act to ensure they are equipped with the skills and knowledge they need to undertake their role.

The FT4 declaration is signed by the Chair and CEO on behalf of the Board of Directors and having regard to the views of Governors.

Throughout 2025/26, a significant focus of Governor training and development was on equipping Governors with the knowledge, skills and confidence required to effectively discharge their statutory duties in relation to the acquisition of Bridgewater Community Healthcare by Warrington and Halton Teaching Hospitals NHS Foundation Trust. This included targeted briefings, development sessions and engagement activity designed to support Governors in understanding their statutory role.

This paper provides evidence of the training and development opportunities made available during the year to ensure Governors were appropriately equipped to fulfil their role.

2. Key elements

2.1 Training skills and knowledge development opportunities made available to WHH Governors during 2025/26

Governors at WHH are supported in discharging their responsibilities through training and development delivered by the Trust. Opportunities for external training and networking are also provided to Governors on a regular basis and are factored into the training and development programme.

2.2 Governor Focus Conference 5 June 2025 - facilitated digitally via Zoom

Three of the Trust's governors attended the NHS Providers Governor Focus Conference 2026, held during Volunteers Week, which brought together over 270 governors from more than 110 NHS foundation trusts. The conference provided

development aligned to the statutory role of governors, opportunities to share good practice, and national policy insight relevant to councils of governors.

The conference was opened by Paul Devlin, Chair of Nottinghamshire Healthcare NHS Foundation Trust, who emphasised the importance of the governor role within the NHS governance framework. A national policy update was delivered by Saffron Cordery, Deputy Chief Executive of NHS Providers, focusing on the key challenges facing governors, including the implications of the emerging 10-Year Health Plan, ongoing NHS pressures, and the need for social care reform, within the context of governors' responsibilities to hold non-executive directors to account and represent members and the public.

A panel session highlighted the contribution of foundation trust governors and volunteers, including the value of youth voice in governance, the organisational benefits of volunteer engagement, and the role of governors in supporting effective and accountable leadership.

The conference also showcased good practice, including the development of Youth Councils to strengthen engagement with younger populations and the use of Governor Dashboards to provide tailored information to support governors in their accountability role. Facilitated small group discussions enabled peer learning and sharing of experiences, with delegates reporting increased confidence, connectivity and reassurance regarding shared challenges across the sector.

2.3 WHH Governor Induction Day – 9 January 2025

Took place at Bridgewater Headquarters, Spencer House. Led by the Chair, Lead Governor and Company Secretary to welcome newly appointed Governors to their new role and provide training on the responsibilities and duties of NHS FT Governors. Existing Governors were also invited to attend to receive refresher training, invitations were extended to Bridgewater Community Healthcare NHS FT governors.

Training topics covered included:

- Introduction to the Board
- WHH Vision, Values and Aims
- Partnership Working - ICS
- An Introduction to Foundation Trusts
- The Role of the Board of Directors
- The Trust's Governance Structure
- Integration with Bridgewater Community Healthcare NHS FT The journey so far
- The role of the Council of Governors
- Role of the Lead Governor & Deputy Lead Governor

2.4 Governor Development Day – 10 July 2025

Governors took part in a development session to enhance their knowledge and skills in areas requested by Governors throughout the year. The training topics covered were:

- **Refresh Governors Duties and Responsibilities**, Head of Corporate Governance
- **Research at WHH**, Associate Director of Research, Development and Innovation, System Update, Head of Research, Development & Innovation, Clinical Research Fellow
- **Digital Strategy Update**, Chief Information Officer, Deputy Chief Information Officer
- **NHS Foundation Trust Finance – Interpreting the Numbers**, Jane Hurst, Chief Finance Officer
- A Warrington Hospital Site Tour was also facilitated and led by Gina Coldrick, Corporate Information Specialist, with presentations from departmental leads. The areas visited included Pharmacy, Pathology, Kitchens, Outpatients, Charity, Maternity and Same Day Emergency Care (SDEC).

2.5 Chairs Briefings

The Chair's briefings take place monthly via MS Teams on those months where a Council of Governors meeting is not scheduled. Non-Executive Directors are invited to attend the briefings.

The briefings cover a range of topics identified by the Chair as well and in response to Governor queries to support them in understanding their role in the changing environment and context within which the Trust is operating, particularly in respect of collaborative working and the Integrated Care System. Governors have the opportunity to raise questions at each briefing.

A number of Chairs' briefing sessions were also used to provide governors with focused information on **key topics**, including:

- **18 September 2025**
Development of the Organisational Strategy - presented by Lucy Gardner, Chief Strategy and Partnerships Officer
Governors were presented with an overview of the approach to developing the integrated organisation's overarching strategy. The session set out the strategic context for integration, the phased approach to organisational strategy development, and the proposed mission, vision, aims and strategic objectives. It also highlighted plans for staff and stakeholder engagement, particularly in relation to the development of organisational values, and outlined the suite of strategic documents to be developed and their timelines to support the Full Business Case and longer-term strategic planning.
- **18 December 2025**

Culture Plan - presented by Adam Harrison Moran, Associate Chief People Officer

Governors received a presentation, on the Culture Plan and its role in shaping a positive workforce experience within the organisation. The session outlined the intelligence used to understand organisational culture, including staff survey data, workforce metrics and people-related intelligence, and described the phased approach to improving culture at organisational and team level. It also highlighted the development of Culture Champions, the use of targeted interventions to support teams, and the Culture Plan's role in supporting integration through the Better Care Together programme and the joint culture plan for the integrated organisation.

- **18 December 2025**

Better Care Together Integration: Transaction update, next steps and governors' role and engagement - presented by Lucy Gardner, Chief Strategy and Partnerships Officer

As part of the Trust's Governor training and development programme, Governors received a detailed briefing on the Better Care Together transaction, including progress to date, next steps and the statutory role of Governors in the transaction process. The session covered the strategic case for integration, the Full Business Case and associated assurance processes, and the timeline towards transaction completion. It also provided clarity on Governors' responsibilities under Schedule 7 of the NHS Act 2006, including their role in holding the Board to account, approving the transaction application and contributing to the development of the new Trust constitution. The briefing supported Governors to understand their decision-making responsibilities and future involvement in shaping the governance arrangements of the enlarged organisation.

- **19 March 2026**

Quality Priorities- presented by Tracy Fennell, Deputy Chief Nurse

Governors took part in a session on the proposed Joint Annual Quality Priorities for 2026/27. The session explained the statutory and strategic context for setting Quality Priorities, including alignment with the Trust's Quality Strategy and refreshed strategic objectives, and described how data triangulation, performance review and stakeholder consultation informed the proposed priorities. Governors were engaged in discussions on the emerging priorities across patient safety, clinical effectiveness, and patient and staff experience, and were updated on the forward planning process and next steps to finalise, approve and implement the Quality Priorities for 2026/27.

2.6 PLACE – Patient-Led Assessments of the Care Environment

Governors take part in PLACE annually. The assessments involve local people (known as patient assessors) going into hospitals as part of teams (including Governors) to assess how the environment supports the provision of clinical care, assessing such things as privacy and dignity, food, cleanliness and general building maintenance and, more recently, the extent to which the environment is able to support the care of those with dementia or with a disability. Training and guidance is provided to all participants including Governors prior to assessments, this training is led by the Head of Facilities.

2.7 Cheshire and Merseyside Governors Symposium – 21 September 2025

The Cheshire and Merseyside governors’ symposium was held during Q2 2025/26, at the Quaker Meeting House in Liverpool city centre. The event was attended by two Public Governors and one Staff Governor representing the Trust. The symposium brought together governors from across Cheshire and Merseyside to provide an update on the latest governance arrangements and developments within the NHS. The event also enabled governors to enhance their knowledge, share learning and best practice, and build networks with fellow governors across the Integrated Care System, supporting their ongoing development and effectiveness in role.

2.8 Additional sources of Information and activities made available to Governors to support in discharging their responsibilities are detailed below.

<p>New Governors Induction Pack</p>	<p>The induction pack is provided to newly appointed/elected Governors, the pack includes:</p> <ol style="list-style-type: none"> 1. Contact list for Governors 2. Constituency and contact list 3. Corporate Meeting Calendar 4. Governor Council Code of Conduct (for signing and returning) including: <ul style="list-style-type: none"> • Standing order Council of Governors • Fit and Proper Persons/Personal Declarations forms 5. Declaration of Interest Process, and link to the declaration portal site Civica Declare 6. Governor Expenses Process 7. WHH Governance Structure 8. Mandatory Training <ul style="list-style-type: none"> Safeguarding Core Skills <ul style="list-style-type: none"> • Safeguarding Children Level 1 • Safeguarding Adults Level 1
<p>Prospective Governor Information Stand</p>	<p>Governors facilitated a prospective governors information stand during Governor elections and prior to the Trust Annual Members meeting 1 October 2025. Experienced governors shared their experience of being a WHH Governor with members who were considering submitting a nomination form.</p>

	The session was well attended with a number members/prospective governors who attended on the day submitting a nomination form for the elections.
Being a Governor Handbook for FT Governors	The handbook was developed by the Trust and Governors, to provide current Governors and prospective Governors/members with an easy-to-read guide on the role of NHS FT Governors at WHH. The handbook was reviewed and refreshed during 2025/26 and will be further refreshed during 2026/27 to align with NCM branding.
Engagement PowerPoint Presentation	The Engagement PowerPoint presentation was developed to provide Governors with a consistent and accessible resource to support meaningful conversations with members of the public. It sets out key information about the Trust, including its services, priorities and role within the NHS, alongside clear messaging on what it means to be a member of the Trust. It also outlines the role and responsibilities of a Governor, helping to raise awareness of how Governors represent member and public interests. By equipping Governors with a structured and informative tool, the presentation supports public understanding, encourages membership engagement, and enables more informed and effective dialogue at engagement events.
Governor Video	The Governor Video was developed during Q3 2023.24 by the Trust and Governors, and continues to provide current Governors and prospective Governors/members with a short video explaining the role of NHS FT Governors at WHH by current Governors. This was particularly useful during the nomination stage of Governor elections.
National Lead Governors Association	The Lead Governor is part of the Lead Governors Association and Cheshire and Merseyside Lead Governors Group (who meet once per month). Both provide lead governors with a network to share best practice or raise any queries/concerns.
Cheshire and Merseyside Lead Governors Group	Any notable updates are shared with the Council of Governors quarterly via Lead Governor reports.
Governor Committees	Governors participate in committees which help to improve their knowledge of the Trust including: <ul style="list-style-type: none"> - Governors Nominations and Remunerations Committee - Governors' Engagement Committee (and Committee in Common) Each Committee has a term of reference and cycle of business which is reviewed and approved by Governors on an annual basis.
Governor	Governors participate in monthly observational visits across trust

Observational Visits	<p>sites in both clinical and non-clinical areas.</p> <p>These visits enable Governors to interact with Trust staff and patients, they are key in triangulating information presented at Committee and Council of Governors (CoG) meetings.</p> <p>Observation reports are presented by the Lead Governor at quarterly CoG meetings.</p>
Governor Observers at Committees & Private Board	<p>The Trust encourages Governors to observe each of the Board Committees (including Committees in Common) as part of the work leading up to integration) and Private Board meetings, promoting openness and transparency. The meetings observed are:</p> <ul style="list-style-type: none"> - Finance, Sustainability and Productivity Committee - Quality and Safety Assurance Committee - Audit Committee - Strategic People Committee - Charitable Funds Committee - Nominations and Remuneration Committee (Lead Governor) - Trust Board Part 1 and Part 2 Private (Lead Governor) <p>Expressions of interest are sought from Governors at the beginning of each financial year for the positions of Lead and Deputy Lead Observers for Committees.</p> <p>Observation reports are produced by the Governor observer which are presented at quarterly Council of Governors meetings.</p>
Governor Participation in Trust Groups/Sub Committees	<p>Governors are involved in the following Trust Groups/Networks/Sub-committees:</p> <ul style="list-style-type: none"> • Wayfinding and First Impressions Group • Patient Experience and Inclusion Sub-Committee' • Nutrition & Hydration Steering Group <p>By participating in such groups Governors receive information, views and comments directly from patients and staff.</p>

3. Improving Governor engagement with members and the public

3.1 Establishment of the Governor Engagement Group in Common

During 2025/26, a Governor Engagement Group in Common (GEGiC) was established to support effective Governor engagement during the integration of Warrington and Halton Teaching Hospitals NHS Foundation Trust and Bridgewater Community Healthcare NHS Foundation Trust. The Group provided a structured forum for Governors from both organisations to receive briefings, share information and

develop a shared understanding of the integration programme, including governance arrangements, strategic priorities and emerging risks. The GEGiC played an important role in supporting collaborative working, ensuring Governors were appropriately informed and engaged, and strengthening preparedness for the establishment of a single Council of Governors for the enlarged organisation.

3.2 Engagement Stands

Quarterly engagement stands were delivered across Trust and community sites to strengthen Governors' understanding of the needs and priorities of their constituents, as well as those of the wider public. In response to Governor feedback, consistent supporting materials were developed to support activities, focused on Member information and the Governor role, which have been made available for use at engagement events to enhance the effectiveness of engagement conversations.

Member engagement and recruitment activity took place at Warrington and Halton Hospital sites and at community locations such as the Living Well Hub in Warrington and Birchwood Shopping Centre.

At the request of Governors, the Governor Engagement Group meeting on 7 August 2025 was hosted at the Living Well Hub, part of the borough-wide Living Well programme. Governors were provided with a guided tour of the Hub by Emma Whaley, General Manager, to increase their understanding of the services delivered from the site.

The Governor Engagement Group in Common meeting on 29 January 2026 was held at the Bridgewater Community Healthcare site at Spencer House. This was followed by a member engagement stand at Birchwood Shopping Centre, supporting visibility and public engagement in the period leading up to integration.

3.3 Membership Strategy Quarterly Updates

Quarterly Membership Strategy updates are presented to GEG (and GEGiC) meetings and Council of Governor meetings. Each update includes a list of community and Trust wide engagement events available for Governors to attend, supported by the Engagement and Involvement Officer. During 2025/26 the following events were attended by Governors:

- Staff Thank You Awards (15 May 2025)
- Disability Awareness Day (13 July 2025)
- Warrington Mela (31 August 2025)
- Armed Forces Day (28 June 2025)
- International Clinical Trials Day (20 May 2025)

3.4 Membership Matters – Members Newsletter

Throughout 2025/26, Members' Newsletters continued to go from strength to strength, maintaining consistently high levels of engagement and providing an important communication channel with the Trust's membership. The quarterly electronic newsletters were used to keep members informed about key Trust developments, including progress on the Better Care Together programme and the proposed integration with Bridgewater Community Healthcare. By sharing updates on the strategic rationale for integration, governance arrangements and opportunities for member and public involvement, the newsletters supported transparency and understanding during a period of significant organisational change. They also promoted engagement opportunities, including elections, surveys and member events, helping to strengthen the relationship between members, Governors and the Board of Directors.

4. NCM Brand Identity

Governors played an active role in supporting the development of the Trust's emerging brand identity during 2025/26, particularly in the context of integration and the establishment of North Cheshire and Mersey NHS Foundation Trust. Governors were invited to participate in engagement activity to help shape the new Trust brand and values, including completing surveys and contributing feedback informed by their experience of representing members, patients and local communities. In addition, Governors supported wider engagement through their involvement in member and community events, helping to explain the rationale for rebranding, promote understanding of the integrated organisation and reinforce the importance of a shared identity and values. This involvement supported transparency, strengthened member confidence during a period of organisational change and ensured that the developing brand reflected the needs and expectations of the populations served.

5. Planning for Training and Development 2026/27

Governor Development Day 2025 – 9 July 2026

The agenda for the Governor development day is currently being drafted. Governors have put forward a number of topics that they would like some further training on, these are:

- PALs – Patient Complaint - Case Study led by the Lead and Deputy Lead Governor
- Matha's Rule – Tracy Fennel, Deputy Chief Nurse

Other agenda items to be covered include:

- A refresh on the statutory duties and responsibilities of Governors

6. Recommendations

Governors are asked to:

- Note the Governor training and development whohc has taken place throughout 2025/26
- Discuss and suggest future training and development requirements/preferences to be include in the 2026/27 programme.

Council of Governors

Agenda reference:	COG/26/05/015			
Subject:	Strategy Bi-monthly report			
Date of meeting:	12 May 2026			
Action required:	For information			
Author(s):	Megan Wainwright, Strategy project and team support officer			
Link to strategic aim:	1. QUALITY - We will always put our patients first, delivering safe, compassionate, inclusive and effective care and an excellent patient experience			
	2. PEOPLE - We will be the best place to work, with a diverse and engaged workforce that is fit for now and the future with staff developing, growing and thriving.			
	3. SUSTAINABILITY - We will work in partnership with others to achieve social and economic wellbeing in our communities and improve equity in health outcomes			
Executive director sponsor:	Lucy Gardner, Chief Strategy and Partnership Officer			
Equality considerations: (please select as appropriate)	Please indicate who is impacted by the equality considerations:	Patients	Workforce	Public
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	Yes	No	N/A ✓
	Further Information / Comments:			
Executive summary:	<ul style="list-style-type: none"> WHH and BCH continue to work towards becoming a single organisation. NHSE have completed their review of our strategic case and agreed for us to continue to develop the full business case (FBC) as the next step. The final draft of the FBC is now complete and has been approved by both WHH and BCH Trust Boards before being formally submitted to 			

The agenda and minutes of this meeting may be made available to public and persons outside of NHS North Cheshire and Mersey NHS Foundation Trust as part of the Trust's compliance with the Freedom of Information Act 2000.

	<p>NHSE in early December. Focus of the programme now shifts to the critical actions required to complete the legal transaction and deliver a 'safe day one' as an integrated organisation.</p> <ul style="list-style-type: none"> • The Runcorn Health and Education Hub is due to complete construction in January 2026, start to open services from June 2026. • The Living Well Warrington programme was highly commended at the prestigious 2025 national HSJ awards in November. The programme consists of three projects; Living Well Hub, Living Well in Warrington digital platform and Talking Points. Collectively, the three projects have reached over 200,000 people over the last 18 months, supporting them to live independently at home and access support in their local communities. • The Trust have commenced development of our five-year plan, in line with latest NHS England Planning Guidance. This involves formulation and submission of: <ul style="list-style-type: none"> • 3- year plans for revenue, workforce, operational performance and activity • 4-year plan for capital • 5-year narrative plan • Final submission has been approved by Board and submitted. 		
Purpose: (please select as appropriate)	Approval	To note ✓	Decision
Recommendation:			
Previously considered by:	Committee		Not Applicable
	Agenda Ref.		
	Date of meeting		
	Summary of Outcome		
Next steps: state whether this report needs to be referred to at another meeting or requires additional monitoring	None		
Freedom of information status (foia):	Release document in full		
Freedom of information exemptions applied: (if relevant)	None		

Strategic projects update January- February 2026

Section 1 - Key messages

Slide 2	Summary of key developments this reporting period
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Section 2 - Stakeholder engagement

Slide 3-4	Summary of key stakeholders engaged during the reporting period
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Section 3 - Key strategic projects

Page	Project	Strategy Lead	Status
Slide 5-6	WHH/BCH Integration programme	Stephen Bennett	
Slide 7-8	Runcorn town deal	Carl Mackie/Viviane Risk	
Slide 9-10	New hospitals programme and strategic estates	Carl Mackie	
Slide 11-12	Strategy Development	Carl Mackie/ Carlyne Ward	

Key messages

- At the end of February, WHH and BCH received feedback on the recent NHS England review of the full business case for the Better Care Together integration programme. The feedback was positive and the NHSE 'Amber' rating means that the integration programme is able to continue as planned to a scheduled acquisition date of 1 April 2026. On this date, both organisations will formally come together as one, to become North Cheshire and Mersey NHS Foundation Trust. In the meantime, the focus of both partner organisations is on delivery of a safe and successful 'day one' for the new integrated Trust with significant work taking place across all core workstreams.
- The Runcorn Health and Education Hub is due open services from June 2026.
- The Living Well Warrington digital platform has been shortlisted in two categories for the upcoming HSJ Digital awards 2026. The team will present to the judging panel in March and the awards ceremony is in May.
- The Living Well Hub in Warrington welcomed its 50,000th visitor in February and continues to attract interest from around the country with recent site visits including teams from Bradford and Rotherham.
- The Trust have commenced development of our five-year plan, in line with latest NHS England Planning Guidance. This involves formulation and submission of:
 - 3- year plans for revenue, workforce, operational performance and activity
 - 4-year plan for capital
 - 5-year narrative plan
- Final submission has been approved by Board and submitted.

Stakeholder and engagement overview

Key stakeholder engagement in period	Job title, organisation	Topic/Nature of engagement
Mark Holloway	Associate Director of National Estates Delivery, NHSE England North West	Development of strategic estates plans
Alex Kirkpatrick	Deputy DoF, NHSE NW	Integration
Su Foster	Estates Delivery Lead, Cheshire and Merseyside	Development of strategic estates plans
Naz Ghodrati	CEO, Warrington Voluntary Action	Integration and partnerships with VCFSE sector
Dr Laura Mount Dr Ash Ahliwala Dr Golam Chowdhury	Warrington PCN Clinical Directors	Update on integration programme and neighbourhood health in Warrington
Sarah Hall MP	MP	Urgent treatment centre, integration
Linda Buckley	Managing Director, CMPC	C&M blueprint
Christina Banerji Katherine Golding	Mergers and acquisitions team, NHS England	Better Care Together integration programme – advice and guidance
Team from Rotherham Local Authority and Voluntary Sector	Various individuals including Chief Operating Officer for GP Federation, Head of Planning, Public Health consultants etc.	Site visit to Living Well Hub
Team from Dept of Health and Social Care	Various individuals from the research and policy development team from DHSC	Living Well in Warrington, including site visit to the Living Well Hub and engagement with adult social care teams from Warrington Borough Council
Amanda Ridge	C&M ICB	Neighbourhood health plans in Warrington, UTC, integration
Wesley Rourke	Executive Director, Environment and Regeneration	Runcorn Shopping City, Levelling up, Runcorn Town Deal, Widnes town centre strategic Board
Michael Allen	Partner, KPMG	Professional support and advice to the Better Care Together integration programme
David Wilson	One Halton Clinical director	Clinical services integration
CEOs Cheshire, Warrington and Wirral Trusts	CEOs Cheshire, Warrington and Wirral Trusts	C&M blueprint

Stakeholder and engagement overview

Key stakeholder engagement in period	Job title, organisation	Topic/Nature of engagement
Tony Leo	Place Director, Halton	Place development and integration programme
Matthew Swanborough Jon Develing	Chief Strategy and Partnerships Officer, Wirral University Teaching Hospitals Director of Strategy, Countess of Chester Hospitals	Integration, C&M strategy
Tim McPhee	Associate Director Integration, Transformation and Partnerships, Mersey Care	Runcorn Health and education Hub, One Halton delivery plan, Warrington neighbourhood health
Sarah Pochin MP	MP	Runcorn Town Board, Integration
Chris Nisbet	Transformation Lead, Warrington Borough Council	Development of neighbourhood health model in Warrington
Dora Westbrook	Dept for Work & Pensions, Workplace Transformation Lead	Delivery of DWP services at Living Well Hub Warrington
Richard Rout	Chief Executive, Halton Borough Council	Strategic Estates and Integration
Sally Yeoman	CEO, Halton and St Helen's Voluntary Action	Runcorn Town Board
Kathy McMullin	Healthwatch Community Outreach lead, Healthwatch Halton	Runcorn health and education hub
Jude Adams	Cheshire and Merseyside ICB	UTC
Derek Twigg MP	MP	Strategic estates and integration
Mary Murphy	Principal and CEO Riverside and Crompton Colleges	Runcorn health and education hub
Halton & St Helens VCSFE Forum	VCSFE sector organisations across Halton and St Helens	Runcorn health and education hub

Integration – part 1



Programme Overview

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

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

What does this mean for WHH?

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

Progress:

- ‘Amber’ approval rating received from NHS England regional team following review of full business case. On track to complete transaction and integrate the two partner organisations wef 1 April 2026.
- Day one mobilisation meetings taking place weekly to focus attention of all workstreams on delivery of safe and successful day one.

Integration – part 2



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

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

Milestone	Date
Formal approval of the transaction by the Secretary of State for Health and Social Care	20 March 2026
Completion of formal transaction and establishment of new integrated organisation – North Cheshire and Mersey NHSFT	1 April 2026
Commencement of phase two of the integration programme – focus shifts towards integration of clinical services	1 April 2026

Better Care Together
Home · Community · Hospital

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

Contact details
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Runcorn town deal-part 1

Project Overview

WHH is a key partner within Runcorn Old Town's submission to the Town Deal Investment Fund, with an overall opportunity to bring up to £25m to the town. The health and education hub project is led by WHH and is one of 7 projects within the Town Deal plan. The hub is planned to deliver services focussed on prevention, women and children and long-term conditions from a central location in Runcorn.

The project is being developed in partnership with a range of health and care providers across Runcorn, including Bridgewater and Halton Borough Council. The scheme includes a flexible education element designed in partnership with Riverside College.

What does this mean for WHH?

- Delivery of WHH services, including maternity, respiratory, and phlebotomy, from a convenient and accessible town centre location.
- Opportunity to work with local further education college to provide education and training tailored to jobs in health and care, helping to reduce our vacancies.
- Opportunities to further integrate services with other providers across health, care and wellbeing.

Progress since last report

- Build complete and internet fibre cable installed.
- CQC application undergoing final review and submission.
- Branding finalised and toolkit completed.

Runcorn town deal- part 2



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

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

Milestone	Date
General manager recruitment	March 2026
Services go live	June 2026



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Carl Mackie
Halton Healthy New Town and Strategy
Manager
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New hospitals and strategic estates planning- part 1



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

Project Overview

- Development of new WHH hospital estate and infrastructure.
- Within Warrington, this is the development of a new hospital, either on the current site or elsewhere in the town.
- Within Halton this is the redevelopment of the Halton Hospital site, including extending Captain Sir Tom Moore to incorporate all existing services and additional services, whilst releasing land to support the Hospital and Wellbeing Campus vision.

What does this mean for WHH?

- Delivery of Trust services from modern, accessible and safe environments.
- Opportunities to develop service provision in appropriate clinical settings and expand opportunities to work with local partners or in external locations.

Progress since last report

- Further development of UTC business case in line with NHS England expectations
- Site tour of Warrington Hospital with Regional Delivery Director NHS England, making the case for further investment on acute site(s)

New hospitals and strategic estates planning- part 2

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

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

Milestone	Date
Delivery of updated strategic estates masterplan	December 2026
Notification of UTC Bid outcome	TBC



Contact details
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 Halton Health New Town and Strategy Manager
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Strategy Development

Project Overview

- Development and subsequent delivery of overall WHH Trust strategy.
- Creation of a clinical strategy in alignment with a strategic estates development plan
- Support to the development, delivery and governance of enabling strategies, clinical strategies, and strategic priorities.

What does this mean for NCM?

- The development of the integrated organisational strategy and clinical strategy will describe our shared vision for the future
- They will outline the Trust's journey across the next 5 years, outlining how we will deliver safe, high-quality, evidence-based care for our patients across Halton, Warrington and Greater Manchester

Progress since last report

- Development of proposed plan to produce the organisational strategy and clinical strategy

Strategy Development - part 2



Warrington and Halton
Teaching Hospitals
NHS Foundation Trust

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

Milestone	Date
Programme of staff engagement commences	June 2026
Clinical Strategy Engagement Sessions Underway	August 2026
New Organisational Strategy and Clinical Strategy published	March 2027

Contact details

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