North Cheshire and Mersey
NHS Foundation Trust

Council of Governors

Date and time:	Tuesday 10 November 2026, 3 – 5pm
Location:	Trust Conference Room, Warrington Hospital

Agenda item	Time	Agenda item	Objective/ desired outcome	Process	Lead
COG/ 26/11/038	**3:00**	Welcome and Opening Comments Apologies; Declarations of Interest		***Verbal***	Chair
COG/ 26/11/039	**3:02**	Minutes and Action Log of meetings held on • **19 August 2026**	For approval	Minutes & Action Log	Chair
COG/ 26/11/040	**3:05**	Matters arising	To note for assurance	Verbal	Chair
Matters to note for assurance					
COG/ 26/11/041	**3:07**	Chief Executive's Report – **7 October 2026**	To note for assurance	Report	Chief Executive
COG/ 26/11/042	**3:15**	Chairs Update	To note for assurance	Verbal	Chair
COG/ 26/11/043	**3:25**	Non-Executive Director Assurance Highlights from Committees Governor Board Committee Observation Reports & Committee Assurance Reports (a) Quality Assurance Committee *(11*.08.26 08.09.26) Diane Nield/Cliff Richards b) Strategic People Committee in Common *(19*.08.26, 16.09.26*)* – Margaret Bamforth and Carol Ann Kelly/Julie Jarman (c) Finance & Sustainability	***Info/ update***	***Presentation*** ***Papers***	Committee Chairs Governor Observers

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		(24.08.26, 28.09.26)– Suresh K Arni Sukumaran/Helen Bennett/ John Somers (d) Audit Committee (27.08.26) Margaret Bamforth, Mike O'Connor (e) Charitable Funds Committee (03.09.26) Andy Carter, Sue Fitzpatrick			
COG/ 26/11/044	**3:40**	Governor – Questions raised on behalf of • Staff • Public • Partner constituencies	Info/update	Verbal	Chair/Non-Executive Directors
COG/ 26/11/045	**4:00**	**Lead Governor Update** i)Trust Board Observation Report a) 2 September 2026 b) 7 October 2026 ii) Governor Observation Visits a) 14 September 2026 – The Nest and Triage b) 14 October 2026 - Physiotherapy Warrington hospital	***Info/ update***	***Report*** ***Reports***	Lead Governor
COG/ 26/11/046	**4:15**	Governor Engagement Group (GEG) Chairs Report from the meeting - 19 October 2026 To include Membership Strategy Q2 update	***Info/ update*** **Info/ update**	***Verbal*** **Paper**	Diane Nield, Deputy Lead Governor
COG/ 26/11/047	**4:25**	Strategy update report	Info/update	Report	Chief Strategy and Partnerships Officer
Corporate Governance					
COG/ 26/11/048	**4:40**	Governor Elections 2026 – update on nominations stage	For decision	Paper	Company Secretary
COG/ 26/11/049	**4:45**	Annual Council of Governors Knowledge and Effectiveness Survey - Outputs 2026	For info/update	Paper	Company Secretary
COG/	**4:50**	Audit Committee Chairs	For	Report	Company

26/11/050		Report i) WHH ii) BCH	assurance		Secretary / Audit Committee Chair
Closing					
COG/ 26/11/051	**4:55**	Review of the Meeting	To discuss	**Verbal**	Chair
COG/ 26/11/052		Any Other Business	To discuss	**Verbal**	Chair
Supplementary papers					
COG/26/11/053		Learning From Experience Update Q2	For info/update	Paper	
COG/26/11/054		Communications & Engagement Update Report	Info/update	Paper	

Date and time of next meeting:
Thursday 11 February 2027, starting at 3pm. Conference Room, Ground Floor Spencer House

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

North Cheshire and Mersey
NHS Foundation Trust

Minutes
Council of Governors

Date	**19 August 2026**
Location	**Lecture Theatre, Education Centre, Halton Hospital and via MS Teams**
Board Members	
Andy Carter (AC)	Chair
Nikhil Khashu (NK)	Chief Executive
Cliff Richards (CR)	Non-Executive Director and Deputy Chair
Mike O'Connor (MOC)	Non-Executive Director and SID
Jayne Downey (JD)	Non-Executive Director
John Somers (JS)	Non-Executive Director
Julie Jarman (JJ)	Non-Executive Director
Lucy Gardner (LG)	Chief Strategy and 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 OBE (DA)	Public Governor, Rest of England
Catherine Ardern (CA)	Public Governor, Warrington and Halton
Margaret Bamforth (MB)	Public Governor, Warrington and Halton
Helen Bennett (HB)	Public Governor, Warrington and Halton
Alan Davies (AD)	Public Governor, Warrington and Halton
Colin Jenkins (CJ)	Public Governor, Warrington and Halton
Carol Ann Kelly (CAC)	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
Staff Governors	
Michelle Kho (MK)	Staff Governor, Nursing and Midwifery

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Suresh Arni Sukumaran (SS)	Staff Governor, Estates, Admin and Managerial
Appointed Governors	
Colin Hughes (CH)	Partner Governor, Halton Borough Council
Mansimran Singh (MS)	Partner Governor, Warrington Sikh Gurdwara
In attendance	
John Culshaw (JC)	Company Secretary
Adam Harrison-Moran (AHM)	Associate Chief People Officer - Strategic Workforce Development and Culture
Emily Kelso (EK)	Head of Corporate Governance
Apologies	
Tony Higgins	Partner Governor, Warrington Borough Council
Nichola Newton	Partner Governor, Warrington and Vale Royal College
Paula Jones	Public Governor, Warrington and Halton
Kevin Keith (KK)	Public Governor, Rest of England
Erwin Tublles (ET)	Staff Governor, Support Worker

Agenda ref	Agenda item
COG/ 26/08/018	**Welcome and Opening Comments** AC welcomed governors, Non-Executive Directors and executive colleagues attending in person and via Microsoft Teams. He noted the full agenda and asked presenters not to repeat submitted papers, but to draw out the principal points requiring consideration, assurance or challenge. AC noted the apologies as listed above. No declarations of interest were made in relation to the business on the agenda. **The apologies were noted as above and there were no declarations of interest raised.**
COG/ 26/08/019	**Minutes and Action Log of meeting held 12 May 2026** AC invited comments on the minutes of the meeting held on 12 May 2026. No amendments were requested and the Council agreed that the minutes represented an accurate record. In reviewing the action log, JC confirmed that the actions linked to items on the current agenda would be dealt with under those items. On the outstanding February action concerning myth-busting communications about influenza vaccination, the meeting was advised that Communications

	and Occupational Health were coordinating the annual campaign and would target areas where uptake had been low in the previous year, in addition to issuing organisation-wide communications. AC and NK reflected that myth-busting was also required in other areas, particularly where social media commentary could confuse the public about emergency department waiting-time measures and the points at which performance clocks started and stopped. NK confirmed that the Communications team was considering how inaccurate commentary could be corrected and how clearer explanations could be provided. The remaining actions were either due later in the year or awaited reports to the Strategic People Committee, including work relating to signature triggers. **The Council approved the minutes of 12 May 2026 as an accurate record and noted the position on outstanding actions.**
COG/ 26/08/020	**Matters arising** There were no matters arising that were not otherwise covered on the agenda.
Matters to discuss and note for assurance	
COG/ 26/08/021	**Chief Executives Report – 5 August 2026** NK outlined work to develop a shared NCM culture following integration, including a new behavioural framework and the introduction of NCM Champions to support colleague engagement and wellbeing. The Trust would also implement the NHS Staff Standards, focusing on key areas such as leadership, wellbeing, safety, inclusion and flexible working. NK stressed that corridor care must not become normalised and required a whole-system response. A recent summit with partners identified actions to reduce corridor care, while a revised Board round toolkit would focus on understanding and addressing barriers to discharge. The Trust marked Learning Disability Awareness Week by highlighting inclusive care for people with learning disabilities and autism. While good care was being provided, further improvements were needed, particularly for people with complex needs. Work was also underway to improve race inclusion, LGBT+ inclusion and staff belonging following feedback from the staff survey. NK described the findings of the Ockenden report as deeply sobering and reiterated the Board's commitment to maintaining safe, high-quality maternity services through ongoing learning and improvement. He also provided an update on NCM 2030, the programme to support the

	organisation's transition from recovery to optimisation and inform its future strategy, and reaffirmed the Trust's commitment to the Armed Forces community. In relation to patient confidentiality, NK gave assurance that unauthorised access to patient records would be dealt with robustly and reported that regular monitoring and audits continued. Cyber security also remained a key priority, with mitigations in place whilst work progressed towards replacing the Trust's ageing electronic patient record system. Operationally, NK reported that the Trust had exited national elective tiering, reflecting improvements in elective performance. However, urgent care performance continued to be affected by patient flow challenges and delays in discharging patients who no longer met criteria to reside. The resolution of resident doctor industrial action had reduced immediate operational risk. NK also highlighted forthcoming discussions with NHS England regarding medium-term planning, including ambitions to deliver more care closer to home and the Trust's potential role within an integrated health organisation. AC invited NK to provide an update on the Trust's financial position. NK advised that the Trust faced an underlying deficit of approximately £60m before delivery of cost improvement plans and outlined the actions being taken to deliver financial recovery. He reported that Month 3 performance remained broadly in line with plan, although industrial action during April had created an adverse variance through lost income and additional staffing costs. NK confirmed that discussions with NHS England regarding the control total remained ongoing and that the Trust continued to await a decision regarding additional national funding. Governors noted that delivery risk remained greatest in the second half of the year when a significant proportion of planned savings and workforce restructuring benefits were expected to be realised. **The Council noted the Chief Executive's update and received assurance regarding culture and inclusion, operational performance, maternity services, patient confidentiality, cyber security, strategic planning and the Trust's financial position.**
COG/ 26/08/022	**Chairs Update** AC reported that much of his activity since the previous meeting had focused on engagement with NK, local authority leaders and Members of Parliament following the acquisition of community services. Discussions had covered the Trust's future plans, patients with no criteria to reside and

	the need to eliminate corridor care. AC described the continuing operational challenge created by approximately 100 patients regularly remaining in hospital beyond the point at which acute care was required. He noted some recent improvement in Halton, with less progress in Warrington, and confirmed that further meetings were planned with the Chief Executive and new Leader of Halton Council following the local elections. AC advised that Councillor Tony Higgins had taken over the health portfolio at Warrington Borough Council and was expected to join the Council of Governors. AC was due to meet him in early September to provide an early briefing on the Trust's challenges, many of which were closely connected to social care and local authority responsibilities. AC also continued to visit services across the enlarged Trust, including dental teams, former Bridgewater teams in Runcorn and Widnes, school nursing, district nursing, ophthalmology, bereavement and housekeeping services. He said that staff consistently expressed passion for their work and commitment to the NHS, alongside frustrations arising from current pressures. Hearing this directly was helping to shape his thinking and ensured that staff experience could be reflected in Board discussions. On the day the Ockenden maternity report was published, AC visited the maternity unit with the Chief Nurse and spoke with staff, mothers and some fathers. He recognised that national reporting could be alarming for families using maternity services and said it was important to provide reassurance that the Trust's services were safe, well managed and focused on a safe and successful birth. He had received positive feedback during the visit. AC recorded his thanks to the retiring Chief Nurse for her service, leadership of the nursing profession and advocacy for patients. He said he had learned considerably from working with her during his first months as Chair and invited the Council to join him in recognising her contribution. **The Council noted the Chair's update and formally recorded its thanks to the retiring Chief Nurse.**
COG/ 26/08/023	**Non-Executive Director Assurance Highlights from Committees Governor Board Committee Observation Reports & Committee Assurance Reports** **(a) Quality and Safety Assurance Committee** CR presented assurance from the Committee and advised that emergency care, corridor care and patient flow had remained significant areas of focus. Regular scrutiny had been applied to emergency department performance

	and the actions being taken to minimise risks associated with corridor care and delays in admission and discharge. CR reported that maternity services continued to receive detailed scrutiny, particularly in light of national reports and recommendations. The Committee had sought assurance that learning from national reviews was being translated into local action and that governance arrangements remained robust. Governors were advised that openness, transparency and honest reporting remained fundamental expectations within maternity governance arrangements. Governors challenged the position regarding Neck of Femur performance. CR explained that the Trust had been identified as an outlier for mortality performance and that enhanced governance arrangements had subsequently been introduced. Monthly reviews had been established and whilst more recent data suggested improvement, continued monitoring remained necessary before full assurance could be provided regarding sustainability of performance. He advised that particular emphasis was being placed on timely surgery, ward placement, theatre access and patient flow. JD provided additional assurance and advised that quality of care remained good. However, improvement opportunities continued to exist around theatre access, time to surgery, early mobilisation and specialist support. She noted that work remained underway to explore Sunday operating arrangements and strengthen orthogeriatric input into the pathway. **(b) Strategic People Committee** JJ reported that the Committee continued to monitor sickness absence, workforce metrics, agency spend and implementation of the NHS Staff Standards. Significant discussion had taken place regarding levels of sickness absence and the Committee had commissioned enhanced reporting focused on those areas recording the highest absence rates. The Committee had also reviewed progress against workforce reduction plans and considered national Annex 31 job evaluation requirements. Governors received assurance that workforce changes continued to be monitored closely to ensure patient safety and service quality were maintained. JJ advised that wellbeing, culture and staff experience remained significant priorities. The Committee had considered a number of indicators relating to bullying, harassment, violence and sexual safety and would continue monitoring progress through future reports.

	Resolved: The Council noted the assurance provided. **(c) Finance, Sustainability and Performance Committee** JS reported that the Committee continued to scrutinise financial performance, achievement of cost improvement plans and delivery of deficit support requirements. He advised that Quarter 1 performance remained broadly in line with plan and that the Trust remained on track to meet Quarter 1 and Quarter 2 conditions associated with £25.5m of deficit support funding. However, greater risk remained in the latter part of the financial year due to industrial action impacts, delivery of planned savings programmes and reliance on workforce restructuring benefits being realised. The Committee would continue to maintain detailed oversight of these issues and challenge executive leads where performance fell below expected trajectories. **(d) Audit Committee** MOC advised that external audit work had been completed successfully and that the Annual Report and Accounts had been approved and laid before Parliament. He commended the work undertaken by both internal colleagues and the external audit team. Governors also heard that dedicated governance arrangements remained in place to oversee NHS England undertakings and ensure sustained delivery of required actions. **The Council of Governors noted the assurance received at committee level.**
COG/ 26/08/024	**Items requested by Governors – Questions** **Question 1 – Captain Sir Tom Moore Day Case Unit** Governors queried the ongoing underutilisation of the Captain Sir Tom Moore Day Case Unit and sought assurance regarding Board oversight of the issue. CR acknowledged concerns that activity within the unit appeared below anticipated levels and advised that utilisation was influenced by wider workforce pressures and operational requirements across clinical business units. NK explained that staffing levels could change significantly throughout the day and that maintaining safe staffing within urgent care services sometimes necessitated redeployment of staff from planned activity.

	Governors challenged whether underutilisation reflected a recurring operational issue rather than isolated workforce pressures. Both CR and NK acknowledged these concerns and agreed that continued oversight was required. **Question 2 – CSTM Patient Transfer Pathway** Governors raised concerns regarding arrangements for patients requiring transfer from Halton to Warrington following deterioration in their condition. Particular concern was expressed regarding patients appearing to enter standard emergency department pathways despite already being under the care of the Trust. CR outlined the current arrangements and provided assurance regarding the clinical safety of transfer processes. However, further discussion clarified that governors' concerns related specifically to continuity of care and the experience of patients entering emergency department processes following transfer. AC agreed that further review was required and requested that the matter be escalated for detailed consideration. It was agreed JC would coordinate a review of the patient transfer pathway and report back through the Quality and Safety Assurance Committee. **Question 3 – Neck of Femur Performance** Governors sought assurance regarding sustainable improvement in Neck of Femur performance. CR outlined the governance arrangements established to monitor performance and highlighted improvements seen in recent months. However, he advised that sustained improvement had not yet been demonstrated over a sufficiently long period to provide full assurance. Governors discussed theatre capacity, patient flow, specialist ward placement and workforce arrangements. Assurance was provided that improvement plans remained under active review and challenge. **Question 4 – Learning from Nuneaton A&E Visit** AC shared learning from a recent visit to Nuneaton. He highlighted the importance of visible leadership, clear accountability for patient flow and strong multidisciplinary working. Governors heard how emergency department leaders operated within a shared structure focused on flow and discharge across the entire organisation. Discussion also focused on digital patient tracking systems and the role of urgent treatment centres in reducing emergency department demand.

	Governors welcomed the learning and sought assurance that relevant improvements would be considered locally. **Question 5 – Maternity Reports and Recommendations** Governors sought assurance regarding the Trust's response to national maternity recommendations. CR advised that Quality and Safety Assurance Committee scrutiny remained robust and that maternity indicators continued to be reviewed regularly. JD outlined governance arrangements supporting maternity improvement, including oversight through regional structures and the Perinatal Improvement Board. Assurance was provided that recommendations were being translated into practical improvements and monitored through established governance processes. **Question 6 – Shared Organisational Culture** Governors sought assurance that staff were experiencing a shared organisational culture whilst retaining local identity and strengths. AHM described the culture and integration programme and outlined extensive engagement activity taking place across the Trust. Governors challenged how geographically dispersed staff groups, community teams and dental services would be effectively engaged and how feedback would be translated into action. AHM advised that multiple engagement routes were being utilised, including leadership visits, staff networks, surveys, champions and local events. **The Council received assurance that the programme would continue to be monitored through established governance arrangements and linked directly to wider organisational development activity.**
COG/ 26/08/025	**People and Culture Update** AHM presented the Trust's People and Culture Update and advised that whilst integration of the two legacy organisations had legally taken place on 1 April 2026, cultural integration would take considerably longer. The programme had therefore been designed to support the development of a shared culture whilst recognising the different histories, experiences and strengths that colleagues from the former organisations brought to NCM. He explained that the work focused on behaviours, values, leadership and organisational experience rather than structural integration alone. The Council heard that a structured programme of engagement had commenced, incorporating staff surveys, roadshows, leadership interviews, workforce metrics, listening events and engagement through staff

	networks. AHM advised that the programme was currently in the insight gathering phase and was seeking to identify what colleagues valued about their current working environment, what challenges they experienced and what they wished NCM culture to become. Feedback received to date indicated that staff wanted an organisation that was kind, respectful, inclusive, supportive and collaborative, which closely aligned with the Trust's emerging values framework. Governors challenged how the programme would ensure meaningful engagement across geographically dispersed services, particularly community and dental teams where staff may have limited opportunities to attend central events. AHM advised that a variety of engagement methods were being used to ensure all services had the opportunity to contribute, including local visits, virtual sessions, staff networks and champion roles. He confirmed that engagement was not reliant solely on surveys or attendance at centralised workshops. Further discussion took place regarding wellbeing and morale. AHM advised that the Trust was seeking to move beyond traditional wellbeing interventions and develop a more holistic approach focused on staff experience, culture and psychological safety. Work was also progressing to establish NCM Champions across the organisation who would support communication, engagement and culture development within local teams. AC welcomed the approach and emphasised the importance of ensuring that former Bridgewater colleagues and staff working within smaller services felt equally connected to the new organisation. Governors supported this point and highlighted the importance of maintaining visibility across all localities. AHM confirmed that scrutiny of culture and staff experience would continue through the Strategic People Committee and wider governance arrangements. **The Council noted the People and Culture Update and received assurance regarding the culture and integration programme, staff engagement arrangements and governance oversight.**
COG/ 26/08/026	**Lead Governor Update** i)Trust Board Observation Report a) 3 June 2026 b) 5 August 2026 ii) Governor Observation Visits a) 18 May 2026, HCRU b) 18 May 2026, CSTM c) 20 June 2026, ED SF reported on Board observation and a recent Board development

	session led by Hill Dickinson on the Health Bill. The speaker had not been optimistic that the provisions affecting foundation trust governors would be stopped, so governors had received no assurance that the existing statutory role would continue unchanged. SF continued regular one-to-one meetings with AC, meeting face to face where possible, and said information from the Chair was timely and useful. National uncertainty continued to affect governor elections**,** while EK was liaising with Civica on a proportionate election process. Planning for the Annual Members' Meeting was well advanced, with slides prepared, and SF asked that the contribution of former Bridgewater governors before the transaction be recognised. The governor question working group was operating effectively through a combination of face-to-face and online participation. The Governor Development Day on 9 July had included Martha's Rule, PALS and discussion of a practical case from which governors had drawn significant learning. SF continued to circulate information from the National Governors' Association and awaited presentation slides from an NHS Providers and NHS Confederation-related session held on 17 August about the future governor position. SF noted three observation visits and the visit to the Captain Sir Tom Moore facility following the July development day. Joint site visits with AC were continuing and staff feedback had been positive. She had attended three Patient Experience and Inclusion Sub-Committee meetings. The governor tracker remained helpful in ensuring follow-up to observation visits; Tracy had kept it current and it was now appended to Governor Engagement Group papers so governors could see responses to their findings. SF advised that Jen McCartney had been seconded into governance. A new Head of Patient Experience, identified in the meeting as Dave Gareth, had also joined and could support progress on PALS and volunteering. Governors continued to contribute as experts by experience. SF encouraged attendance at forthcoming engagement events, including a quality improvement event on 15 September and another event referenced for 6 September. **The Council noted the Lead Governor update and the continuing work on observation visits, governor engagement and national developments.**
COG/ 26/08/027	**Governor Engagement Group (GEG) Chairs Report from the meeting - 30 April 2026, to include Membership Strategy Q1 update**

	DN reported that the Governor Engagement Group had met at the new WELL Runcorn Hub on 30 July. She encouraged governors to visit and noted that the official opening was planned for 10 September. The centrally located facility was expected to improve access to services in Runcorn Old Town. The Group had reviewed subcommittee activity and the governor observation tracker. Within nutrition and hydration, a training manikin had been obtained so clinicians could practise nasogastric and PEG tube procedures and had been informally named “Nutrition Nigel”. Governor participation as experts by experience continued to grow, with the figures quoted as 137 in the previous year and 234 in the current year. A recent research pathway event had resulted in 19 people signing up. The member newsletter continued to achieve a strong open rate. Nigel featured in the current edition and DA was expected to feature in the December edition. The Group had discussed how the Trust communicated with primary care and the public following integration and how NCM appeared externally. This led to discussion of a social media post showing a 14-hour emergency department wait and the public reaction. The meeting also welcomed confirmation that 30 wheelchairs, subsequently corrected to 32, had been ordered for the front entrance. **The Council noted the Governor Engagement Group update and welcomed the increased expert-by-experience participation and additional wheelchairs.**
COG/ 26/08/028	**Trust Strategy Engagement** LG thanked governors who had attended the strategy development session on 28 July. She explained that the current objectives represented a temporary combination of the two legacy organisations’ priorities, whereas the new work would create a coherent strategy for NCM alongside a detailed clinical strategy. LG set out the demand case for change. Warrington and Halton had growing and ageing populations and people were living more years in poor health. If services continued unchanged, demand for acute hospital care from people aged over 65 in Warrington alone was projected to rise by 22%, which was neither sustainable nor appropriate for patients. Significant health inequalities also remained, with a ten-year difference in life expectancy between some neighbouring wards in Warrington and Halton. Other challenges included long waits, corridor care, the underlying financial

	deficit and delivery from more than 70 locations. NCM needed to retain accessible community provision but was unlikely to require the same estate footprint in future. Neighbourhood health centres and the correct targeting of services to local needs would be central. Following internal and external engagement and review of national, regional and local priorities, six emerging priorities had been identified: integration, neighbourhood health, regional collaboration, digital, estates and operational excellence. Operational excellence included maximising use of current facilities and improving theatre productivity so that more patients could be treated with the same resources. Lunch-and-learn sessions were being held on each priority and could be repeated specifically for governors where required. LG described an emerging 2030 model with stronger neighbourhood services, a greater digital role and an urgent treatment centre in Warrington. The new Trust strategy was intended to take effect from 1 April 2027 and was being aligned with the culture plan to avoid repeated or disconnected engagement. A survey remained open for further views. In parallel, more than 120 clinical services had been grouped into 26 related service groups. Each group would take part in workshops during September and October after considering likely future changes, care that could move into the community or patients' homes and other pathway opportunities. LG proposed returning to governors in November, either through the Council or Governor Engagement Group, with initial findings from the clinical strategy workshops and an update on the Trust strategy. AC welcomed this and encouraged governors to attend the lunch-and-learn sessions. **The Council noted the approach to development of the Trust Strategy and Clinical Strategy and received assurance regarding the engagement process and proposed next steps.**
Governance	
COG/ 26/08/029	**Governor Elections 2026** JC explained that anticipated legislative change could remove governors from the foundation trust model after 31 March 2027. A governor working group had therefore considered three options for elections due later in 2026: a proportionate "election-light" process, the full historic process, or no election. The group had concluded that not holding an election would be unconstitutional and that a reduced but fully compliant process was the most proportionate response. This would follow the normal election rules

	but use less extensive promotion and marketing. Governors confirmed that the proposal had been discussed through their working arrangements and supported the election-light option. **The Council approved the proportionate election-light approach for the 2026 governor elections, subject to compliance with the Trust constitution and election rules.**
COG/ 26/08/030	**Chair's Appraisal** JC confirmed that, because AC was newly appointed, the 2026 process had focused on objective setting rather than retrospective performance appraisal. The process had been undertaken by Senior Independent Director MOC and submitted to NHS England by 13 June 2026 in line with the required timetable. **The Council noted completion and submission of the Chair's objective-setting process.**
COG/ 26/08/031	**Fit and Proper Person Requirements for Board members - Compliance Report** JC advised that the Fit and Proper Person Test process had been considered by the Board and supported by the Audit Committee. All individuals within scope had completed the required checks and were confirmed as fit and proper. AC had reviewed the files with JC, the relevant returns had been signed, and the assurance had been submitted to NHS England within the required timescale. **The Council noted the assurance that all individuals within scope had met the Fit and Proper Person requirements.**
COG/ 26/08/032	**Annual Reports & Accounts and AMM plans** JC confirmed that the Annual Report and Accounts had been approved by the Audit Committee in June and laid before Parliament on 8 July 2026. The document was now available on the Trust website. The Annual Members' Meeting was planned immediately after the October Board meeting, from 3.30 pm to 4.30 pm. AC and NK would review the previous year's performance across both legacy organisations and look forward to NCM's priorities for the next 12 months. SF reiterated that the contribution of former Bridgewater governors before the transaction should be reflected. **The Council noted the Annual Report and Accounts and received**

	assurance regarding arrangements for the Annual Members' Meeting
Closing	
COG/ 26/08/033	**Review of the Meeting** AC highlighted the patient transfer pathway from the Captain Sir Tom Moore facility as a matter requiring follow-up and confirmed that this would be considered through the Quality and Safety Assurance Committee. He also recognised the need to maximise use of the facility and said future discussions with NHS England would consider its potential use for Warrington and Halton and on a wider footprint. AC welcomed the detailed discussion on culture and the work of AHM's team, including the newly established NCM Champions. He also welcomed the strategy update and encouraged governors to join the remaining lunch-and-learn sessions. Future presentations would return to the clinical strategy at the next meeting. **The Council noted the review and the matters identified for follow-up.**
COG/ 26/08/034	**Any Other Business** AC noted that supplementary papers in the pack, including learning from experience, the Quality Account and communications and engagement updates, were provided for information. No further substantive business was raised. AC thanked governors, Non-Executive Directors, executive colleagues and those attending online for their contributions. The next ordinary meeting was confirmed for November 2026, with the precise date and arrangements to be confirmed through the calendar invitation.
Supplementary Papers	
COG/ 26/08/035	**Learning From Experience Update Q1**
COG/ 26/08/036	**Quality Account**
COG/ 26/08/037	**Communications & Engagement Update Report**
Date and time of the next meeting is 10 November 2026, starting at 3pm. Trust Conference Room Warrington Hospital	

North Cheshire and Mersey
NHS Foundation Trust

Action Log – Council of Governors

Agenda reference:	COG/26/11/039i	Subject:	Council of Governors - Action Log	Date of meeting:	10 November 2026

1. Actions on agenda

Minute ref	Meeting date	Item	Action	Owner	Due date	Completed date	Progress report	RAG Status
COG/26/08/028	19/08/2026	Trust Strategy Engagement	Return to governors with initial findings from the clinical strategy workshops and an update on development of the Trust Strategy.	LG	November 2026	10.11.2026	Update to be presented to the Council of Governors as part of the Strategy Update **COG/26/11/047**	

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/26/05/008	12/05/2026	Items Requested by Governors - Questions	Provide governors with feedback from system discussions with partners and community stakeholders on flow and discharge challenges following discussion on MADE events.	To be confirmed	August 2026	**Ongoing, updates will continue as progress is made**	Updated provided through CoG Chairs and Chief Exec updates, will continue.	
COG/26/02/68	12/02/202	**Chief**	Report back on reintroduced	JJ	Q1	ongoing	Updates provided	

	6	**Executive's Report**	sickness triggers and early impact, including stress metrics.		2026/27		through the Strategic People Committee. Governor observation reports and Chairs assurance reports to note	
COG/26/02/68	12/02/2026	**Chief Executive's Report**	Consider targeted myth-busting communications before the next influenza vaccination season.	NK/JJ	Autumn 2026	Autumn 2026	Communications and Occupational Health are coordinating the annual campaign, including targeted work in areas where uptake was previously low and organisation-wide communications.	
COG/26/02/73	12/02/2026	**Items Requested by Governors - Questions**	Review front-of-house cover, signage and telephone responsiveness, and provide clear PALS escalation routes.	JD/ Chief Nurse	March 2026		A formal update provided to the Governor Engagement Group in July 2026.	
COG/26/05/008	12/05/2026	**Items Requested by Governors - Questions**	Consider inviting Thara Rajnhs to a future meeting or development session to provide an update on tobacco control and smoking policy implementation.	TR/EK	During 2026/27		Scheduled through the Governor Engagement Group cycle of business.	
COG/26/05/005	12/05/2026	**Chair's Update**	Share the Chair site visit prioritisation plan with governors.	AC	Ongoing	Will continue	Governors continue to be informed of relevant Chair visits and have	

							attended a number of visits.	

Rolling tracker of outstanding actions

Minute ref	Meeting date	Item	Action	Owner	Due date	Completed date	Progress report	RAG Status
COG/26/08/024	19.08.26	Governor Questions - CSTM Patient Transfer Pathway	Coordinate a review of the patient transfer pathway from the Captain Sir Tom Moore facility to Warrington and report the outcome through the Quality and Safety Assurance Committee.	CR/JC Emma Hackett	October 2026	Ongoing	Review to be coordinated and reported through the Quality and Safety Assurance Committee.	ongoing

RAG Key

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

North Cheshire and Mersey
NHS Foundation Trust

Council of Governors

Agenda reference:	**COG/26/11/041**			
Subject:	**Chief Executive's Report**			
Date of meeting:	10 November 2026			
Action required:	**To note**			
Author(s):	Nikhil Khashu, Chief Executive			
Link to strategic aim:	All			
Executive director sponsor:	Nikhil Khashu, Chief Executive			
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:	This report provides the Council of Governors with an update on key Trust, national, regional and system developments since its previous meeting. Trust updates include changes in senior nursing and midwifery leadership, staff experience and recognition, workforce sustainability, work to improve patient flow, partnership working and the development of care closer to home. It also recognises the contribution of colleagues to organ donation and marks the 50th anniversary of Halton Hospital. The report summarises important national and regional developments, including the learning arising from the Thirlwall Inquiry, the Trust's Quarter 1 position under the revised NHS Oversight Framework, changes to regional access and tiering arrangements, and strengthened expectations for protecting confidential patient information. It also provides an overview of Trust performance and external engagement with partners across Cheshire and Merseyside.			

<table>
<tr><td></td><td colspan="3">Overall, the report reflects continued progress alongside areas requiring sustained focus, particularly urgent and emergency care, patient flow, finance, workforce and community waiting times.
The Statement of Nominated Candidates records two declarations of political interests and one declaration of a non-financial interest through volunteering activity with the Trust. These declarations have been published in accordance with the election rules and will remain available to members throughout the election process.

The Council of Governors is asked to note the outcome of the nominations stage, note that the contested constituencies will progress to ballot, and note that a further report will be presented following the declaration of election results.</td></tr>
<tr><td>Purpose: (please select as appropriate)</td><td>Approval</td><td>To note
✓</td><td>Decision</td></tr>
<tr><td>Recommendation:</td><td colspan="3">The Council of Governors is asked to note the content of the Chief Executive’s report.</td></tr>
<tr><td rowspan="4">Previously considered by:</td><td>Committee</td><td colspan="2">Trust Board</td></tr>
<tr><td>Agenda Ref.</td><td colspan="2">BM/26/10/077</td></tr>
<tr><td>Date of meeting</td><td colspan="2">7 October 2026</td></tr>
<tr><td>Summary of Outcome</td><td colspan="2">noted</td></tr>
<tr><td>Next steps: state whether this report needs to be referred to at another meeting or requires additional monitoring</td><td colspan="3">None</td></tr>
<tr><td>Freedom of information status (foia):</td><td colspan="3">Release document in full</td></tr>
<tr><td>Freedom of information exemptions applied:
(if relevant)</td><td colspan="3">None</td></tr>
</table>

1. Background/context

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

2. Key elements

2.1 Trust News

Chief Nurse retirement

Ali Kennah retired on 30 September 2026 following 34 years of NHS service, including nine years with the organisation and, most recently, as Chief Nurse. Ali made a significant contribution to nursing, quality and patient care, providing valued leadership during considerable organisational change. The Board places on record its sincere thanks for her commitment and dedicated service to patients, colleagues and the wider NHS, and wishes her well for the future.

Appointment of Nicola Martin as Chief Nurse

Following a competitive recruitment process, Nicola Martin has been appointed as the Trust's new Chief Nurse and is expected to join the organisation in December 2026. Nicola is currently Chief Nurse at The Walton Centre and brings more than 20 years of nursing experience, including senior leadership roles across the North West. Tracy Fennell will act as interim Chief Nurse until Nicola takes up post, supported by Emma Hackett as interim Deputy Chief of Nursing.

Appointment of Tina Moors as Director of Midwifery

Tina Moors has also been appointed as Director of Midwifery following an external recruitment process. Her appointment provides continuity of leadership as the Trust continues its maternity improvement journey and considers emerging national recommendations for maternity and neonatal services.

Staff voice, wellbeing and organisational culture

The 2026 NHS Staff Survey has launched, providing colleagues with an important opportunity to share their experience of working at North Cheshire and Mersey and help shape future priorities. Feedback from previous surveys and wider engagement has informed the NCM Behavioural Framework, expansion of executive and senior leader visits, the NCM Champions network, the Trust wide cultural review and further work on speaking up, wellbeing, recognition, leadership development and tackling bullying, harassment and violence at work.

The Trust also marked World Suicide Prevention Day by reinforcing the importance of compassionate conversations, psychological safety and access to support. Colleagues were encouraged to look after themselves and one another, to speak

openly when they are struggling and to use the Trust's occupational health and mental wellbeing resources where needed.

Supporting colleagues, recognition and career development

The Trust has continued to recognise and support colleagues through a range of workforce and wellbeing initiatives. A new staff running club has brought colleagues together to improve fitness, build connections across services and raise funds for the hospital charity, while the Long Service Awards will recognise staff reaching 25, 40 and 50 years of NHS service during 2026.

The nationally recognised 'Your Future Your Way' programme has also opened its fourth cohort. The programme combines inclusive leadership and sponsorship development for senior leaders with accredited leadership and career support for Black and ethnic minority colleagues in Bands 5 and 6. Since 2022, the programme has reached 26 departments, supported 43 senior leaders and enabled 54 colleagues to complete a Level 3 CMI accredited leadership programme, alongside a range of promotions, development moves and service improvement projects.

The work of the Women's Staff Network, Culture and Inclusion Team and Menopause Café has received national recognition, with the Trust shortlisted in the Most Open Culture category of the Menopause Friendly Employer of the Year Awards. This reflects continued progress in creating a workplace where colleagues feel able to discuss menopause openly and access practical support.

Workforce sustainability and organisational change

The Trust launched a voluntary redundancy scheme as part of work to develop a sustainable organisation and align its workforce with future models of care. The voluntary scheme was developed with Staff Side colleagues and through established governance processes. Applications are being assessed against future workforce requirements, service continuity, patient safety and the need to retain essential skills.

Improving patient flow and working across organisational boundaries

The Trust held its first Flow Support Week, building on the Corridor Care Summit, Improving Flow Workshop and Home First approach. The week focused on embedding consistent multidisciplinary board rounds, using the S.H.O.P. model, identifying discharge actions early, supporting patients to remain active and making effective use of the Discharge Lounge. Ward teams were supported to share progress and learning, with the aim of making these improvements part of routine practice and helping more patients return home safely and sooner.

A visit by the Trust Chair and Chief Executive to North West Ambulance Service strengthened shared understanding of the pressures across urgent and emergency care pathways. The visit highlighted the breadth of ambulance service responsibilities, including emergency response, NHS 111 and patient transport, and reinforced the importance of reducing handover delays, strengthening alternative pathways and supporting patients to receive the right care in the right place.

Partnership working and care closer to home

The Trust continues to work with the other provider organisations in Cheshire and Merseyside through the Cheshire and Merseyside Provider Collaborative. This includes closer working with neighbouring trusts through a regional alliance, with a focus on sharing expertise, strengthening service resilience, reducing unnecessary duplication and exploring opportunities to improve access and outcomes for patients. Regional collaboration is also one of the emerging themes informing the development of the NCM 2030 strategy.

WELL Runcorn has officially opened in the former Runcorn Library, bringing health, wellbeing, education and advice services together in a community setting. Developed with Halton Borough Council, Riverside College and Mersey Care, the hub supports the Trust's ambition to provide more care closer to home and builds on the partnership model established through the Living Well Hub in Warrington.

Celebrating Halton Hospital

Halton Hospital celebrated its 50th anniversary in September 2026. Since opening in 1976, the site has developed from its original outpatient and day patient services to include a wider range of care, supported by investment in theatres, endoscopy and the Warrington and Halton Diagnostic Centre. The anniversary provided an opportunity to recognise the contribution of staff and volunteers who have supported patients and communities throughout the hospital's history.

Organ donation

During Organ Donation Week, the Trust recognised the contribution of clinical teams, donors and families to lifesaving transplantation. Warrington Hospital recorded its highest number of consented and actual donors in the previous year, resulting in 28 transplants.

This local achievement comes against a challenging national position. NHS England and NHS Blood and Transplant have reported a continuing decline in eligible donors, referrals and family consent, alongside a record number of patients waiting for transplantation. NHS organisations have therefore been asked to maintain a strong focus on identifying and referring potential donors, supporting timely clinical decision making and ensuring that families receive high quality, sensitive support from appropriately trained teams.

The Trust will continue to work closely with specialist organ donation colleagues and use its established governance arrangements to review local data, identify any missed opportunities and support improvement. Colleagues, patients and members of the public are also encouraged to record their decision on the NHS Organ Donor Register and discuss their wishes with their families, as family awareness significantly increases the likelihood of donation proceeding.

2.2 National, Regional & ICB News

Learning from the Thirlwall Inquiry

The final report of the Thirlwall Inquiry sets out profound and distressing learning for the NHS following failures to protect babies and respond effectively to concerns. The findings require every NHS organisation, not only those providing neonatal care, to consider whether its leadership, governance and culture support professional curiosity, effective challenge and the timely escalation of concerns. The babies and families affected remain at the heart of this work.

NHS England has asked Trust Boards to consider the report and seek assurance about the safety of babies and children across all care settings. Immediate expectations include reviewing safeguarding arrangements and training, reinforcing the application of protocols for sudden and unexpected deaths in children, improving bereavement support and strengthening controls relating to medicines within neonatal services.

The Trust is reviewing the findings through its established quality, safeguarding and governance arrangements. This will provide assurance that colleagues know how to raise and escalate concerns, that those concerns are listened to and acted upon, and that appropriate support is available to families and staff. Any resulting actions will be monitored through the relevant Board and committee routes.

NHS Oversight Framework Quarter 1 position

Nationally, the Quarter 1 2026/27 NHS Oversight Framework results have been published using the revised methodology. Individual metrics continue to be scored from 1 to 4, but organisations are now allocated to an overall segment by comparing their average metric score with fixed thresholds, rather than through the previous quartile-based approach.

The Trust has been placed in Segment 3, improving from Segment 4 in the previous quarter. The Trust is ranked 97th out of 134 organisations, an improvement of five places from 102nd.

The results show stronger performance in diagnostic waiting times, 28-day cancer diagnosis, delayed planned inductions, 30-day readmissions and relative costs. Areas requiring continued focus include urgent and emergency care, community waiting times, finance, infection measures and workforce indicators.

Performance and patient care

The latest national core metrics continued to show encouraging progress across elective, cancer, diagnostic and urgent and emergency care. The Trust was first in the North West for both key cancer treatment standards, performed above the Cheshire and Merseyside peer average in six of the eight measures and improved faster than the national average in six measures over the preceding 12 months. The results reflect the collective contribution of teams across the organisation, while reinforcing

the need for continued focus on long waits in Emergency Departments, corridor care, patient flow, quality and patient experience.

Access standards and revised tiering arrangements

NHS England North West has strengthened its arrangements to improve waiting times across planned care, cancer, diagnostic services and urgent and emergency care. This includes agreed regional targets and making better use of available capacity across organisations. Trusts and integrated care boards will work together on recovery plans, with progress monitored by NHS England North West

From 1 October 2026, access support arrangements will also change. Trusts whose performance is significantly behind plan or getting worse may receive additional oversight and support, with their position reviewed each month. Outcomes will be shared with Trust Chairs and Chief Executives and considered by Boards and their relevant committees.

The Trust will continue to monitor its performance, deliver the required improvements and report progress through its established executive, committee and Board arrangements.

Protecting patient information and confidentiality

NHS England has reinforced its expectations following continued reports of staff accessing confidential patient information without a legitimate reason. Such access is unlawful, represents a serious breach of patient privacy and risks undermining public confidence in the NHS. NHS England has therefore called for a consistent and robust approach, with unauthorised, inappropriate or unjustifiable access expected to be treated as potential gross misconduct in almost all cases.

Organisations are expected to investigate suspected incidents promptly, involve their Data Protection Officer and consider any associated reporting obligations. Where allegations are substantiated, action may include disciplinary proceedings, referral to a professional regulator and, where appropriate, notification to the Information Commissioner’s Office, the police and the affected patient. NHS England has also emphasised the importance of proportionate access controls and effective monitoring, particularly where records may attract heightened interest.

The Trust has reinforced with colleagues that patient records must only be accessed where there is a legitimate work related reason. Existing information governance, audit and workforce arrangements will be reviewed against the updated national advice to ensure that suspected breaches are identified, investigated and addressed appropriately, while maintaining fair and consistent processes for those involved

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 5 – August 2026. Further detail is provided in the Integrated Performance Dashboard, and associated Summary Report alongside the relevant Committee Assurance Reports.

Appendix 2 provides an update on the latest published NHS Oversight Framework metrics and highlights trend against the previous quarter publication.

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:

August 2026

- World Breastfeeding Awareness
- Cycle to Work Day

September 2026

- Urology Awareness Month
- East and South East Asian heritage month
- Pulmonary Fibrosis Awareness Month
- Know Your Numbers Week (An annual week-long campaign encouraging adults to know their blood pressure numbers and take the necessary action to reach and maintain a healthy blood pressure)
- National Inclusion Week
- National Suicide Memorial Day
- World Patient Safety Day
- Migraine Awareness Week
- Rheumatoid Arthritis Awareness Week
- Occupational Health Week
- Organ Donation Week
- International Day of Sign Languages
- World Pharmacists Day
- Macmillan - World's Biggest Coffee Morning

2.5 Signed under Seal

Since the last Trust Board meeting, the following items have been signed under seal:

- Licence to assign for a staff area in Warrington Hospital
- Deed of Variation relating to Unit 42 of Runcorn Shopping City (Halton Health Hub)

2.6 Meetings Attended

Since the last Board meeting, I have continued to engage with local, system and regional partners, representing the Trust and contributing to discussions on service transformation, collaboration and future delivery arrangements. This has included participation in the Cheshire and Merseyside Provider Collaborative Leadership Meeting and Delivery Board, alongside discussions on the Integrated Referral Programme and CMPC blueprint modelling.

I have also met with partners from the University of Chester and North West Ambulance Service, the CMPC Chief Executive, local authority leaders from Warrington and Halton, and Sir David Henshaw, Chair, NHS Cheshire and Merseyside ICB. These discussions have provided opportunities to strengthen strategic relationships, develop shared priorities and ensure that the Trust's perspective continues to inform work across Cheshire and Merseyside.

3. Recommendations

The Council of Governors is asked to note the content of this report.

Appendix 1: CEO Dashboard – Month 5 (August 2026)
Appendix 2: National Oversight Framework Q1

Appendix 1 - CEO Dashboard Month 5 – August 26

North Cheshire and Mersey NHS Foundation Trust

Quality of Care

Indicator	target/limit	Actual	SPC
Incidents open over 40 days	0	42	
Sepsis Screening Emergency	above 90%	74.00%	
Sepsis Screening Inpatients	above 90%	95.00%	
Sepsis Antibiotics Emergency	above 90%	54.00%	
Sepsis Antibiotics Inpatient	above 90%	63.00%	
Inpatient Falls	below YTD 198	230 YTD	
VTE	above 95%	82.36%	
Acute Pressure Ulcers (Category 2)	below YTD 45	57 YTD	
Acute Pressure Ulcers (Category 3 and Category 4)	below YTD 4	6 YTD	
Community Pressure Ulcers (Category 2)	below YTD 78	91 YTD	
Community Pressure Ulcers (Category 3 and Category 4)	below YTD 21	20 YTD	
Medication Reconciliation (within 24 hrs)	above 80%	49.15%	
Complaints over 6 months	0	2	
Healthcare Infections - MRSA	below YTD 0	0 YTD	
Healthcare Infections - MSSA	below YTD 13	15 YTD	
Healthcare Infections – CDI (cumulative)	below YTD 25	39 YTD	
Healthcare Infections - E. coli (cumulative)	below YTD 30	37 YTD	
Healthcare Infections – Klebsiella (cumulative)	below YTD 10	11 YTD	
Healthcare Infections - P. aeruginosa (cumulative)	below YTD 3	4 YTD	
Maternity Postpartum Haemorrhage >1500ml	below 3.7%	3.90%	
MUST nutritional assessment completion	above 85%	71.94%	
Duty of Candor	100%	100.00%	

Workforce

Indicator	target/limit	Actual	SPC
Supporting Attendance	below 5%	6.08%	
Workforce FTE Plan Compliance	100% or below	99.86%	
Core/Mandatory Training	above 85%	91.26%	
PDR Compliance	above 85%	81.07%	

Operational Performance

Indicator	target/limit	Actual	SPC
Diagnostic waiting times - 6 Weeks	above 95% (M12 plan: 97.9%)	93.44%	
RTT 18 Weeks	above 92% (M12 plan: 72.0%)	65.30%	
RTT - patients waiting 52+ Weeks	0 (M12 plan: 130)	321	
RTT - patients waiting 65+ Weeks	0	0	
Elective Outpatient activity	104%	91%	
A&E Waiting Times (Type 1) – % patients waiting under 4 hours	above 78% (plan: 67.0%)	67.69%	
A&E % waiting longer than 12 hours	below 2.00%	24.68%	
% Patients referred to ED from UTC	below 3.00%	10.98%	
Cancer 28 Day Faster Diagnostic Standard	above 80% (plan: 80.1%)	80.21%	
Cancer 62 Day Wait	above 85% (plan: 79.1%)	83.67%	
Ambulance Vehicle Handovers within 45 mins	100% (plan: 94.5%)	81.03%	
Cancelled Operations – not rearranged within 28 days	0	11	
Capped Theatre Utilisation	above 85%	81.60%	
Average days from discharge-ready to actual discharge	1 day or below	1.26 days	
Urgent Community Response (UCR)	70.00%	94.80%	
% Of Community Waiters over 52 weeks (exc. Derm and Dental)	0.00%	22.53%	
Number of patients waiting over 52 weeks (inc. Derm & Dental)	0	2282	
Number of patients waiting over 65 weeks (inc. Derm & Dental)	0	1737	
Number of patients waiting over 104 weeks (inc. Derm & Dental)	0	634	

Finance

Indicator	target/limit	Actual	SPC
Income & Expenditure (£m)	-£15.3	-£16.7	
Capital Spend (£m)	£10.0	£4.5	
Cash Balance (£m)	£13.5	£17.8	
Better Practice Payment Code	above 95%	50%	
Agency Reduction (£m)	£0.9 (30% reduction from 2025/65 plan)	£0.5	
Bank Reduction (£m)	£11.1 (10% reduction from 2025/26 plan)	£12.9	
CIP In Year Delivered in relation to plan	90% of plan	100%	
CIP In Year Delivered in relation to plan (Recurrent)	90% of plan	73%	

Strategy

Well Runcorn

The WELL Runcorn Hub held its official opening ceremony on 10 September and is now providing a range of health, wellbeing and education services in Runcorn old town.

The Hub brings together NHS, local authority, education and community services under one roof.

WELL Runcorn is a key example of the Trust's neighbourhood health approach, supporting prevention, early intervention and improved access to services within local communities.

Since its initial opening to the public in June, WELL Runcorn has welcomed over 1,500 visitors.

Clinical Strategy Development Sessions

The clinical strategy development sessions held with individual groups of clinical services are now under way, with the first sessions covering Paediatrics and Care of the Elderly. The sessions bring clinical teams together to consider where services are now, what they should look like by 2030, and the priority changes needed to deliver our future vision.

Discussions are focusing on how services can support more care closer to home, strengthen prevention and early intervention, and respond to changing population needs.

Key themes emerging from the discussions include neighbourhood health, integration with partners, digital and estates transformation, operational excellence, and developing sustainable services for the future.

Feedback and insights from clinicians and stakeholders will help shape the development of the NCM 2030 Trust Strategy and Clinical Strategy.

UTC

Central funding has been secured to support initial design work for the development of an Urgent Treatment Centre in Warrington, and that work is now underway.

The design phase is expected to be completed by the end of February 2027 and will inform the production of the full business case for submission to NHS England in the summer of 2027.

The proposed location on the Warrington Hospital site remains subject to further assessment and approval. This includes wider aspects such as transport access and car parking provision.

We know there is strong public and media interest and will continue to keep staff updated throughout this process.

Appendix 2

NHS Oversight Framework - NCM Q1 2026/27

Trust Rank	Overall Segment	Average Score
97 out of 134	3	2.63
Previous quarter rank: **102** out of 134	Previous overall segment: 4	Previous Average Score: 2.60
Improvement of 5 places	Improvement of 1 segment	Deteriorated by 0.03

Access to services			Current						Previous		
Sub-domain	**Description**	**Refreshed**	**Reporting Date**	**Metric Score**	**Rank / Segment**	**Performance Threshold**	**Trend**	**Narrative provided**	**Reporting Date**	**Metric Score**	**Rank**
Cancer Care	28 day Cancer diagnosis	Quarterly	Q1 2026/27	1.00	**53** out of 116	2	▼		Q4 2025/26	2.28	**61** out of 118
Cancer Care	62 day cancer treatment	Quarterly	Q1 2026/27	2.00	**20** out of 118	2	▲		Q4 2025/26	1.00	**14** out of 118
Elective Care	% of patients waiting more than 52 Weeks for elective treatment	Quarterly	Q1 2026/27	2.81	**55** out of 129	4	▲	Yes	Q4 2025/26	1.00	**52** out of 130
Elective Care	% of patients waiting more or less than 18 weeks for elective treatment	Quarterly	Q1 2026/27	2.66	**72** out of 129	3	▲		Q4 2025/26	2.42	**62** out of 130
Diagnostics	% of referrals where the patient is waiting 6 weeks or longer for a diagnostic test	Quarterly	Q1 2026/27	1.35	**16** out of 131	2			**New Metric**		
Elective Care	Percentage of patients waiting less than 18 weeks for community services	Quarterly	Q1 2026/27	3.39	**67** out of 79	4			**New Metric**		
Elective Care	Percentage of patients waiting more than 52 weeks for community services	Quarterly	Q1 2026/27	3.62	**68** out of 79	4	▲	Yes	Q4 2025/26	3.55	**37** out of 42
UEC	A&E within 4 hours	Quarterly	Q1 2026/27	2.83	**62** out of 123	4	▼		Q4 2025/26	3.72	**112** out of 123
UEC	A&E within 12 hours	Quarterly	Q1 2026/27	3.98	**121** out of 122	4	▲	Yes	Q4 2025/26	3.95	**117** out of 123
Elective care	Difference between planned and actual 18 week performance - **Non Scoring**	Quarterly	**Not yet published**			Contextual	▼		Q4 2025/26	1.00	**71** out of 130
Domain Summary	**Average score**	**Quarterly**	**Q1 2026/27**	**2.63**	**3**	3	▲		Q4 2025/26	**2.16**	**2**

Effectiveness of Care and Population Health			Current						Previous		
Sub-domain	**Description**	**Refreshed**	**Reporting Date**	**Metric Score**	**Rank**	**Performance Threshold**	**Trend**	**Narrative provided**	**Reporting Date**		**Rank**
Preventing ill health	Percentage of inpatients making a supported quit attempt with an in-house tobacco dependence treatment service	Quarterly	Q1 2026/27	4.00	**97** out of 126	4			**New Metric**		
Effectiveness of Care	Summary Hospital-level mortality indicator	Annually	Q1 2026/27	2.00	Not Ranked	2	▶		Q4 2025/26	2.00	Not Ranked
Effectiveness of Care	Rate of pregnant women with a planned induction that are delayed	Quarterly	Q1 2026/27	1.38	**16** out of 119	2			**New Metric**		
Experience of Care	30 day readmission rate band	Annually	Q1 2026/27	1.00	Not Ranked	2			**New Metric**		
Domain Summary	**Average score**	**Quarterly**	**Q1 2026/27**	**2.10**	**2**	2			**New Domain**		

Experience of Care			Current						Previous		
Sub-domain	**Description**	**Refreshed**	**Reporting Date**	**Metric Score**	**Rank**	**Performance Threshold**	**Trend**	**Narrative provided**	**Reporting Date**		**Rank**
Experience of Care	NHS staff survey advocacy rate	Annually	Q1 2026/27	3.32	**104** out of 134	4			**New Metric**		
Experience of Care	CQC Inpatient survey satisfaction rate	Annually	2024	2.00	Not Ranked	2	▶		2024	2.00	Not Ranked
Experience of Care	Number of patients cared for in corridors - **Non Scoring Metric**	Quarterly	**Not yet published**			Contextual			**New Metric**		
Domain Summary	**Average score**	**Quarterly**	**Q1 2026/27**	**2.66**	**3**	3	▶		**New Domain**		

Finance and productivity			Current						Previous		
Sub-domain	**Description**	**Refreshed**	**Reporting Date**	**Metric Score**	**Rank**	**Performance Threshold**	**Trend**	**Narrative provided**	**Reporting Date**		**Rank**
Finance	Planned surplus/deficit	Quarterly	Q1 2026/27	4.00	**126** out of 134	4	▶		Q4 2025/26	4.00	**126** out of 134
Finance	Variance year-to-date to financial plan	Quarterly	Q1 2026/27	3.00	**98** out of 134	4	▼		Q4 2025/26	4.00	**124** out of 134
Finance	Combined finance	Quarterly	Q1 2026/27	4.00	Not Ranked	4	▶		Q4 2025/26	4.00	**124** out of 134
Productivity	Relative cost difference (National Cost Collection Index)	Annually	Q1 2026/27	1.00	**34** out of 134	2			**New Metric**		
Innovation	Data Quality Maturity Index	Quarterly	Q1 2026/27	2.17	**48** out of 134	2			**New Metric**		
Innovation	% of clinical trials set up within 90 days	Quarterly	**No data for Q1 for NCM**			1			**New Metric**		
Productivity	Implied productivity growth - **Non Scoring Metric**		**Not yet published**			Contextual			**New Metric**		
Domain Summary	**Average score**	**Quarterly**	**Q1 2026/27**	**2.39**	**3**	3	▼		Q4 2025/26	**3.75**	**4**

Patient Safety			Current						Previous		
Sub-domain	**Description**	**Refreshed**	**Reporting Date**	**Metric Score**	**Rank**	**Performance Threshold**	**Trend**	**Narrative provided**	**Reporting Date**		**Rank**
Patient Safety	Proportion of E. coli bacteraemia	Quarterly	Q1 2026/27	4.00	Not Ranked	4	▲	Yes	Q4 2025/26	2.07	Not Ranked
Patient Safety	Proportion of C. difficile infections	Quarterly	Q1 2026/27	3.00	Not Ranked	4	▼		Q4 2025/26	3.33	Not Ranked
Patient Safety	NHS Staff Survey - raising concerns sub-score	Annually	Q1 2026/27	2.74	**78** out of 134	3	▶		2024	1.81	**37** out of 134
Patient Safety	Rate of inpatient falls that cause harm - **Non Scoring Metric**		**Not yet published**			Contextual			**New Metric**		
Patient Safety	% of inpatients to acquire a new grade 3 or 4 pressure ulcer - **Non Scoring Metric**		**Not yet published**			Contextual			**New Metric**		
Patient Safety	% of safety incidents causing harm - **Non Scoring Metric**		**Not yet published**			Contextual			**New Metric**		
Domain Summary	**Average score**	**Quarterly**	**Q1 2026/27**	**2.80**	**4**	4	▲		Q4 2025/26	**2.44**	**2**

People and Workforce			Current						Previous		
Sub-domain	**Description**	**Refreshed**	**Reporting Date**	**Metric Score**	**Rank**	**Performance Threshold**	**Trend**	**Narrative provided**	**Reporting Date**		**Rank**
People and culture	Sickness absence rate	Quarterly	Q1 2026/27	3.3	**119** out of 134	4	▲	Yes	Q4 2025/26	3.19	**114** out of 134
People and culture	NHS Staff survey engagement theme sub-score	Annually	Q1 2026/27	3.01	**90** out of 134	4	▶		Q4 2025/26	3.01	**90** out of 134
People and culture	National Education and Training Survey satisfaction rate	Annually	Q1 2026/27	3.93	**129** out of 134	4			**New Metric**		
People and culture	NHS staff standards score	Annually	Q1 2026/27	2.56	**70** out of 134	3			**New Metric**		
Workforce	Healthcare Worker Flu Vaccination Rate	Quarterly	Q1 2026/27	2.37	**70** out of 134	3			**New Metric**		
Domain Summary	**Average score**	**Quarterly**	**Q1 2026/27**	**3.03**	**4**	4	▼		Q4 2025/26	**3.10**	**4**

Segment 2 or lower
Segment 3
Segment 4
Contextual (Non Scoring)

No Change
Improvement
Concern

North Cheshire and Mersey
NHS Foundation Trust

Council of Governors
Committee Observation Report

Agenda reference:	**COG/26/11/043a (i)**
Committee observed:	**Quality and Safety Assurance Committee**
Date of meeting:	11th August 2026
Author(s):	Diane Nield – Deputy Lead Governor
Governor Observation Report	**Meeting Overview** The meeting was well organised and effectively chaired, with agenda papers available in advance through Team Engine. Attendance included one Non-Executive Director who was also the Committee Chair, with reduced attendance noted due to the holiday season. The meeting was structured and focused, with sufficient opportunity for discussion, challenge and clarification. The Chair managed the agenda efficiently and maintained focus on matters of quality, safety, risk and performance. From a governance perspective, the meeting demonstrated a clear distinction between receiving information and seeking assurance, with questions used to test whether improvement actions were being implemented and whether identified risks were being appropriately monitored. **Governance Effectiveness** The Committee demonstrated effective oversight of quality and safety matters. Discussion remained appropriately strategic and focused on principal risks, assurance and service performance. Members demonstrated an understanding of the organisation's key risks and sought evidence that improvement plans were progressing as expected. The Committee reviewed actions, matters arising and areas of concern across a range of clinical services. A positive governance feature was the use of follow-up reporting, with several matters scheduled to return to

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	future meetings. This provides a mechanism for continued oversight where assurance is not yet complete and supports accountability for delivery. **Quality of Scrutiny and Challenge** There was constructive challenge from Executive and Non-Executive members throughout the meeting. The quality of scrutiny was particularly evident where performance was improving but risks or gaps in assurance remained. National Oversight Framework (NOF) Deep Dive The Committee was taken through the NOF quality indicators to assess provider performance and quality. Questions sought clarity on how the IPR scoring metrics will operate alongside the NOF. Assurance was provided that IPR scoring is under review to align with NOF scoring. Members recognised that the new measures should support improvement in the Trust's overall segmentation score. The Chair appropriately emphasised that the metrics should support better patient outcomes rather than become a 'box ticking' exercise. Hot Topic – Ockenden and Amos Challenge focused on the new 10-point plan developed by NHSE following these extensive reports. Questions appropriately considered how the Trust is listening and responding to patients and strengthening its focus on inequalities. Emergency Department (ED) Improvement Programme The Committee recognised very good four-hour performance while continuing to challenge the ongoing issue of 12-hour waits. Questions regarding the introduction of the new Pain Assessment Tool focused on how its use and effectiveness are being monitored. Fractured Neck of Femur (FNOF) The Committee noted a reduction in mortality rates in the last quarter and plans to increase theatre trauma capacity on Sundays. Scrutiny appropriately explored mobilisation following surgery and recruitment of an orthogeriatrician. These questions tested both operational delivery and the potential impact on patient outcomes. Overall, the Committee demonstrated appropriate

	challenge where improvement trajectories remained uncertain or where operational pressures continued to present risks to patient care. **Quality of Assurance** The Committee received a substantial range of information and evidence to support its discussions. Assurance was strengthened through performance information, improvement plans, monitoring arrangements and agreed follow-up reporting. Surgical Site Infection Update The update provided assurance that all submitted data to the UKHSA surgical site infection surveillance programme includes patients who have undergone hip and knee surgery at CTSM. Between April 2025 and March 2026 there were 367 knee replacements with zero infections and 294 hip replacements with two surgical site infections (0.7%). Quarterly review of surgical site infections at CBU level will continue. Fractured Neck of Femur The update provided assurance that patients who are not admitted to Ward A6 receive the appropriate nursing care, including daily visits from the Trauma Nurse Team. The team tracks the patient journey and seeks to move patients to Ward A6 where possible. Continued monitoring will be important to demonstrate that this arrangement remains effective and that patient outcomes are maintained. ED Improvement Following questions from the Committee, assurance was provided on monitoring use of the new Pain Management Tool, with the tool also being incorporated into the Red Flag Toolkit. This provides a clearer governance mechanism for monitoring compliance and identifying any variation. Quality IPR The Quality IPR metrics provided assurance that VTE assessments, which had been an area of concern at the June QASC meeting, had improved to 95.6%. This demonstrates the value of returning to previously identified issues and testing whether improvement has

	occurred. Areas where assurance remains incomplete; Pressure ulcers remain a recognised issue and there has been a recent increase in falls. Reviews and action plans are being developed. From a scrutiny and assurance perspective, these areas should remain visible until the Committee is satisfied that the actions are delivering sustained improvement and that the underlying causes and trends are understood. Learning from Experience The quarterly Learning from Experience report demonstrated continued assurance, triangulation and sharing, alongside a reduction in PALS complaints in Q1 compared with Q4. **Overall Assessment** Overall, the Committee appeared effective, well-led and appropriately focused on quality, safety and organisational risk even though there was reduced attendance due to the holiday season. Discussions were constructive and demonstrated meaningful scrutiny, with members appropriately balancing recognition of improvement against continued challenge where assurance remained incomplete. The Committee demonstrated good oversight across several complex services and ensured that areas of continuing concern will remain under regular review. **Areas for ongoing attention – Escalation to Board** • National Oversight Framework • Infection Control • ED • Maternity Services. • Fragile Services.

North Cheshire and Mersey
NHS Foundation Trust

Trust Board: Committee Assurance Report

Agenda reference:	BM/26/10/079ai	**Date of Board meeting:**	7 October 2026

Date of meeting:	11 August 2026
Name of meeting and chair:	Quality and Safety Assurance Committee, Chaired by Jayne Downey
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
QSAC/26/08/123	**Deep Dive - National Oversight Framework**	The Committee reviewed the Trust's provisional position against the revised National Oversight Framework and noted a mixed picture across the quality indicators. Potential segment 4 areas included tobacco dependency, C. difficile, NHS Staff Survey measures and temporary staffing costs, with data quality and non-submission affecting some scores. Assurance was received that corrective actions were underway and that the dashboard would be routinely monitored, triangulated with wider performance reporting and developed to support trend analysis and targeted review.	**Moderate**	**Substantial**	Quarter 1 NOF update to Committee in October 2026.
QSAC/26/08/123	**Hot Topic – Maternity and**	The Committee reviewed the Trust's position against the NHS England Maternity and	**Substantial**	**Substantial**	Progress to be monitored

	Neonatal 10 Point Plan	Neonatal 10 Point Plan arising from the Ockenden and Amos reviews. Assurance was received that significant progress had been made through existing maternity improvement and governance arrangements, including executive and regional oversight. Remaining actions largely related to national guidance and further implementation work. The Committee requested that future reporting demonstrated how feedback from women and families had informed improvements and outcomes, and incorporate evidence from the Living Well programme.			through regular maternity and Board reporting.
QSAC/26/08/126	**ED Improvement Update**	The Committee reviewed the Emergency Department improvement programme and noted sustained improvement in four hour performance, ambulance handovers and the number of patients receiving corridor care. Assurance was received that the Red Lines Toolkit, streaming pathways and eight improvement workstreams were supporting reduced waits, improved patient experience and lower admission rates. The Committee recognised that eliminating corridor care remained dependent on whole hospital flow, length of stay, site occupancy and reductions in patients with no criteria to reside.	**Moderate**	**Substantial**	Progress to be monitored through the ED Improvement Group and routine Committee reporting.
QSAC/26/08/128	**Fractured Neck of Femur Update**	The Committee received assurance on continued improvement in fractured neck of femur performance, including time to theatre, post operative mobilisation and Best Practice Tariff achievement. Plans were progressing to extend Sunday trauma theatre capacity, with implementation dependent on completion of workforce processes. The Committee also noted ongoing recruitment to strengthen	**Moderate**	**Substantial**	The Committee would continue to receive monthly updates.

		orthogeriatric support and arrangements to provide specialist review where patients were temporarily cared for outside the designated trauma ward.			
QSAC/26/08/129	**Surgical Site Infection Update**	The Committee reviewed progress following the orthopaedic surgical site infection improvement programme and noted that the latest surveillance results compared favourably with national benchmarks, with no adverse trend or outbreak identified. Assurance was received on established controls covering theatre use, pre operative optimisation, screening and decolonisation, antimicrobial prophylaxis, aseptic practice and wound surveillance. Further work was underway to formalise local surveillance arrangements and strengthen reporting of post discharge concerns.	**Substantial**	**Substantial**	Progress to be monitored through established infection surveillance and governance arrangements.
QSAC/26/08/133	**Infection, Prevention and Control Report**	The Committee reviewed the quarterly infection prevention and control position. C. difficile remained the principal concern, although the Trust remained within the regional middle range and no outbreak or cross transmission had been identified. Assurance was received on strengthened surveillance, environmental hygiene, antimicrobial stewardship and infection prevention actions. E. coli remained within threshold, while a full review was underway following one MRSA bacteraemia case.	**Moderate**	**Substantial**	Progress to be monitored through routine infection prevention and control reporting.
QSAC/26/08/135	**Clinical Pharmacy 6 monthly update**	The Committee received assurance that the clinical pharmacy triage model was embedded and prioritising patients at greatest clinical risk. Improvements were noted in omitted critical medicine doses, medicines reconciliation for high risk patients and discharge prescription turnaround times. Further review was required	**Substantial**	**Substantial**	The Committee received assurance on progress and agreed that a further update would be

		to determine whether higher omitted dose reporting in maternity and urgent and emergency care reflected clinical risk or data quality issues, alongside continued evaluation of the impact of the triage model.			provided in 6 months.

Further items discussed and received for assurance:

QSAC/26/08/125 Compliance Update – Quarter One
QSAC/26/08/127 Patient Safety and Clinical Effectiveness Sub Committee Exception Report
QSAC/26/08/130 Quality IPR Metrics
QSAC/26/08/131 Maternity Reports
(i) Maternity Incentive Scheme (MIS) to include Saving Babies Lives Care Bundle (SBLCB) –
(ii) Cheshire and Merseyside Perinatal Mortality Report (PMRT) Q1
(iii) Maternity and Neonatal Quality Review Report
(iv) MVNP Biannual Report
QSAC/26/08/132 Learning from Experience Report – Quarter One
QSAC/26/08/134 Sepsis High Level Update – Quarter One
QSAC/26/08/136 Clinical Audit Report
QSAC/26/08/137 High Level Enquires and External Assessment/Inspections

Items received for information:

QSAC/26/08/138 Safe Staffing Report – July 2026
QSAC/26/08/139 Quality Improvement Progress Report

Delivery assurance: Assurance in achieving outcomes
Governance assurance: Assurance in the internal controls in place

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

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

North Cheshire and Mersey
NHS Foundation Trust

Council of Governors
Committee Observation Report

Agenda reference:	**COG/26/11/043a (ii)**
Committee observed:	**Quality and Safety Assurance Committee**
Date of meeting:	8th September 2026
Author(s):	Diane Nield – Deputy Lead Governor
Governor Observation Report	**Meeting Overview** The meeting was well organised and effectively chaired, with agenda papers available in advance through Team Engine. Attendance included one Non-Executive Director who was also the Committee Chair. The Committee demonstrated purposeful oversight of quality, safety and operational performance, with evidence of constructive challenge and an appropriate focus on risks that could affect patient care. The meeting considered both positive performance and areas where service pressures or incomplete actions limited assurance. The principal governance question is whether the actions and improvement programmes described are translating into sustained, measurable benefits for patients and staff. **Governance effectiveness** The Committee used questions and follow-up arrangements to test progress, and identified matters for escalation to the Board. The patient story from Halton 0–19 Children's Services provided a valuable reminder of the impact of coordinated compassionate support for vulnerable families and the importance of sustained intervention. The account highlighted the positive contribution of the service, including support that continues through the Help Child programme up to age 19. Board escalation was identified for neurodevelopment services, the MIAA theatre audit, maternity and fragile

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	services. **Quality of scrutiny and challenge** The Committee explored service capacity, performance trends and the impact of operational constraints. In neurodevelopment services, scrutiny recognised substantial demand, a forecast increase in the waiting list, a focus on children rated RED by clinical need, and the need for clarity on funding and capacity. The associated volume of complaints and high sickness rates among administrative staff also indicate potential risks to family experience and service resilience. In Emergency Department performance, members questioned the four-hour data in the context of the introduction of surgical SDEC and examined the deterioration in 12-hour waits and ambulance handovers. Discussion recognised the combined effects of staffing, senior leadership capacity, bed occupancy and time spent in the department. The continuing absence of significant change in corridor care and length of stay, alongside bed closures, reinforces the need to test whether improvement activity is producing meaningful change. Scrutiny of fractured neck of femur care considered improving time-to-theatre and mortality measures, alongside remaining theatre flow constraints and plans to extend Sunday capacity. In maternity, the Committee received updates on the Perinatal Improvement Plan, including five workstreams aligned to Ockenden and Amos expectations, and reductions in neonatal admissions and postpartum haemorrhage. The expectation that Community and Dental services receive comparable Health and Safety scrutiny was also appropriately recognised. **Strength of assurance** Assurance was mixed across the areas considered. Strong assurance was reported in the Acute departments' Health and Safety Annual Report, with most incidents recorded as low or no harm and a food hygiene rating of 5. The Committee also noted improving fractured neck of femur time-to-theatre and mortality data, reduced neonatal admissions and postpartum haemorrhage, and

	that neonatal care was no longer an outlier. Assurance was more limited in areas where actions remained outstanding, or service pressures persisted. The MIAA Safety Audit identified outstanding theatre actions, including difficulties progressing a digital solution for Lorenzo and a staffing gap in the theatre matron checklist assurance process. The interim theatre matron provides interim cover, but the return to paper processes and the need to explore alternative software mean that assurance remains limited pending resolution and review. Neurodevelopment services face significant demand, with 4,120 on the pathway and 369 waiting at the time of the report, and a forecast of 5,000 waiting by March 2027. The service was seeing children rated RED by clinical need while awaiting an update on funding. These factors limit assurance that capacity will be sufficient to meet anticipated demand and that waiting times and family experience will improve. Emergency Department indicators were mixed: the four-hour performance was reported at 75.48%, while 12-hour waits had deteriorated and ambulance handover performance worsened in August following improvement in July. Staffing, reduced senior leadership, bed occupancy and time in department were identified as contributing pressures. Corridor care and length of stay had not changed significantly. Assurance should therefore focus on the impact of improvement actions and the sustainability of any gains. The Perinatal Improvement Plan and associated maternity indicators provide positive evidence of action and progress, but continued oversight is needed to establish that the five workstreams deliver the intended outcomes and address Ockenden and Amos expectations. Similarly, the Committee's expectation of equivalent scrutiny in Community and Dental services should be followed through with evidence that this is in place. **Priority areas for continued oversight** • Neurodevelopment services: capacity and demand, funding, waiting-list trajectories, complaints and

	administrative workforce resilience. • MIAA theatre audit: closure of outstanding actions, theatre matron checklist assurance and a sustainable digital solution. • Emergency Department: 12-hour waits, ambulance handovers, corridor care, length of stay and the impact of staffing and bed capacity. • Maternity and perinatal services: delivery and impact of the improvement plan and continued monitoring of relevant outcomes. • Fragile services: clear risk ownership, mitigations and escalation arrangements. • Community and Dental services: evidence of Health and Safety scrutiny consistent with the Acute departments. **Governor conclusion** From a Governor perspective, QASC demonstrated effective chairing and a clear intent to scrutinise quality, safety and service risks. The Committee recognised positive indicators but did not treat them as sufficient where material pressures or outstanding actions remained. Neurodevelopment capacity, theatre audit actions, Emergency Department flow, maternity improvement and fragile services require continued visibility, with Board escalation where risks exceed the Committee's ability to secure timely resolution.

North Cheshire and Mersey
NHS Foundation Trust

Trust Board: Committee Assurance Report

Agenda reference:	BM/26/10/079aii	**Date of Board meeting:**	7 October 2026

Date of meeting:	8 September 2026
Name of meeting and chair:	Quality and Safety Assurance Committee, Chaired by Jayne Downey
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
QSAC/26/09/147	**Deep Dive – Neurodevelopment Update**	The Committee reviewed the continuing demand and capacity gap within the neurodevelopment pathway, with referrals exceeding available commissioned capacity and waiting times continuing to increase. Clinical risk stratification remained in place to prioritise children with the greatest need, although extended waits for other children remained a significant quality and safety concern. Assurance was received that outstanding harm reviews had been completed and that strengthened monitoring arrangements were in place. The Committee noted continuing work with commissioners on pathway redesign, digital development and medication management, alongside the	**Moderate**	**Substantial**	Further update in January 2027 following receipt of the GIRFT report and the outcome of funding discussions.

		positive initial feedback from the GIRFT review.			
QSAC/26/09/148	**ED Improvement Programme Update**	The Committee reviewed the Emergency Department improvement programme and noted continuing pressures relating to four hour performance, 12 hour waits, ambulance handovers, corridor care and capacity. Assurance was received on targeted improvement work, including ambulance handover arrangements, enhanced streaming and strengthened sepsis governance. The Committee noted that sustainable improvement remained dependent on whole hospital flow, timely discharge and bed capacity, with work continuing to develop a straight to specialty model.	**Moderate**	**Substantial**	Further deep dive on specialty streaming to be presented to the Committee.
QSAC/26/09/151	**MIAA Theatre Safety Audit**	The Committee recognised the positive safety culture improvements achieved within theatres, including the continued reduction in never events. However, further assurance was required that theatre safety standards were being applied consistently through a reliable and auditable system. The Committee therefore retained oversight and requested a gap analysis and improvement plan covering the digital solution, checklist arrangements, evidence requirements, accountability and delivery timescales.	**Moderate**	**Moderate**	Improvement plan to return to the Committee in November 2026 following PSCESC review.
QSAC/26/09/155	**Maternity items**	The Committee reviewed maternity performance and improvement reports and noted continued progress across a number of key quality measures. Improvements included induction of labour performance, neonatal term admissions and postpartum	**Substantial**	**Substantial**	The Committee received the reports for assurance and would continue

		haemorrhage rates, while maternity triage continued to meet its key performance indicators. The Committee noted continuing medical staffing pressures within triage and a midwifery workforce gap that could affect compliance with one element of the Maternity Incentive Scheme. Assurance was received that a workforce review had been completed and that a funding proposal was being developed.			to receive regular updates.
QSAC/26/09/156	**Risk Management Strategy Report**	The Committee reviewed the proposed Risk Management Strategy and requested clarification on whether the document should be presented as a strategy or policy. Further advice will be obtained from MIAA before a recommendation is made to the Board. Opportunities were also identified to strengthen reporting on residual risk, the impact of mitigating actions and the connection between service changes, quality impact assessments, the Corporate Risk Register and the Board Assurance Framework.	**Moderate**	**Moderate**	Advice to be sought from MIAA on the appropriate status of the document. Update to be presented in October.

Further items discussed and received for assurance:

QSAC/26/09/145 Matters arising
1. QSAC/26/07/114 – Safeguarding update on Channel Panel Arrangements for legacy BCH services
2. QSAC/26/08/136 – National Oversight Framework Clinical Audit Scoring
3. QSAC/26/08/137 – High Level Enquiries – Tongue-Tie corrective actions update

QSAC/26/09/146 Patient Story – Halton 0-19 Children's Services - One Families Journey
QSAC/26/09/149 Patient Safety and Clinical Effectiveness Sub Committee Exception Report
QSAC/26/09/150 Fractured Neck of Femur Update
QSAC/26/09/152 Learning from Deaths Q1 Report

QSAC/26/09/153 Quality Priorities Report Q1
QSAC/26/09/154 Mental Health Update
QSAC/26/09/155 Maternity Reports
(i) Maternity and Neonatal 10 Point Plan assurance process
(ii) Perinatal Improvement Plan
(iii) Maternity Incentive Scheme (MIS) to include Saving Babies Lives Care Bundle (SBLCB)
(iv) Maternity and Neonatal Quality Review Report
(v) Avoiding Term Admission into Neonatal Unit (ATAIN) Q1
(vi) Transitional Care Audit Q1 – deferred to October 2026
QSAC/26/09/157 Health and Safety Annual Report
QSAC/26/09/158 RD&I Biannual Progress Report
QSAC/26/09/159 High Level Enquires and External Assessment/Inspections
QSAC/26/09/160 Committee Effectiveness Annual Review

Items received for information:
QSAC/26/09/161 WELL Runcorn Hub CQC registration update
QSAC/26/09/162 Safe Staffing Report – August 2026
QSAC/26/09/163 QIA high level briefing report – deferred to October 2026
QSAC/26/09/164 Information Governance and Corporate Records Group Report Q1

Delivery assurance: Assurance in achieving outcomes
Governance assurance: Assurance in the internal controls in place

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

North Cheshire and Mersey
NHS Foundation Trust

Council of Governors
Committee Observation Report

Agenda reference:	**COG/26/11/043b (ii)**
Committee observed:	The Strategic People Committee
Date of meeting:	16th September 2026
Author(s):	Dr Margaret Bamforth, Public Governor Warrington and Halton
Governor Observation Report	The meeting was chaired by Julie Jarman and attended by Mike O'Connor. This was the first observation I have done since the acquisition of Bridgewater Community Trust, and it was noticeable that the agenda was more manageable and the meeting more effective. The agenda included deep dives on the Gender Pay Gap and the National Education and Training Survey (NETS). Analysis of the pay gap data showed that medical and dental staff account for much of the pay gap, but the excellent paper presented to the committee also highlighted issues relating to leadership opportunities, as well as, addressing issues relating to protected characteristics. The paper identified some clear actions for non-medical staff. Paul Fitzsimmons, Medical Director attended and was able to address some of the progress that has been made to close the gap for medical staff. There is a historical lag which results from clinical excellence awards which have now been abolished. The deep dive on NETS addressed two areas, Maternity and Medical trainees. These were considered in depth and the underlying reasons why these areas had been identified as of concern discussed at some length. There were some good challenges from both NED colleagues and other members of the committee. It was agreed that a paper should be produced to address the financial implications of reducing the number of midwifery students. Rotas and rostering were identified as issue for the postgraduate medical trainees that needs to be addressed. The other agenda item which was discussed at some

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	length was the Unplanned Care workforce CIP. To achieve the level of recurrent CIP is extremely challenging. This was acknowledged but there was appropriate challenge from Committee members, including NEDs. In summary, this was a well-run meeting with excellent papers and presentations. There was a strong focus on governance and assurance and good challenge from both NEDs and other committee members. Julie, as Chair, facilitated discussion while offering appropriate challenge herself. Presentations kept to time and the papers had clearly been read so that contributions were appropriate and valuable. My impression is that the transition from a committee in common has been successful.

North Cheshire and Mersey
NHS Foundation Trust

Trust Board: Committee Assurance Report

Agenda reference:	BM/26/10/079/b/ii	Date of Board meeting:	7 October 2026

Date of meeting:	16 September 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
SPC/26/09/101	**Gender Pay Gap**	The Committee received a detailed review of the gender pay gap which indicated that the position is predominantly influenced by workforce composition, particularly medical and dental staffing, not equal-pay . A more targeted programme of work is being developed around career pathways, appraisal quality, recruitment, leadership development, wellbeing and flexible working. New governance arrangements will provide ongoing oversight and future reporting is expected to align gender pay gap monitoring more closely with other workforce equality measures.	**Moderate**	**Substantial**	

SPC/29/09/102	**National Education and Training Survey (NETS)**	The Committee undertook a detailed review of the NETS position. The overall experience score for the former WHH was 69.14%, sixth from bottom nationally, the former Bridgewater was 93.33%, but was based on only 12 responses. The Committee recognised the low response rates but these did not fully explain the position and improvement is required. Postgraduate medicine is the main area of concern. Survey results had deteriorated across all measures compared with 2024, with particular concerns around overall experience, wellbeing and workload. This was triangulated with feedback from the GMC survey, resident doctor forums and Guardian of Safe Working information. Significant operational pressures, rota and rostering arrangements and the availability of specialty training time were identified as contributing factors. Actions already undertaken include changes to medical rotas intended to increase speciality time, additional registrar-level cover and work to improve ward staffing arrangements. An overarching action plan will return to the Committee, together with safe medical staffing information and indicators that will enable improvement to be monitored through the IPR. For maternity education historically high student numbers had affected placement experience and access to learning opportunities. Student numbers will reduce in a phased approach alongside increased	**Limited**	**Moderate**	

		student engagement, listening mechanisms, additional educational support and strengthened oversight.			
SPC/26/09/103	**Chief People Officer Report**	The Voluntary Redundancy Scheme has received around 400 expressions of interest, with weekly oversight arrangements established and Executive panels scheduled in October. The planned departure date remains 30 November, although some cases may extend beyond this due to needing pension quotations.	**Moderate**	**Substantial**	
SPC/26/09/105	**Workforce Plan Update**	The Committee reviewed delivery against the workforce plan which was 8.4 WTE worse than plan, with significant variation between care groups. Unplanned care was the biggest concern at 93.3 WTE worse than plan, with substantial financial pressures and reliance on non-recurrent delivery. Unplanned care attended Committee to explain their position. The Committee recognised their significant operational constraints including urgent and emergency care pressures, but challenged whether non-recurrent delivery could be converted into recurrent reductions given bed closures on A8. The Committee was assured that enhanced executive scrutiny is in place, including oversight of medical rotas and review of vacancies. Nevertheless, the Committee considered that further assurance is required on delivery of the unplanned care workforce plan and noted that this has been escalated to EMT.	**Moderate**	**Substantial**	

SPC/26/0/108	**Safe Staffing Report**	The Committee received assurance that staffing was safe during the reporting period, although this required significant intervention from senior nursing teams to maintain appropriate staffing and skill mix. Operational pressures remained considerable, including high emergency demand, enhanced mental health care requirements and use of escalation capacity.	**Moderate**	**Substantial**	
SPC/26/09/111	**Committee Effectiveness – Annual Survey**	The Committee effectiveness review was positive overall, although improving the clarity and quality of reports, particularly executive summaries, was identified as an opportunity for further improvement.	**Substantial**	**Substantial**	
SPC/26/09/112	**Updated Committee Cycle of Business**	The Committee approved an updated cycle of business intended to strengthen its future assurance arrangements. This will include: • monthly National Oversight Framework scorecard; • quarterly reporting on workforce elements of the Single Improvement Plan from January; • strengthened monthly workforce IPR reporting supported by quarterly narrative analysis; and • consolidation of existing people and culture reports to reduce duplication. • The Committee effectiveness review was positive overall, although the clarity and quality of reports need further improvement.	**Substantial**	**Substantial**	

The Committee also received the following reports:

Reports for Assurance:
SPC/26/09/104 - Workforce Brief on National, Regional, ICB, or Local Workforce Issues
SPC/26/09/106 – Workforce IPR Report
SPC/26/09/107 – Culture Plan Biannual Update
SPC/26/09/109 - General Medical Council (GMC) Revalidation Annual Report (Medical Appraisal)/NHSE Statement of Compliance + NHSE Annual Organisation Audit (AOA) and Responsible Officer Annual Report
SPC/26/09/110 – General Medical Council (GMC) National Trainee Survey
SPC/26/09/113 – People and Culture Sub Committees Chair's Log

Matters to note for assurance:
Assurance key:
Delivery assurance: Assurance in achieving outcomes
Governance assurance: Assurance in the internal controls in place

Level of Assurance	Description
High	There is a strong system of internal control which has been effectively designed to meet the system objectives, and that controls are consistently applied in all areas reviewed.
Substantial	There is a good system of internal control designed to meet the system objectives, and that controls are generally being applied consistently.
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North Cheshire and Mersey
NHS Foundation Trust

Council of Governors
Committee Observation Report

Agenda reference:	**COG/26/11/043b (i)**
Committee observed:	Strategic People Committee
Date of meeting:	19th August 2026
Author(s):	Diane Nield – Deputy Lead Governor
Governor Observation Report	The meeting was held as per agenda. The Chair and one other NED was in attendance. Discussion points were in depth with clear accountability and holding to account, both NED to Exec and Exec to Exec. The meeting demonstrated meaningful scrutiny, assurance and governance. The Committee provided opportunities for members to challenge information, seek clarification and test whether appropriate assurance existed. Importantly, challenge was evident where there were potential implications for staff experience, patient safety and the wider community. **Evidence of Scrutiny** • Detailed questioning around NHS Staff Standards, including the Board's role, requirements, interpretation of data and comparison with other organisations. • Challenge regarding vacancy rates versus variance rates within the Workforce Plan. • Questioning around the effectiveness and accessibility of the Freedom to Speak Up process. • Questions testing the potential risk and harm arising from reduced safe-staffing fill rates. • Challenge regarding the impact of the midwifery staffing shortfall on the availability of a 24/7 homebirth service. **Evidence of Assurance** • Assurance regarding implementation of the integrated Patchwork medical workforce system across all but

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	three services. • Assurance that the Electronic Staff Record transfer was planned for 1 September 2026. • Assurance sought regarding the provision of single-sex spaces for patients and staff changing facilities. • The Committee tested whether staffing pressures were creating actual or potential patient safety risks and harm. • The establishment of a Standards Task and Finish Group provides a mechanism for continued oversight and follow-up. • The Committee recognised that the short-term alternative to homebirth provision does not remove the underlying staffing issue and that the matter requires further attention. **Governance Observations** The meeting demonstrated a positive approach to governance through clear accountability, appropriate challenge and a willingness to seek clarity where information required further explanation. The effective chairing of the meeting supported constructive discussion and allowed questions to be explored. The invitation for members to review and provide feedback on the conduct of the meeting also demonstrated a commitment to committee effectiveness and continuous improvement.

North Cheshire and Mersey
NHS Foundation Trust

Trust Board: Committee Assurance Report

Agenda reference:	BM/26/10/079bi	Date of Board meeting:	7 October 2026

Date of meeting:	19 August 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
SPC/26/08/084	**Chief People Officer Report**	The Committee received an update on the publication of the revised EHRC Code of Practice (same sex facilities). A new corporate risk (Risk 2620) has been added to reflect the challenges of implementing the guidance consistently across the Trust estate. This risk is to be escalated to Board and is being actively mitigated. More guidance is awaited from NHSE. The Committee discussed the inclusion of the NHS Staff Standards within the NHS Oversight Framework and the implications of comparative ranking between organisations. As staff survey results form a key measure, it was agreed that the workforce IPR and cycle of business would be reviewed to ensure	**Moderate**	**Substantial**	September 2026

		appropriate governance, oversight and assurance of the standards throughout the year.			
SPC/26/08/083	**Hot Topic – NHS Staff Standards**	The Committee received a presentation focused on the recently introduced NHS Staff Standards, of which there are 6. The Committee noted that the staff standards are a national mandated requirement and will be monitored. The standards are programmes of work that are already underway via the staff survey and people promise. NHS England want NCM (and other Trusts) to show same level of grip and control as managing finance and performance. Oversight of reporting likely to be quarterly rather than annual but still being worked up. The committee received an update as to where the Trust is currently ranking on staff standards within the upper quartile at 7.51 out of 10. The committee received an update re governance and assurance and next steps. The committee sought assurance on plans to improve appraisal scores and wellbeing.	**Moderate**	**Substantial**	N/A
SPC/26/08/084	**Workforce Brief on National, Regional, ICB, or Local Workforce Issues**	The Committee were updated on an impact assessment carried out on the Employment Rights Act 2025, as superseding the ERA 1996. The impact of the changes in law, risk, mitigations and actions were noted with some discussion around third party harassment. Approaches to zero tolerance, the issuing of red cards and application of current policies was referred to.			
SPC/26/08/086	**Workforce Plan Update**	The Committee received a paper in relation to the workforce plan which provided assurance that the Trust is currently under plan by 21 wte reduction but £92K behind CIP plan. It was highlighted that some Care Groups were over plan as per the broken down plans	**Moderate**	**Substantial**	September 2026

		provided and there was targeted work and support in place in relation to that.			
SPC/26/08/087	**Annex 31 – Delivery Plan Update**	The Committee received an update on both the B5 and annex 31 task and finish groups and programmes of work. The committee were assured by the update and the delivery plan submitted on 31st July 2026.	**Substantial**	**Substantial**	COB
SPC/26/08/088	**Equality, Diversity and Inclusions Strategy Bi-Annual Update**	The Committee received an update on the EDI strategy. The strategy is aligned to the NHS People Promise, NHS EDI Improvement Plan, WRES, WDES and wider organisational priorities and is structured around four strategic objectives focused on belonging, workforce safety, anti-racism and strengthening staff voice. Overall, delivery remains on track, with significant progress made in establishing the foundations required to support long-term cultural and inclusion improvements across NCM. During the first six months of implementation, activity has focused on strengthening governance, understanding lived experience, developing workforce intelligence and translating national EDI priorities into local action.	**Substantial**	**Substantial**	February 2027
SPC/26/08/089	**Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standard (WDES)**	WRES and WDES 2025/26 reports have been completed using legacy WHH and BCH data, in line with national requirements. Combined Trust-wide WRES and WDES action plans for 2026/27 have been developed, focusing on anti-racism, disability inclusion, leadership development, wellbeing, reasonable adjustments, staff voice, career progression, and reducing bullying, harassment and discrimination. Progress will be monitored through the EDI governance framework. Reports approved to go to Board.	**Substantial**	**Substantial**	August 2027

The Committee also received the following reports:

Reports for Assurance:
SPC/26/08/085 - Workforce Brief on National, Regional, ICB, or Local Workforce Issues
SPC/26/08/090 - Safer Staffing Report
SPC/26/08/091 – Midwifery Staffing Report – Q1
SPC/26/08/093 - Guardian of Safe Working – Annual Report
SPC/26/08/094 – Committee terms of reference
Matters to note for assurance:

Assurance key:
Delivery assurance: Assurance in achieving outcomes
Governance assurance: Assurance in the internal controls in place

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

North Cheshire and Mersey
NHS Foundation Trust

Council of Governors
Committee Observation Report

Agenda reference:	**COG/26/11/043c (i)**
Committee observed:	Finance, Sustainability & Performance Committee
Date of meeting:	Monday 24 August 2026
Author(s):	Helen Bennett, Public Governor, Warrington and Halton
Governor Observation Report	**Purpose of this report** 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. **Assurance on NED Effectiveness** ***1. Strong and disciplined chairing*** The meeting started on time, papers were available on Team Engine and was chaired very effectively by John Somers, who ensured that the agenda was managed in a structured way, considering 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 (Planned Care Recovery Plans) & Hot Topics (Financial Recovery Plan) ***2. High-quality independent scrutiny*** John Somers was the only non-executive attending this meeting (Chair) with absence of the other NED (Julie Jarman) noted. However, John appropriately challenged the Executives, in particular, on the Deep Dive item and the Hot Topic as noted above All challenge was conducted constructively, without being adversarial, and ensured that executives were held to account while also supported in identifying solutions. ***3. Clear focus on assurance rather than operational management*** The Chair consistently steered the conversation back to

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	assurance but requested further detail to ensure clear clarification of a particular issue. Additional follow up questions and the real need to seek clarity by the Chair on the both the Performance & Financial Recovery agendas was made due to the high organisational risk in both these areas. However, despite extensive interactions with the Execs, John stated he had confidence on delivery agendas but not full assurance at this time. 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 Chair focussed their questioning on the key strategic issues. **Overall Governor Assurance** Based on my observation of this meeting, I am assured that: the Chair was actively engaged, very 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 the Chair 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 of green. Key issues raised at the meeting were noted for escalation to the Board of Directors. The Chair also made the decision to escalate directly to the Trust Chair on matters relating to delivery of the Trust's planned activity & financial performance due to lack of assurance provided by the executives at the meeting 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.

North Cheshire and Mersey
NHS Foundation Trust

Trust Board: Committee Assurance Report

Agenda Reference	BM/26/10/079cii	Meeting	Trust Board	Date Of Meeting	7 October 2026

Date of Meeting	28 September 2026
Name of Meeting & Chair	Finance, Sustainability and Performance Committee, chaired by John Somers
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
FSPC/26/09/100	**Electronic Patient Record funding**	The Committee reviewed the funding position for the acute Electronic Patient Record and noted that national funding was unlikely to be available in 2026/27, with the future funding route remaining uncertain. The programme could not progress as planned until funding was confirmed. This remained a significant strategic, operational and financial risk, with options continuing to be explored with partner organisations and NHS England.	The Committee received **Moderate** assurance	The Committee **noted** the report and received **limited** assurance	**Further update to Committee on 26 October 2026.**
FSPC/26/09/101	**Deep Dive - Planned Care Recovery**	The Committee reviewed the planned care recovery position and noted a materially improved August position, including stronger theatre productivity and delivery broadly in line with the monthly activity and income plan. The year to date shortfall remained, with delivery dependent on approved recovery schemes, resolution of the elective restoration funding gap and management of winter capacity. The Committee was more assured but required continued evidence that improvement would be sustained and the residual gap closed.	The Committee received **moderate** assurance	The Committee **noted** the report and received **moderate** assurance	**Quantified recovery update to Committee on 26 October 2026.**

FSPC/26/09/102	**Financial Recovery Plan Update**	The Committee reviewed the developing Financial Recovery Plan, including analysis of the underlying deficit and actions relating to workforce, productivity, non-elective flow, fragile services and corporate costs. Progress was noted, together with strengthened governance arrangements. Further evidence and clearer links between finance, activity, workforce and benefits were required to support completion of a fully quantified three year plan.	The Committee received **moderate** assurance	The Committee **noted** the report and received **moderate** assurance	**Final plan to Committee on 26 October and Board on 4 November 2026.**
FSPC/26/09/104	**Finance, workforce and productivity - Month 5**	The Committee reviewed the Month 5 finance, workforce and productivity position. The Trust remained adverse to plan, while cost improvement delivery was on plan with an increasing recurrent proportion and variable activity had improved in August. Key risks remained in recurrent CIP, unplanned care workforce and pay pressures, bank expenditure, delivery of activity and income plans, future deficit support and the capital trajectory. Assurance was received on the controls, Delivery Unit oversight and external scrutiny in place	The Committee received **moderate** assurance	The Committee **noted** the report and received **moderate** assurance	**Monthly reporting to FSPC on 26 October 2026**
FSPC/26/09/106	**Corporate Performance and national access tiering**	The Committee reviewed the 12 hour urgent and emergency care position, which remained the principal performance concern. The position reflected continuing pressures on patient flow and corridor care. Assurance was received that improvement actions were underway and subject to established oversight, with the position to remain visible to the Board.	The Committee received **limited** assurance	The Committee **noted** the report and received **moderate** assurance	**Progress to be monitored through monthly performance reporting.**

Items for noting

FSPC/26/09/103	*Delivery Plan Update*
FSPC/26/09/104(ii)	*Cost Pressures*
FSPC/26/09/104(iii)	*Cash Support Update*
FSPC/26/09/104(iv)	*Monthly CIP Updates M5*

FSPC/26/09/104(v)	*PwC Update*
FSPC/26/09/104(vi)	*Monthly Productivity Update* • *Theatres (inc. CIP opportunities in session usage)* • *Outpatients* • *UEC Improvement*
FSPC/26/09/104(vi)	*Capital Expenditure*
FSPC/26/09/105	*Workforce Plan Update*
FSPC/26/09/107	*Single Improvement Plan*
FSPC/26/09/108	*Winter Board Assurance*
FSPC/26/09/109	*Elective Recovery Update*
FSPC/26/09/110	*Senior Risk Information Owner Annual Report*
FSPC/26/09/111	*Committee Effectiveness Review*
FSPC/26/09/112	*Minutes / Action Log of the EPR Procurement Oversight Group*
FSPC/26/09/113	*Digital Strategy Group Update*

Assurance Key:

Delivery Assurance: *Assurance in achieving outcomes* ***Governance Assurance:*** *Assurance in the internal controls in place*

Level of Assurance	Description
High	There is a strong system of internal control which has been effectively designed to meet the system objectives, and that controls are consistently applied in all areas reviewed
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No	There is an inadequate system of internal control as weaknesses in control, and/ or consistent non-compliance with controls should/ has resulted in failure to achieve the system objectives

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

North Cheshire and Mersey
NHS Foundation Trust

Trust Board: Committee Assurance Report

Agenda Reference	BM/26/10/079ci	Meeting	Trust Board	Date Of Meeting	7 October 2026

Date of Meeting	24 August 2026
Name of Meeting & Chair	Finance, Sustainability and Performance Committee, chaired by John Somers
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
FSPC/27/08/081	**Deep Dive – Planned Care Recovery Plans**	The Committee reviewed the planned care recovery position and noted that activity and income remained materially below plan, with workforce gaps, theatre productivity, case mix and elective recovery funding contributing to the shortfall. Recovery actions were underway and performance was expected to improve during the second half of the year. However, the Committee was not assured that the plan, as presented, would deliver the required full year activity, weighted activity and income trajectory. Further quantified evidence was required on each intervention, including its impact on activity, RTT, income, ownership, timescale and delivery confidence.	The Committee received **Limited** assurance	The Committee **noted** the report and received **Limited** assurance	**Revised recovery plan to Committee in September 2026 and Board in October 2026.**
FSPC/26/08/082	**Hot Topic – Financial Recovery Plan**	The Committee reviewed the developing Financial Recovery Plan and noted that it remained an early working document. The plan was aligned with the integration Full Business Case and set out a phased route towards financial sustainability, supported by productivity, CIP and further system opportunities. Assurance	The Committee received **moderate** assurance	The Committee received **moderate** assurance.	**Revised plan to Committee in September 2026 before Board approval.**

		was received on the developing governance and executive oversight arrangements. However, further quantified delivery evidence and stronger alignment with operational recovery plans were required before a higher level of assurance could be provided.			
FSPC/26/08/084 (i)	**Finance Report M4**	The Committee reviewed the Month 4 financial position and noted that the Trust remained adverse to plan. CIP delivery was on plan, with an improving proportion delivered recurrently, although continued reliance on non recurrent measures and delivery of productivity schemes remained key risks. Assurance was received on financial controls, executive oversight and actions to strengthen recurrent savings, workforce control and delivery against the recovery trajectory	The Committee received **moderate** assurance	The Committee **noted** the report and received **substantial** assurance	**Progress to be monitored through monthly finance reporting.**
FSPC/26/08/084 (vii)	**Capital Expenditure and Schemes over £500k**	The Committee reviewed the capital programme and approved the proposed contingency movements. Capital expenditure remained behind plan and several major schemes were subject to cost, timing or delivery pressures. Particular attention was given to the timetable for the Emergency Department escalation scheme and its dependency with the Urgent Treatment Centre programme. The Committee requested clear confirmation that any temporary use of available capital funding would be distinguished from a decision to delay the underlying scheme	The Committee received **moderate** assurance, pending clarification of the delivery timetable and the impact on linked schemes.	The Committee **noted** the paper receiving **substantial** assurance.	**Revised timetable and dependency assessment to be reported following review.**
FSPC/26/08/089	**Corporate Performance Report**	The Committee reviewed the Corporate Performance Report and noted continued positive performance in elective care, cancer and outpatients, alongside improvement in four hour Emergency Department performance. Twelve hour waits remained the principal area of concern, with improvement dependent on	The Committee received **moderate** assurance, recognising positive performance in	The Committee **noted** the paper receiving **substantial** assurance	**Further update through the next corporate performance reporting cycle**

		reducing length of stay, bed occupancy and patients with no criteria to reside. RTT performance was slightly below trajectory, while diagnostics were improving and cancer standards had been achieved in month. The Committee requested clearer visibility of community and dental performance in future reports.	several areas alongside the continuing 12-hour performance challenge		

Items for noting

FSPC/26/08/083	*Delivery Unit Update*
FSPC/26/08/084 (ii)	*Cost Pressures*
FSPC/26/08/084 (iii)	*Cash Support Update Q2*
FSPC/26/08/084 (iv)	*Monthly CIP Updates M4*
FSPC/26/08/084 (v)	*PwC Update*
FSPC/26/08/084 (vi)	*Monthly Productivity Update*
FSPC/26/08/084 (vii)	*Capital Expenditure M4 including schemes over £500k – supported and approved the movement in capital contingency*
FSPC/26/08/085	*Workforce Plan Update*
FSPC/26/08/086	*Pay Assurance Report*
FSPC/26/08/087	*Benefits Realisation Quarterly Report Q1*
FSPC/26/08/088	*Medical Workforce Review Group Quarterly Report Q1 - deferred*
FSPC/26/08/089	*Corporate Performance Report*
FSPC/26/08/090	*Recovery Update*
FSPC/26/08/091	*Radiology WLI Revenue Request*
FSPC/26/08/092	*Digital Strategy Group Update*
FSPC/26/08/093	*EPRR Update*
FSPC/26/08/094	*Capital Planning Group Annual Report*

Assurance Key:

Delivery Assurance: *Assurance in achieving outcomes* ***Governance Assurance:*** *Assurance in the internal controls in place*

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

Council of Governors
Committee Observation Report

Agenda reference:	**COG/26/11/043d**
Committee observed:	Audit Committee
Date of meeting:	27 August 2026
Author(s):	Dr Margaret Bamforth, Public Governor – Warrington and Halton
Governor Observation Report	The Committee was chaired by Mike O'Connor and was attended by all NEDs, apart from Julie Jarman who was away on leave. Following the initial business, Mike invited Jan McCartney to address any updates to the Board Assurance Framework (BAF). There are currently nine strategic risks on the BAF, and the NEDS sought additional assurance on the following risks, Urgent and Emergency Care Flow, Elective Recovery and Health Equity. Jane asked some questions about Health Equity and asked for additional assurance. Discussion included the opportunities to address this through closer working with community services. Mike raised digital resilience and the progress with the procurement of the EPR. Mike then invited the NEDs to give updates from the Board Sub-Committees. John Somers gave feedback from on the Trust finances. At month 4 the financial plan is on track although dependent on receiving support for the MARS scheme. There is an emphasis on implementing the elective recovery plan and theatre utilisation. Having a compliant financial plan has unlocked some benefits. Cliff raised ED performance – most improved Trust for 4 hours waits due mainly to improved triage. However,12 hour performance remains near the bottom of the league table. There are concerns about the neurodevelopmental service which has lengthy waiting times. There is improvement in fractured neck of femur performance following some significant changes in the

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	way patients are cared for and monitored. The typing backlog has reduced significantly and the transition to lyrebird is almost complete. Jane fed back on Infection Control and Maternity issues. There were good challenges, questions and discussion on the issues highlighted by the committee chairs. This is an effective part of the meeting which allows updates and elucidation of those areas where NEDs are looking for assurance. The meeting was focussed on assurance and governance and included reports from internal and external audit. Mike is an effective Chair and encourages questions and discussion while enabling effective challenge from all members of the Committee.

North Cheshire and Mersey
NHS Foundation Trust

Trust Board: Committee Assurance Report

Agenda reference:	**BM/26/10/078d**	**Date of Board meeting:**	7 October 2026

Date of meeting:	Thursday 27 August 2026
Name of meeting and chair:	Audit Committee, Mike O'Connor (Non-Executive Director and SID)
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/26/08/046	**Finance, Sustainability and Performance Committee update**	The Committee received an update on the Trust's financial position and the developing financial recovery plan. As the plan was still being developed, the Committee was not yet able to take assurance on delivery. Successful delivery would depend on recovery of planned care activity, improved productivity and implementation of the identified recovery actions. The plan remained subject to further Executive, Committee and Board scrutiny before finalisation. **Lead officer:** Chief Finance Officer.	**Limited**	**Substantial**	Revised plan to FSPC on 28 September and Extraordinary Trust Board on 1 October 2026. Ongoing monitoring through FSPC and Trust Board.
AC/26/08/048	**Internal Audit follow-up**	The Committee noted continued progress in completing outstanding Internal Audit actions and agreed extensions where these were considered	**Substantial**	**Substantial**	Confirmation required when Safe Staffing

		reasonable in light of organisational integration and system changes. It requested confirmation once the Safe Staffing actions had been independently verified and further justification for the proposed longer extension relating to a Critical Application Review action. **Lead officer:** Associate Director of Finance (Operational).			actions have been verified by MIAA. Further rationale required for the Critical Application Review extension.
AC/26/08/050	**Internal Audit Progress Report**	The Committee received the E-Rostering Review, which provided Moderate Assurance. The principal area for improvement related to the timely approval of rosters and the implications for staffing oversight, workforce planning and assurance over safe staffing arrangements. The Committee also received the Data Security and Protection Toolkit review, which identified a number of areas requiring improvement. Management had accepted the recommendations and provided comprehensive responses, with delivery to be closely monitored. The position will be reported to the Board, alongside wider consideration of cyber security through a forthcoming Board Development Session. **Lead officers:** Deputy Chief Nurse / Chief Finance Officer / Interim Digital lead.	**Moderate**	**Substantial**	E-Rostering actions and progress against the Data Security and Protection Toolkit recommendations to be monitored through the Internal Audit follow-up process and Audit Committee.
AC/26/08/052	**MIAA Workforce CIP Governance Review**	The Committee received the independent MIAA review of the governance arrangements supporting delivery of the Workforce CIP. The review recognised the significant work already underway and the strengthening of executive accountability, while identifying further opportunities to improve triangulation between	**Substantial**	**High**	Further report to Audit Committee in November 2026. Relevant workforce and financial actions to be reported

		workforce, financial and operational information. All recommendations had been accepted and a further report requested to demonstrate implementation and the effectiveness of the enhanced arrangements. **Lead officers:** Company Secretary / Chief Finance Officer.			through the appropriate Board committees, including FSPC.
AC/26/08/053	**External Audit update**	The Committee received confirmation that the Trust had received an unqualified external audit opinion, consistent with the position previously reported. The opinion had been issued ahead of the statutory deadline and no further matters requiring escalation were identified. **Lead officer:** Chief Finance Officer.	**High**	**High**	n/a

Other agenda items:
AC/26/08/045 Board Assurance Framework
AC/26/08/046 Committee Chairs Updates - Quality and Safety Assurance Committee update, including resolution of the outpatient typing backlog and transition to Lyrebird
AC/26/08/047 Report from the Risk Oversight and Performance Assurance Forum
AC/26/08/048 Progress Report on Internal Audit follow-up actions
AC/26/08/049 Internal Audit progress on legacy BCH follow-up actions
AC/26/08/051 MIAA External Quality Assessment results and action plan
AC/26/08/054 Counter Fraud progress update
AC/26/08/055 Anti-Fraud, Bribery and Corruption Policy
AC/26/08/056 Losses and Special Payments
AC/26/08/057 Quotation and Tender Waivers
AC/26/08/058 North West Skills Development Network Biannual Report
AC/26/08/059 Standing Financial Instructions
AC/26/08/060 Freedom of Information Policy
AC/26/08/061 Committee Chair's Annual Report
AC/26/08/062 Committee Effectiveness Review

Delivery assurance: Assurance in achieving outcomes
Governance assurance: Assurance in the internal controls in place

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North Cheshire and Mersey
NHS Foundation Trust

Council of Governors
Committee Observation Report

Agenda reference:	**COG/26/11/043e**
Committee observed:	**Charitable Funds Committee**
Date of meeting:	3 September 2026
Author(s):	Sue Fitzpatrick, Lead Governor
Governor Observation Report	**Quality of chairing and governance discipline** The meeting was chaired by Andy Carter. 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. . **Constructive Engagement with patients** There was clear evidence of the charity's impact on patients and families, particularly through its support for ICU. The ICU balcony project was highlighted as providing patients and families with a safe space away from the clinical environment and supporting emotional wellbeing during what can be an extremely difficult period. The use of direct patient and family quotations within the reporting was particularly effective in demonstrating the tangible impact of charitable support. The Trust impact report provided further evidence of the charity's contribution to patient care and included patient feedback to demonstrate the difference made by charitable funding. The report also reflected on the charity's 30th anniversary and the opportunities presented by integration to further strengthen engagement with the local community. **Clear focus on assurance and governance.** The committee received an update on fundraising performance. Overall income was above plan and expenditure was below plan. The principal reason for the positive income position was higher-than-anticipated

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	legacy income, which had partly offset grant-maker income being below plan. The committee recognised the competitive nature of grant funding, and KH confirmed that work is being undertaken to review and strengthen grant-writing capability. The fundraising report provided evidence that the required funding had been secured to enable the Willow Tree Hub project to commence. Updates were also provided on the ICU balcony, ophthalmology sensory garden, WHH 30th birthday activities, and corporate, community and staff fundraising. Importantly from an assurance perspective, the report clearly identified the next steps for the various fundraising activities. **Funding Bids and Committee Challenge** Three bids had received Executive-level approval, with two subsequently considered in detail by the committee. These related to the refurbishment of the Emergency Department staff room and the provision of a reasonable adjustment room within ED. Following discussion and challenge, the refurbishment of the staff room was approved. The reasonable adjustment room was agreed in principle, subject to revised wording concerning the proposed use of the room, particularly in relation to Section 136 requirements. Reserves - approval was gained for an increase of £10k, The decision was considered within the committee's governance arrangements, providing assurance that the level of reserves continues to be subject to appropriate oversight. There was a discussion on risk register, the Chair queried the risk of cyber security but all systems relating to the charity follow policies and procedures of NCM. The draft annual report was presented to the committee for feedback. It is scheduled to progress to the Audit Committee in November. **Overall Governor Assurance** Based on the observations made during the meeting, I am assured that the committee is operating with an appropriate level of governance discipline, scrutiny and challenge. No significant concerns regarding the conduct or

	effectiveness of the meeting were identified during the observation. The Chair noted the good standard of the papers, and JC will circulate a survey following the meeting to seek feedback and identify any opportunities for further improvement.

Warrington and Halton Hospitals' Charity
An NHS Charity

NHS
North Cheshire and Mersey
NHS Foundation Trust

Trust Board: Committee Assurance Report

Agenda reference:	**BM/26/10/079e**	**Date of Board meeting:**	7 October 2026

Date of meeting:	3 September 2026
Name of meeting and chair:	Charitable Funds Committee, chaired by Andy Carter, NCM Chair
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/26/09/005	**Charity Annual Impact Report**	The Committee welcomed the stronger focus on impact, personal stories and testimonials and agreed the report should be promoted widely. The report will also be presented to the Trust Board as part of the Charity annual reporting arrangements. **Lead:** Deputy Director of Comms and Engagement (HS)	**High** The report demonstrated the breadth and impact of charitable activity across patient care, staff wellbeing and community engagement.	**High** Annual impact reporting is in place and provides the Committee and Board with evidence of how charitable funds are used.	October 2026
CFC/26/09/008	**Bid Applications**	The Committee approved the Emergency Department staff room refurbishment bid. A proposed Reasonable Adjustments Room was approved in principle, subject	**Substantial** The staff room scheme can proceed, but	**High** The Committee applied appropriate	October 2026 / December 2026

		to written clarification on its operation and eligibility criteria. **Lead:** Director of Comms and Engagement (KH)	delivery assurance for the Reasonable Adjustments Room remains dependent on the requested operational clarification.	scrutiny and conditions before final approval of the Reasonable Adjustments Room.	
CFC/26/09/010	**Charity Risk Register and Risk Statement**	The Committee reviewed the two open risks, approved continued use of the Risk Management Statement and received assurance that Charity systems operate within Trust procurement, IT and cyber security controls. Learning from the supplier insolvency, including possible payment protection measures, will be reviewed. **Lead:** Head of Fundraising (HH), Director of Comms and Engagement (KH)	**Substantial** Existing risks are actively monitored and no outstanding actions were reported, with further learning identified from the supplier incident.	**High** Risks have been reviewed through the Risk Review Group and the Committee approved the Risk Management Statement.	December 2026
CFC/26/09/011	**Annual Report and Accounts 2025/26**	The Committee reviewed the draft Annual Report and Accounts. The accounts will undergo independent examination, be presented to Audit Committee in November and return to the Committee in December before Charity Commission submission. **Lead:** Financial Planning Accountant (TL)	**Substantial** The year-end position showed a positive movement in funds and the statutory reporting timetable is progressing.	**High** Independent examination and sequential review by Audit Committee, Charitable Funds Committee and Trust Board are built into the approval process.	November 2026 / December 2026 / 31 January 2027

Other Agenda Items
CFC/26/09/004 Impact Story – Intensive Care Unit

CFC/26/09/006 Fundraising Report and Quarterly Workplan
CFC/26/09/007 Finance Report
CFC/26/09/009 Review of Reserves Policy
CFC/26/09/012 Committee Chair's Annual Report to Board
CFC/26/09/013 Committee Effectiveness Annual Review – advise of survey

Assurance key:
Delivery assurance: Assurance in achieving outcomes
Governance assurance: Assurance in the internal controls in place

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

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

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Governor Questions

Ageda Reference:	COG/26/11/044

Question 1	How assured are the Non-Executive Directors that there are effective processes in place to ensure that issues of concern raised within Sub-Committees, or identified through Governors' observations, are escalated promptly to the appropriate level of the Board, with clear accountability for ensuring that they are addressed and followed through to resolution? For example; The Nutrition, Hydration Sub Committee has constant challenges achieving MUST scores especially when patients are very unwell. The recent Transport Committee meetings have been cancelled or shortened at very late notice with little consideration for Governor attendance when rescheduling. **Responder(s): Cliff Richards, Non-Executive and Deputy Chair, Deputy Chief Nurse, Tracy Fennell**

Questions 2	How will the Trust ensure that any future governance arrangements maintain appropriate independent community representation, accountability and scrutiny, and is the current Governor role expected to evolve or potentially be replaced by alternative mechanisms for community engagement and oversight? **Responder(s): Chair, Andy Carter, Company Secretary John Culshaw**

Question 3	What assurance is there that learning from Martha's Rule is being shared across the organisation and translated into measurable improvements in patient safety and care?" **Responder(s): Cliff Richards, Deputy Chair and Chair of QSAC, Deputy Chief Nurse, Tracy Fennell**

Question 4	Given the current uncertainty surrounding voluntary redundancy (VRS), how is the Board assessing the potential for compulsory redundancies, their impact on staff morale, service delivery and patient care, and what measures are being taken to minimise this risk and provide clarity and reassurance to staff? **Responder(s): Julie Jarman, Non-Executive Director and Chair of SPC, Exec Lead: Paula Woods, Chief People Officer**

North Cheshire and Mersey
NHS Foundation Trust

Council of Governors
Committee Observation Report

Agenda reference:	**COG/26/11/045i (a)**
Committee observed:	**Board development day**
Date of meeting:	02 September 2026
Author(s):	Sue Fitzpatrick
Governor Observation Report	**Quality of chairing and governance discipline** **Purpose of this Report** This report is to provide assurance to the Council of Governors that the Board is undertaking training and development in line with NHSE requirements. The second part of the meeting showed NEDs continue to provide appropriate independent oversight, constructive challenge and scrutiny of the Executive Team. The report reflects observations of Board behaviours, governance arrangements. **Assurance on Non-Executive Director Effectiveness** **1. Strong leadership** The Board meeting was well organised, commenced on time and was effectively chaired by the Chair, Andy Carter. Agenda items appeared appropriately prioritised. Board papers had been reviewed in advance and enabling informed discussion and challenge. The meeting commenced with a cyber security presentation delivered by Louisa Jayne O'Neill of Templar International Group Ltd. The session provided relevant and thought-provoking development for Board members, particularly in the context of the NHS's increasing reliance on digital technologies and the associated organisational, operational and patient safety risks. The training appropriately positioned cyber security as a Board-level governance and assurance responsibility, rather than solely a technical matter. It provided an

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	overview of the Trust's cyber security risks, existing controls, areas for improvement and relevant NHSE expectations for Board assurance. The session highlighted key areas including infrastructure resilience, detection and response capabilities, third-party risks, recovery arrangements and the importance of continued Board oversight, assurance and monitoring. The discussion demonstrated the relevance of cyber security to organisational resilience, business continuity and patient safety. The Board also undertook active bystander training, which introduced the principles of active bystander intervention and the 4Ds approach to responding appropriately to poor or unacceptable behaviour. Board members considered practical scenarios and explored their individual and collective responsibilities in promoting civility, respect, psychological safety and shared accountability. The training reinforced the importance of positive leadership and the role of Board members in supporting an organisational culture in which staff feel safe to speak up and challenge behaviours that are inconsistent with the Trust's values. The remainder of the meeting followed established Board processes and governance arrangements. **2. High-quality independent scrutiny.** A number of substantive matters were presented by Executive Directors, including an estates update, the draft financial recovery plan and the radiology Waiting List Initiative (WLI). Throughout the meeting, NEDs demonstrated effective independent scrutiny and constructive challenge across key areas of performance, risk, finance and assurance. Questioning was appropriately focused on understanding the evidence, the level of assurance available to the Board, potential risks and the actions required to address areas of concern. **3. Overall Governor Assurance.** Overall, I was assured that the Non-Executive Directors were well prepared, provided constructive challenge and maintained effective oversight of performance, quality, risk and governance throughout the second part of the

	meeting. The Board sought robust assurance on key issues, demonstrating a clear focus on strategic oversight rather than operational management. The meeting provided confidence that the Board is effectively holding the Executive Team to account while maintaining a culture of openness, continuous improvement and evidence-based decision-making. **4. Assurance on NED Effectiveness.** From an assurance perspective, the meeting provided confidence that the Non-Executive Directors are effectively discharging their statutory responsibilities by providing robust scrutiny, constructive challenge and independent oversight of the Executive Team. Throughout the meeting, NEDs maintained a clear focus on governance, risk management, quality, workforce, financial sustainability and patient safety, ensuring that decisions aligned with the Trust's strategic objectives, values and statutory duties. The Board development sessions also demonstrated a commitment to maintaining and strengthening the knowledge and skills required for effective Board leadership and oversight, particularly in relation to emerging organisational risks such as cyber security and the importance of culture, civility and psychological safety.

North Cheshire and Mersey
NHS Foundation Trust

Council of Governors
Committee Observation Report

Agenda reference:	**COG2611045i b**
Committee observed:	**Board Meeting**
Date of meeting:	07 October 2026
Author(s):	Sue Fitzpatrick
Governor Observation Report	**Quality of chairing and governance** **Purpose of this Report** The purpose of this report is to provide assurance to the Council of Governors that the Board is operating effectively and that the NEDs are providing appropriate independent oversight, constructive challenge and scrutiny of the Executive Team. The report reflects observations of Board behaviours, governance arrangements and the extent to which Board discussions support effective decision-making and the delivery of the Trust's strategic objectives. The first part of the meeting was observed by two members of the public and the incoming Chief Nurse. **Assurance on Non-Executive Director Effectiveness** **1. Strong leadership** The Board meeting was well organised, commenced on time and was effectively chaired by the Chair, Andy Carter. Agenda items appeared appropriately prioritised. Board papers had been reviewed in advance enabling informed discussion and challenge. The meeting commenced with a patient story, Chelsea's Story, which highlighted the positive impact of compassionate, personalised and trauma-informed maternity care. Following a previous traumatic birth experience at a London hospital, Chelsea felt anxious and traumatised. In contrast, her experience at Warrington was significantly different, leaving her feeling confident, empowered and supported throughout her care. This powerful and positive story demonstrated how

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	a compassionate, person-centred and trauma-informed approach can transform a woman's maternity experience, helping to rebuild trust, alleviate anxiety and support emotional healing. It reinforced the importance of listening to women, recognising their individual needs and providing care that enables them to feel safe, respected and empowered throughout their maternity journey. The inclusion of the patient story at the beginning of the meeting provided a clear reminder of the importance of patient experience in Board-level discussions and decision-making. The remainder of the meeting followed established Board processes and governance arrangements. **2. High-quality independent scrutiny.** The Chief Executive's report highlighted key leadership appointments, ongoing initiatives to strengthen staff wellbeing, inclusion and organisational culture, continued collaboration to improve patient flow, access to care and services closer to home. Trust performance has improved to NHS oversight framework segment 3, with good progress in cancer, elective and diagnostic services, while sustained focus is required on urgent and emergency care, corridor waits, workforce and financial pressures. The Chair, who has been in post for six months, reflected on his observations and highlighted key areas of organisational strength. Financial sustainability remains a key priority, alongside opportunities to improve integration, patient flow through A&E, and discharge processes. The Chair was reassured that the organisation is well positioned and performing well in several key areas, while recognising that further work is required to address ongoing challenges. Continued engagement with WBC and ambulance services remains important to strengthening partnership working and improving patient pathways. In addition, work is progressing with local universities and colleges to develop the future workforce pipeline, including initiatives to engage and support young people into health and care careers. Throughout the meeting, NEDs demonstrated engagement with key areas of performance, quality, risk

and assurance. The Integrated Performance Report (IPR) and committee assurance reports were examined, with attention given to areas of identified risk and underperformance. The identification of indicators that are both underperforming and deteriorating provides an important mechanism for prioritising Board attention and directing scrutiny towards areas requiring improvement.

The Private Board considered a range of substantive reports covering quality, patient safety, workforce, communications and governance. These included an update on fragile services, the CQC Quarter 1 compliance update, maternity-related reports, including the Ockenden and Amos ten-point plan, and annual audit reports relating to WHH and BCH.

NEDs demonstrated effective independent scrutiny and constructive challenge.

3. Overall Governor Assurance.

Overall, the observations provided assurance that NEDs were prepared, engaged in Board discussions and maintained a focus on performance, quality, risk and governance. The Board's consideration of the IPR, committee assurance reports and substantive quality and workforce matters demonstrated attention to areas of organisational risk and the need for continued improvement.

The discussions reflected a focus on strategic oversight and accountability, rather than operational management, supporting the Board's responsibility to scrutinise executive delivery and ensure alignment with the Trust's strategic objectives.

An independent perspective from the incoming Chief Nurse broadly supported the observations made during the meeting. She highlighted positive engagement, the value of the patient story and the clear recognition of positive outcomes and patient experiences. She also observed a respectful culture that recognised contributions across professional specialities and supported partnership working. The balance between strategic planning and operational performance was also noted positively. She identified an opportunity to further consider whether community performance had been given sufficient focus during the meeting.

	From a governance perspective, the meeting provided assurance that NEDs were undertaking their oversight role through engagement with performance, quality, risk, workforce and financial sustainability. Their contribution supported the Board's responsibility to provide strategic direction, hold the Executive Team to account and promote evidence-based decision-making.

North Cheshire and Mersey
NHS Foundation Trust

GOVERNORS OBSERVATION PRO-FORMA (Non-Ward Based)

Date: 14/09/2026 3pm Department: The Nest and Triage	**Department Managers: Faye Riley Joyce Sarah Nuttie**	**Governors Present: S Fitzpatrick D Nield D Akeju and S Walton**		
Number of Patients: Capacity: 4 birthing baths Total on day of visit: O	**Staff on duty:**	**Days**	**Nights (if applicable)**	**CBU Manager:**
	Midwife	2	2	
	Support worker	1	1	**Matron: Charlotte Harrison**
	AHP's			
	Students			**Head of Midwifery Kimberley Farrell (deputy DOM) Tina Moor (DOM)**
	Domestic Assistants			
	Administration			**Departmental Manager(s): Faye Riley-Joyce Consultant midwife Sarah Nuttie**
	Housekeepers			

FIRST IMPRESSIONS	**First Impressions** **Based on your first impressions on entering this department, how confident are you that patients are experiencing good care?**	**Confidence Score**
	Using your senses, what do you hear, see, smell and feel? Why? What do you notice? Does that build confidence and trust? Does your experience or score change as you are in the department? Is appropriate information displayed? This is a consultant midwife led department. The overall atmosphere within the department was clean, calm and welcoming, giving the impression of a private hospital environment. The birthing areas were quiet and peaceful, with a relaxed and non-clinical feel. The NEST birthing area consists of four individual suites, each containing a bed and birthing pool, with two larger and two smaller suites. The rooms were uncluttered, with clinical equipment stored discreetly in cupboards and drawers. This creates a more homely and relaxing environment for women and their families, while still maintaining access to the equipment required to provide safe care. We were particularly reassured by the knowledge, experience and professionalism of the staff. Staff were highly knowledgeable and appropriately qualified, with individuals trained in specific roles and in the use of relevant equipment.	**0 /.1 /.2./3** **3**

	These observations built confidence in the safety and quality of care being provided. The facilities of the NEST are offered to most patients, providing a choice of environment and supporting a positive birthing experience. The whiteboard and information displayed on the walls were neat, clear and appropriately presented. However, it was noted that the NEST whiteboard was still displaying a date of June 2026. This should be reviewed and updated to ensure that all displayed information is current and accurate.	
WELL LED	**Well Led** **How confident are you that this department is 'well led'?**	**Confidence Score**
	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? This is a consultant midwife led area. The department appeared to be well led, with staff demonstrating a high level of knowledge, experience and professionalism. Staff were able to confidently answer questions and discuss the reasons behind performance data and trends. There are currently 12 midwives within the team, with two rostered each day. The on-call doctor is based within the birthing suites, providing access to medical support when required, The consultant midwife explained that staff do long shifts and she makes sure that shifts are covered knowing that shortfalls in staffing can lead to clinical incidents. The department has recently recruited four new members of staff and is now fully staffed. This is a positive development and is expected to provide an opportunity to promote the NEST more widely, including through social media, to increase awareness of the service. There is a Home birth Team and two midwives are usually at a delivery. At the moment homebirth is not being promoted because of lack of resources and due to last incident about home confinement. Staff spoke positively about the new working model developed by WHH, which removes the requirement for midwives to undertake on-call duties. The NEST is the first unit in the country to implement this model. Staff appeared to value the change and the benefits it brings to their working arrangements. There was a strong culture of learning, safety and continuous improvement. Staff were knowledgeable about developments and research taking place at other hospital sites and demonstrated an understanding of how learning from these could inform local practice. Staff demonstrated a good understanding of their departmental data and were able to discuss the factors contributing to current figures. For example, we discussed post-partum haemorrhage (PPH) and the reasons behind the figures. Staff were able to explain that factors such as maternal age, BMI, IVF and diabetes can contribute to increased bleeding, rather than the figures simply reflecting differences	**0 / 1 / 2 /3** 3

	in how data is recorded. QAC has been reviewing PPH and referral numbers, as the data had indicated that the unit was an outlier. Staff were aware of this and were able to discuss the issues and actions being taken. There has also been positive development in relation to neonatal care. New CPAP machines have been introduced to support babies' lungs, which has contributed to a reduction in the number of referrals. The discussion demonstrated that staff were engaged with their data and understood the importance of	
SAFETY, CARING and RESPONSIVE	**Safety, Caring and Responsive** **How confident are you that this department is safe and caring?** Do staff know how to escalate concerns and are there any visible hazards? Do staff communicate and interact with patients or service users in a caring manner? Do staff provide care that meets individual needs of patients? Do patients feel involved in their care and treatment? Are staff aware of any risks in their areas? WHH has implemented a number of changes following learning from the Ockenden and Amos reports, supported by extensive staff training. Staff demonstrated a clear awareness of these changes and the importance of following the 10 Steps, which outlines 10 evidence-based steps for safe, respectful, and effective maternity care, including dignity, midwifery-led support, continuous labour support, drug-free comfort options, evidence-based practices, emergency care access, collaborative care, and breastfeeding support. There were no hazards observed during the visit. The language and discussions throughout the visit consistently focused on safety, with staff demonstrating a strong understanding of the importance of maintaining safe maternity care. We were not able to observe direct interactions between staff and patients during the visit, as there were no patients in the NEST at the time. However, patient feedback provided assurance that women are satisfied with the treatment and care they receive. We were also made aware of the role of Team River, which provides additional support for non-English-speaking patients and those with learning difficulties or complex needs, including patients experiencing mental health difficulties. This demonstrates a commitment to ensuring that care is accessible and responsive to the individual needs of patients. The security arrangements within the maternity setting were excellent and appropriate for the	**Confidence Score** **0 / 1 / 2 /3** 3

	environment. A card swipe system is used for both entry and exit, providing controlled access and supporting the safety and security of women, babies, families and staff. We wanted to enter the Ward through an internal entrance and we were told we had to go out to enter through the triage entrance. Suggestion-may be to have a bell which is linked to triage so that the receptionist on that side can open the inside door. We were lucky the Consultant Midwife was on the Community Midwives ward to take us in. There is a Health and Safety question regarding the midwives delivering on low bed and the pool as	
EFFECTIVE	**Effective** **How confident are you that the department processes are effective?** Does the department appear to be clean and organised? Are patients' appointments managed well? The NEST was exceptionally clean, well-organised and presented. Notices advised that the area has achieved a five-star cleaning rating, which was consistent with what we observed during the visit. The environment was uncluttered and equipment was stored appropriately, contributing to the calm and welcoming atmosphere. Staff were also clear about the escalation processes within the department and knew who they could approach if they needed additional support. They were aware of the Speak Up Champions and indicated that they would feel comfortable escalating concerns to Tina if required. When asked what one thing they would change, staff identified the introduction of pull-down resuscitaires as an area for improvement. The current resuscitaire is located outside the birthing rooms, meaning that in an emergency the baby may need to be taken away from the mother. Staff felt that this can cause additional anxiety for the mother and identified a pull-down resuscitaire within the birthing room as a potential improvement. The maternity triage area is located at the front of the NEST and was described to us as being similar to an ED for pregnant women. Approximately 700 appointments are managed each month, involving around 400 individual patients, many of whom require multiple appointments.	**Confidence Score** **0 / 1 / 2 /3** 3

	There are three midwives on shift, with two primarily dealing with patients and one managing telephone calls. When there are no patients in the NEST, staff from the NEST support the triage team with administration and telephone calls, demonstrating good use of available resources. Patients attending triage are assessed and categorised as red, orange, yellow or green within 15 minutes of arrival. Red patients are seen immediately. Orange patients are placed in a clinical room and remain there until assessed. Yellow patients are seen within one hour, while green patients are seen within four hours. Staff explained that some patients categorised as green may have been appropriately managed by their GP.	
FURTHER FEEDBACK	**Please use this section to record any other observations / interactions.**	**Confidence Score**
	Follow-up visit to C23	**0 / 1 / 2 /3**

	As part of the visit, we also returned to C23 to follow up on our previous governor visit in 2024. It was pleasing to see that a number of the previously identified environmental issues had been addressed. The windows have now been replaced and the former induction bay area has been refurbished and incorporated into the main ward. The bathrooms were free from mould, although some of the tiling was looking tired and may benefit from further attention. There were 21 patients on the ward at the time of our visit. Staff reported that the usual staffing establishment is four staff during the day and two at night, which they felt provided a safe level of staffing. On the day of our visit, however, only three of the four daytime staff were present. The ward continues to use mobile CTG monitoring. Staff also continue to use reflection practices, and QR codes are displayed to encourage patients to provide feedback about their experience. Patient feedback was mixed. One recurring theme was noise levels at night, which patients identified as an area that could affect their experience and rest. **Additional observations** Team River provides additional support for non-English-speaking patients and those with learning difficulties or complex needs, including patients experiencing mental health difficulties. This provides assurance that the service recognises and responds to the individual needs of patients and supports equitable access to care.	3
LASTING IMP	**Having carried out this observation, how confident do you now feel about whether patients are experiencing good care in this department?**	**Confidence Score**

RESSIONS and EEVIDENCE of GOOD PRACTICE	Are there any specific areas of learning identified? Overall, the lasting impression is of a professional, knowledgeable and caring team with a strong focus on safety, learning and continuous improvement. The visit provided good assurance about the quality of the environment, leadership and approach to care. Would just like to highlight the high number of caesarean sections. The visit demonstrated a clear commitment to meeting the diverse needs of women, including through Team River's support for women with communication difficulties, learning difficulties, complex needs and mental health needs. The use of technology such as Lyrebird was also seen as having a positive impact on staff efficiency and reducing administrative burden. The mural was also really impressive and Emma Bright and Carmel college did a wonderful job.	**0 / 1 / 2 /3** 3

SHARING FINDINGS	
IF ANY IMMEDIATE CONCERNS: Escalate to Deputy Chief Nurse, or Associate Chief Nurse for Planned or Unplanned Care.	**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.

North Cheshire and Mersey
NHS Foundation Trust

Governor Observation Visit

Date / Time:14/09/2026 3pm Ward / Department: NEST Triage and C23 (follow up)

Team: S Fitzpatrick D Nield D Akeju and S Walton

First Impression

Positives	Recommendations
Clean, calm, welcoming and well-presented environment.	Information displayed within the department was generally clear and well presented. But whiteboard date needed updating. Also need to reflect current data (NCM branding)
Birthing suites provide a relaxed, homely and non-clinical atmosphere. Clinical equipment is stored discreetly while remaining readily accessible.	The Caesarean Section rate is quite high- we would like to understand why and be assured that this is being monitored by DOM and QAC.
Staff demonstrated strong knowledge, experience and professionalism.	
We liked the monthly delivery statistics on the board with information about numbers of normal deliveries and caesarean sections	

Well Led

Positives	Recommendations
Well led with staff knowledgeable, experienced and professional.	Consider opportunities to promote the NEST more widely now that the team is fully staffed, including through appropriate social media and communication channels.
Strong culture of learning, safety and continuous improvement	Continue to monitor PPH and referral data and the impact of actions arising from QAC review.
Staff spoke positively about the new working model and its benefits.	

Safe

Positives	Recommendations
Staff demonstrated awareness of learning from the Ockenden and Amos reports.	Continue to maintain the strong focus on maternity safety and learning from national reports.
Staff had received training and understood the importance of the 10 Steps.	Monitor staff ensuring the application of the 10 Steps in practice.

Strong focus on safety throughout the department.	.Notwithstanding budget constraints consider the staff wish regarding the introduction of pull-down resuscitaires minimising separation of the baby from the mother
Excellent controlled-access security arrangements	Suggest internal bell entry is connected to the reception desk at triage so it may be heard
	Possibly conduct a risk assessment on the Health and Safety question regarding the midwives delivering on low beds/pools and the possible impact

Caring

Positives	Recommendations
Calm, welcoming and homely environment.	Continue to promote awareness and use of Team River support where appropriate
Care is designed to support individual needs and equitable access.	The hard of hearing have Apps that may be used; but we have to be cautious that not all will have android telephones.
Team River provides additional support for patients with communication, learning, complex or mental health needs.	

Food and Nutrition

Positives	Recommendations
N/A	N/A

Responsive

Positives	Recommendations
Range of birthing environments available to women, with four birthing suites providing flexibility and support capacity.	As before continue to promote awareness of Team River and the support available to patients with additional needs.
Clear triage categorisation and response times.	
Access to antibiotics and scanning facilities supports timely assessment and treatment.	.

Effective

Positives	Recommendations
Staff understand escalation processes.	Continue to review staffing and resource use across NEST and triage to ensure demand is appropriately managed.
Staff are aware of Speak Up Champions and feel able to raise concerns	
Clear triage processes support timely assessment	

Further feedback

Positives	Recommendations
C23 progress since the 2024 governor visit.	Review the condition of tired bathroom tiling and consider whether further refurbishment is required
Reflection practices remain in place.	Monitor and respond to patient feedback regarding noise levels at night.
Lyrebird is reported by staff to reduce administrative burden and improve efficiency	

Lasting impression

Positives	Recommendations
Professional and caring team with strong leadership	Ensure all displayed information, including the NEST whiteboard, remains current and accurate.
Strong focus on safety, learning and continuous improvement	Promote the NEST and its available facilities now that the team is fully staffed.
Positive environment and evidence of improvement in C23	Continue monitoring PPH and referral data and actions arising from QAC review.
	Monitor the number of Caesarean Sections

North Cheshire and Mersey
NHS Foundation Trust

SERVICE VISIT REPORT

SERVICE LOCATION:

DATE: REPORT:

Service Location & Address	Physio therapy Warrington hospital Lovely Lane Warrington
Team Leader/Manager	The visit focused on the Musculoskeletal (MSK) Physiotherapy Service, including orthopaedic, rheumatology and pelvic health physiotherapy provision.
Date and time of visit	3pm 14/10/2026
Governor attendance	Sue Fitzpatrick and Catherine Ardern
Non-Executive Director attendance	N/A
Facility Condition	The MSK department has a clinical environment comprising curtained treatment bays and a number of workstations. The team also has access to a physiotherapy gym, although this is kept locked outside normal working hours. During the visit, several facilities and environmental issues were identified that warrant further consideration. **Clinical accommodation and privacy.** The team identified a particular need for additional enclosed treatment rooms for pelvic health physiotherapy. Intimate assessments are difficult to undertake appropriately in curtained cubicles, where privacy and confidentiality can be compromised. The department has a large examination room that could potentially be divided into three or four individual treatment rooms. These would require appropriate facilities, including sinks. Previous

	quotations have been obtained from the Estates team, but a full business case may now be required. There may be an opportunity to seek support from Sharon Marlow to progress this proposal. Other rooms containing baths were being used to store ward equipment. It may be worth reviewing whether these spaces could be returned to clinical use or used more effectively to help address accommodation pressures. **Noise and the clinical environment.** Staff raised concerns about noise levels in the curtained treatment bays. When treating older patients, physiotherapists sometimes need to speak loudly to ensure they can hear and understand one another. This can affect other patients in neighbouring bays. The noise levels can be particularly challenging for neuro-divergent patients and those with sensory sensitivities. One member of staff described using the gym to assess a patient with Down syndrome when it became apparent that the noise in the main clinical area was causing overstimulation. The team uses the ICE system to flag patients who require reasonable adjustments. In some circumstances, virtual appointments are arranged because the department cannot adequately accommodate a patient's needs within the existing clinic environment. **Staff safety and security** A potential staff safety concern was identified in relation to rooms that can be locked from the inside but cannot be unlocked from the outside. This could create difficulties if a patient became distressed or agitated and staff needed assistance. Staff reported that they tend to leave doors open during treatment, which is not ideal for privacy. A swipe-card system or another suitable access arrangement could be explored to improve safety while maintaining appropriate privacy and security. The team also reported that someone had broken into the physiotherapy gym outside normal working hours. Although the gym is locked after 5 pm, there is no CCTV coverage. The adequacy of existing security arrangements may be reviewed. **Estates and infection prevention concerns.** A leaking waste pipe from theatres was identified in the

	staff room used by the pelvic and breast health physiotherapy team. The potential implications for infection prevention and control are unclear and should be assessed by the appropriate Estates and infection prevention teams.
Staff Feedback – staff issues and general feedback	**Workforce pressures and service demand** The MSK service is consultant-led, with patients generally referred through consultants. At Halton, the team also receives GP referrals through the pain team. The department has 14 MSK team members, although staffing numbers and working arrangements are flexible. Staff work across Warrington and Halton, with some working two days at Warrington and three days at Halton. Despite this arrangement, the team appears to work collaboratively and maintain good working relationships. Some team members have worked in the service for more than 10 years, while others, including Ade Okeya, have joined the team more recently. The referral and administration lead has worked in the team for 18 years and plays an important role in triaging referrals and coordinating appointment lists. The team was open about the financial pressures affecting hospital services and acknowledged the workforce reductions and wider organisational changes being planned. Staff identified staffing levels as the single most important issue they would change. The service is expected to see approximately 500 new patients each month but is currently managing around 700. Staff reported that management is seeking to increase this to 760 patients per month without additional staffing. They also expressed concern that vacant posts are not being replaced when colleagues leave. These pressures are significant, particularly given the service's commitment to reducing waiting times and delivering appropriate care. **Working practices and student support** The team sees patients in 30-minute appointment slots, generally between 9 am and 5 pm. Staff reported seeing approximately four new patients and seven follow-up patients per day.

Three second-year master's students from Liverpool Hope University were undertaking practical learning within the department. They felt that the practical experience helped them apply their academic learning and reported feeling very well supported throughout their placement. This was positive feedback about the team's commitment to education, training and professional development.

Use of digital tools and technology

The team has access to Lyrebird, an electronic documentation tool. Although staff recognised its potential benefits, they did not feel that it consistently saved time because the output required substantial checking, editing and correction.

Staff found it quicker to write notes manually following hydrotherapy sessions. However, they considered Lyrebird particularly useful during chronic pain consultations, where there is a considerable amount of information to capture.

The team is exploring ways to improve its use, including the potential for completing standardised proformas and integrating the tool with telehealth consultations. There may be an opportunity to review the system's configuration, training and integration with existing workflows to ensure that it delivers meaningful time savings.

Telephone consultations and virtual care

The team is committed to the principle of helping patients remain at home wherever possible and is looking forward to the planned changes expected next year.

Staff acknowledged that some patients prefer to remain at home and appreciate the social interaction provided by telephone consultations. However, telephone appointments make it difficult to assess patients' mobility and general presentation. For example, staff may not know whether a patient is in bed, dressed and moving around, or experiencing significant functional difficulties. Video consultations could help overcome some of these limitations by allowing clinicians to observe patients' mobility and presentation more directly.

Further exploration of video-enabled telehealth may therefore support clinical assessment while helping

	the service deliver care in a way that is convenient for patients. **Staff engagement, escalation and speaking up** Staff described a clear management hierarchy and stated that concerns would generally be escalated through the management team. They were aware of the Speak Up Champions and some had previously used them to resolve issues involving ward staff. One member of the team was less familiar with the role but understood the process after discussion. This highlighted the importance of ensuring that all staff understand the available routes for raising concerns, including both management escalation and the Speak Up arrangements. **Organisational changes** The team demonstrated an understanding of the financial pressures facing the organisation and the need to review how services are delivered. Staff appeared to have embraced the principle of supporting patients to remain at home wherever appropriate and were generally positive about the changes expected to be implemented next year. Integration with colleagues from BCH is also expected to fully take place next year. This may provide opportunities to improve pathways and consistency across services.
Waiting areas	The waiting area appeared adequate. A review of reasonable adjustments may be useful.
Noticeboards	No specific observations about the notice boards were recorded during the visit.
Tour and staff engagement	The visit provided an opportunity to speak with members of the MSK physiotherapy team and understand the challenges affecting service delivery. Staff were engaged and forthcoming about both the positive aspects of their work and the areas requiring improvement. There was evidence of a collaborative team culture, supported by experienced staff, a clear management structure and a commitment to

providing good patient care.

The principal issues raised during the visit related to workforce capacity, waiting times, clinical accommodation, privacy, noise, digital systems and the increasing demand for pelvic health services.

Waiting times and referral management

Staff reported that they have worked hard to manage waiting lists and maintain acceptable waiting times, although keeping numbers down remains a constant challenge.

The service's reported waiting times vary between sites:

- Halton: approximately 18 weeks.
- Widnes: approximately 6 weeks.

The team can access waiting-list information and rotas through the computer system to support triage. However, the fracture clinic does not fall within the MSK service's remit.

The referral system is due to move to the electronic Referral Service (ERS). This change is expected to improve the referral process and support better outcomes. BCH already uses ERS.

The team is also considering whether Getting It Right First Time (GIRFT) funding could support recruitment at Widnes, enabling some Halton patients to be seen there and potentially reducing waiting times.

These proposals may offer opportunities to improve patient flow, although the impact will depend on staffing capacity, pathway design and available clinic space.

Pelvic health physiotherapy

Pelvic health waiting times were a particular concern for staff, who felt strongly that the service needed improved accommodation and a more efficient patient pathway.

Demand for pelvic health services has increased substantially. Staff attributed this partly to greater public awareness, reduced stigma surrounding pelvic health symptoms and improved awareness among

	GPs. However, patients can experience lengthy delays before receiving physiotherapy. Due to current contractual arrangements, patients may have to pass through two stages before seeing a physiotherapist. In Warrington, GPs can refer patients to consultants but cannot refer directly to pelvic health physiotherapy. The team reported that waits for a consultant appointment can reach 12 months before patients are referred onwards to physiotherapy. The team also highlighted that patients may wait up to a year for a gynaecology appointment and could potentially benefit from advice and support during this period. The service uses Living Well to help manage demand and increase capacity. Feedback from patients attending the Living Well Hub has been very positive. However, access is restricted because patients must be referred by a consultant or through the Bridgewater bowel incontinence team. The pelvic health team also delivers group sessions at Living Well, with approximately five patients per class. These sessions can provide helpful support for patients. Staff described the perinatal pelvic health service as one of the best in the region. They felt it was disappointing that patients could not self-refer, particularly as the women's hospital no longer offers self-referral. The team reported that patients may take approximately four years from first becoming aware of their symptoms to seeking help. This reinforces the importance of accessible information, timely assessment and reducing barriers to treatment. The team would welcome a one-stop clinic model in which patients could receive a consultant review and begin physiotherapy then and there, rather than experiencing prolonged delays between appointments. This proposal merits further exploration with consultants and service managers.

Clinical accommodation for pelvic health

The lack of enclosed treatment rooms was a recurring concern. Curtained cubicles are not ideal for intimate assessments, and staff believe that dedicated examination rooms would improve privacy, dignity and the quality of care.

The large examination room identified during the tour could potentially be converted into three or four enclosed treatment rooms, subject to feasibility, appropriate facilities and Estates approval. Previous quotations have been obtained, but a full business case may be needed to progress the proposal. Support from Sharon Marlow could be explored.

This would be a tangible opportunity to address a concern raised directly by the team and improve the environment for patients and clinicians.

Service capacity and pathway development

The team uses a range of approaches to manage capacity, including group sessions and alternative appointment arrangements.

The anticipated integration with BCH colleagues and the introduction of ERS may provide opportunities to streamline referrals and improve coordination between services.

Further consideration could also be given to whether telehealth, one-stop clinics and more flexible use of existing clinical space could reduce delays and improve patient access.

Facility security and staff safety

The visit identified several issues requiring follow-up:

- Rooms that cannot be unlocked externally when locked from the inside.
- The absence of CCTV coverage or other security measures in the physiotherapy gym, following an out-of-hours break-in.
- A leaking waste pipe from theatres in the staff room used by the pelvic and breast health physiotherapy team.
- Rooms containing baths that were being used to store ward equipment.

These matters should be reviewed with the relevant

	Estates, security and infection prevention teams to determine the risks and appropriate corrective action.
Summary of visit	The visit highlighted a committed and collaborative MSK physiotherapy team that works hard to maintain services despite increasing demand, workforce pressures and limitations in the clinical environment. Staff demonstrated an understanding of the financial challenges facing the organisation and were positive about planned changes, particularly the focus on supporting patients to remain at home. Positive feedback from three Liverpool Hope University master's students also reflected the team's commitment to education and professional development. Workforce capacity was identified as the team's greatest concern, with approximately 700 new patients being managed monthly against an expected 500, and a potential increase to 760 without additional staffing. Pelvic health services face particular challenges due to rising demand, lengthy referral pathways and a lack of suitable private examination rooms. Noise levels, accessibility for patients with sensory sensitivities, room security and a leaking waste pipe were also identified as issues requiring attention. Staff recognised the potential benefits of Lyrebird but felt that further development was needed to realise its time-saving benefits. Opportunities to improve services include developing dedicated pelvic health treatment rooms, exploring a one-stop clinic model, improving referral pathways and considering greater use of telehealth. The planned introduction of ERS, potential GIRFT funding and integration with BCH colleagues may also help improve access and waiting times. Overall, the team is experienced, engaged and committed to patient care.

North Cheshire and Mersey
NHS Foundation Trust

Governor Observation Visit

Date / Time: 3pm 14 Oct 2026 **Ward / Department: MSK Physio**

Team: S Fitzpatrick C Ardern

First Impression

Positives	Recommendations
The team appeared welcoming, experienced and collaborative, with a clear management structure.	Consider a review the clinical environment to ensure that it meets patients' needs for privacy, dignity and accessibility.
The clinical area has workstations, curtained treatment bays and access to a physiotherapy gym.	Is there scope to improve the use of existing rooms and create additional enclosed treatment spaces.

Well Led

Positives	Recommendations
Staff described good teamwork across Warrington and Halton, with experienced colleagues supporting newer members of the team	Review staffing levels against increasing demand. The service is managing approximately 700 new patients monthly against an expected 500, with a potential increase to 760
Staff are aware of management escalation processes and Speak Up Champions.	

Safe

Positives	Recommendations
Staff demonstrated awareness of patient safety, privacy and sensory needs.	Investigate rooms that cannot be unlocked externally when locked from the inside, as this could create risks if a patient becomes distressed or agitated.
Staff use the ICE system to identify patients requiring reasonable adjustments	Review noise levels and the suitability of treatment areas for patients with sensory sensitivities.
	Refer the leaking waste pipe in the pelvic and breast health staff room to Estates and Infection Prevention and Control for assessment
	Review security following the out-of-hours gym break-in

Caring

Positives	Recommendations
Staff demonstrated a commitment to providing supportive, individualised care.	Improve privacy and dignity for pelvic health patients by exploring the creation of enclosed examination rooms.
The team recognises that some patients appreciate the social interaction provided by telephone consultations and supports care closer to home where appropriate.	Consider quieter treatment spaces for neuro-divergent patients and those with sensory sensitivities.
	Explore video consultations where appropriate to support more effective remote assessment of patients' mobility and general presentation.

Food and Nutrition

Positives	Recommendations
Not Applicable	

Responsive

Positives	Recommendations
Staff have worked hard to manage waiting lists and maintain access to treatment despite increasing demand.	Support whether GIRFT funding could support an additional person at Widnes and allow some Halton patients to be seen there
The team uses group sessions at the Living Well Hub to support capacity, with positive patient feedback.	Review opportunities for patients to access pelvic health support earlier.

Effective

Positives	Recommendations
The team works collaboratively across sites and uses triage and appointment management processes to support patient flow.	Assess whether Lyrebird can be better configured or integrated into clinical workflows to reduce the need for corrections and improve time savings.
Staff recognise the potential benefits of digital tools such as Lyrebird, particularly for chronic pain consultations	Progress the planned ERS implementation and assess its impact on referral management and waiting times.

Further feedback

Positives	Recommendations
No issues outside the visit were observed	

Lasting impression

Positives	Recommendations
The visit left a positive impression of a committed, experienced and collaborative team that is working hard to provide good patient care despite considerable operational pressures.	The most pressing priorities are to review staffing capacity, improve pelvic health referral pathways and clinical accommodation, and address the identified facilities and security concerns.
Staff demonstrated an understanding of organisational challenges and a willingness to adapt and improve services.	
The positive feedback from students and the team's constructive approach to service development were particularly encouraging.	

North Cheshire and Mersey
NHS Foundation Trust

Council of Governors

Agenda reference:	**COG/26/11/046**			
Subject:	**Membership Strategy Q2**			
Date of meeting:	10 November 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:	This report updates on activity against the three strategic objectives of the Trusts Memberships strategy, and the priorities agreed against each of these objectives: **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. **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. **Strategic Objective 3: Sustainability** Taking meaningful steps so we can make sure that we are promoting sustainability in all membership			

<table>
<tr><td></td><td colspan="3">communications and activities.

The report consists of:
• Overview of Q2 activity</td></tr>
<tr><td>Purpose: (please select as appropriate)</td><td>To approve</td><td>To note
✓</td><td>Decision</td></tr>
<tr><td>Recommendation:</td><td colspan="3">The council of Governors is asked to note the Q2 progress against the objectives set out in the membership strategy.</td></tr>
<tr><td rowspan="4">Previously considered by:</td><td>Committee</td><td colspan="2">Governor Engagement Group</td></tr>
<tr><td>Agenda reference</td><td colspan="2">GEG/26/10/30</td></tr>
<tr><td>Date of meeting</td><td colspan="2">19 October 2026</td></tr>
<tr><td>Summary of outcome</td><td colspan="2">Noted</td></tr>
<tr><td>Next steps:</td><td colspan="3">none</td></tr>
<tr><td>Freedom of information status (foia):</td><td colspan="3">Release Document in Full</td></tr>
<tr><td>Freedom of information exemptions applied (if relevant):</td><td colspan="3">None</td></tr>
</table>

North Cheshire and Mersey
NHS Foundation Trust

Membership Strategy Update

Q2

2026/27

Home
Community
Hospital

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 2	Expected completion
Educate current and prospective members on the membership offer at WHH.	• Members Newsletters – May edition was circulated 20 August 2026, with a 41% open rate. Next one w/c 30 November 2026 following governor election results • 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 Halton Hospital Entrance 1 on Thursday 30 April 2026. Next one planned for 19 October in Birchwood Shopping Centre, 12.30-1.30pm • 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, last one issued to 3 new members on Monday 28 September 2026.	Ongoing Ongoing Ongoing
Reinforcing the various ways members can contribute their views, thoughts and ideas to help shape WHH and showcasing what the Trust is doing in response to the feedback received.	• Members Newsletter – Next edition will be circulated on w/c 30 November 2026 • Experts by Experience (EbyE) programme is promoted via member newsletters. • Governors have participated in the following: • Disability Awareness Day, 12 July – Sue Fitzpatrick • Warrington Mela, 6 Sept – Alan Davies, Sue Fitzpatrick	Ongoing Ongoing Complete

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 and to be ambassadors for the Trust.

Priorities	Activities in Quarter 2	Expected Completion
Keep members and partners updated on developments at WHH plus the activity of the Council of Governors so that we can promote engagement and also attract new members.	• 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	3 August 2026 Ongoing Ongoing
Retention of active members and recruitment of new Members.	• Governor engagement and recruitment stands (as above) • Local community and internal NVM 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	• Adhoc visits to departments/areas after GEG dependent on time.	Ongoing
Governors Development Day	Welcome to new governors and an introduction to NCM 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 2	Expected Completion
Focusing on reaching out to the target groups which are underrepresented such as under 35's, public male members as well as those in ethnic minority groups.	• 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.	• Civica Engage is being used with new Trust branding to circulate members newsletters. • Welcome letter to new members via Civica Engage – informing them of the benefits of being a member and links to important information on the NCM 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 2	Expected Completion
Being environmentally conscious in production of our marketing material.	• 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.	**Reduced printing** • Members Newsletter now circulated via email only • August newsletter achieved an open rate of 41% 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.	• The Trust currently has 3,102 active members (a reduction from 9,940 - 31 March 2023). Membership figures alter throughout the year, with new joiners and leavers.	Ongoing





Well Runcorn –
30 July 2026



Disability Awareness Day –
12 July 2026



Warrington Mela –
6 September 2026

Forthcoming Engagement Events: 2026/2027

Date	Event	Time	Venue	Event Purpose	Governors Attending
19 October2026	Governors Engagement Stand	12.30pm – 1.30pm	Birchwood Shopping Centre, Birchwood	To sign up new members and engage with the public.	TBC

2027/2028

Date	Event	Time	Venue	Event Purpose	Governors Attending
June 2027 (date tbc)	Warrington Pride	10am to 4.30pm	Warrington town centre / Golden Square	Annual partnership event celebrating the town's LGBTQIA+ community.	
26 June 2027	Warrington Armed Forces Day	10am to 6pm	Crosfields Rugby Club, Great Sankey, Warrington, WA5 1XU	Annual partnership event supporting veterans and those serving in the Armed Forces.	
18 July 2027	Disability Awareness Day	10pm to 4.30pm	Walton Hall and Gardens, Higher Walton, WA4 6SN	Annual family pan-disability event supporting independent living, led by Warrington Disability Partnership.	

North Cheshire and Mersey
NHS Foundation Trust

Council of Governors

Agenda reference:	**COG/26/11/047**			
Subject:	**Strategy development update**			
Date of meeting:	10 November 2026			
Action required:	**For information**			
Author(s):	Carolyne Ward, Strategy project manager			
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:	The attached presentation summarises work to date on developing the Trust Strategy and Clinical Strategy, and also details the timelines and next steps for development of the Trust Strategy and Clinical Strategy.			
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:	It is recommended that Council of Governors: 1. Note the programme of work undertaken and progress made in developing the new trust strategy and clinical strategy 2. Note the timelines and next steps for both documents ahead of adoption in April 2027.	
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	

North Cheshire and Mersey
NHS Foundation Trust

Strategy Update Report

Lucy Gardner

10th November

Home
Community
Hospital

Strategic context

• Home • Community • Hospital

Caring for you

Our Strategy

Our Mission

We will be exceptional for our patients, our communities and each other

Our Vision

We will be a great organisation providing excellent healthcare and opportunities to work and learn

Our Aims



QUALITY

We will always put our patients first delivering safe, compassionate, inclusive and effective care and an excellent patient experience



PEOPLE

We will be the best place to work by creating an environment where every employee feels valued, supported, and inspired to develop, grow, and thrive—today and in the years ahead



SUSTAINABILITY

We will work in partnership with others to achieve social and economic wellbeing in our communities and improve equity in health outcomes.

Our Strategic Objectives and Values

- Our Mission, Vision, Aims and Objectives were amended from April 2026 to better represent the newly integrated organisation, alongside our updated values
- This is valid for 12 months, giving us an opportunity now to create a truly representative strategy that takes to 2030.



Why do we need a new strategy?

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Life expectancy vs healthy life expectancy

- Life expectancy for a Warrington resident is around 80 years of age, and in Halton that figure is 79.
- *Healthy* life expectancy for a Warrington resident is around 65 years of age, and that figure in Halton is 57.



- Population of >65s projected to grow by **50%** over next 20 years.
- Primary, secondary and social care services all currently over-subscribed.

2025/26

£49m underlying organisational financial deficit

61% of patients waiting <18 weeks for treatment to commence

Up to 14 patients cared for on corridors every day

68% of patients seen within the 4-hour ED target

Significant volumes of follow-up outpatient appointments seen on the hospital sites

Services delivered from more than 70 different community locations (incl. dental services)

Underutilised theatres and high levels of same day cancellations

2.8% of patients waiting over 52 weeks for elective surgery

Key

- Hospital site
- Urgent Treatment Centre
- Neighbourhood Health Centre/Hub (existing)
- Community Clinic

Digital capability and capacity is limited

Limited neighbourhood working and co-creation of services with communities

Limited use of data/local insight to develop and deliver services. Most data is reactive/historic

NHS 10-year health plan

1 Hospital ↓ Community

2 Analogue ↓ Digital

3 Treatment ↓ Prevention

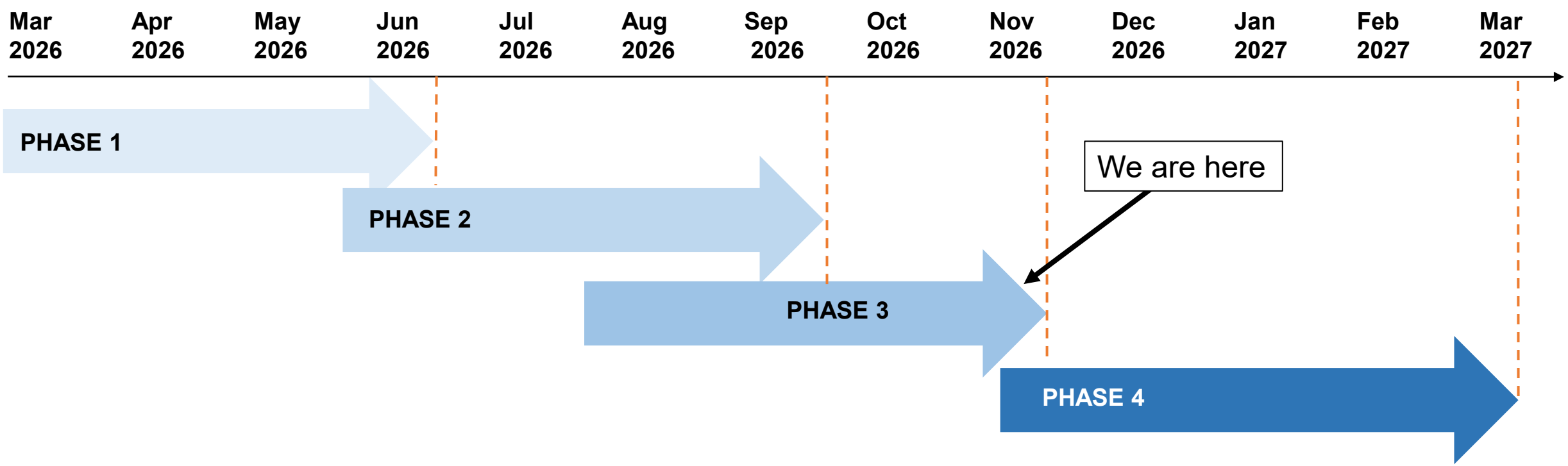


Our Engagement Programme

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Trust and Clinical Strategy Engagement Programme: Where Are We Now



Phase 1: We begin by establishing the strategic foundations — reviewing evidence, aligning leadership and agreeing the key strategic questions we need to answer

Phase 2: We then moved into a structured insight phase, engaging staff, patients and system partners to understand the opportunities and risks across our services

Phase 3: That insight informed the development of clinical and organisational strategic choices, working closely with our clinical leaders and specialty groups through 27 condition or specialty groups across the Trust

Phase 4: The final phase will translate this work into draft Trust and clinical strategies, which will be iterated across the Trust before coming back to the Board for final approval

Emerging Trust Strategy

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NCM 2030

Better Care Together Integration

Working together across health and care to improve outcomes.

Neighbourhood Health

Strengthening local services and supporting healthier communities.

Regional Collaboration

Partnering across the region to share expertise and resources.

Digital Transformation

Using technology and data to deliver smarter, more connected care.

Estates Transformation

Creating modern, sustainable estates fit for current and future needs.

Operational Excellence

Driving efficiency and continuous improvement in everything we do.

Single, consistent approach to programme delivery, monitoring and reporting

Ensuring clear oversight, accountability and transparency across all strategic programmes.

Quality

Delivering safe, effective care that meets the needs of our patients and communities.

People

Supporting our staff to thrive and create a great place to work.

Sustainability

Building a sustainable health and care system for today and tomorrow.

Performance

Improving outcomes through data, insight and continuous improvement.

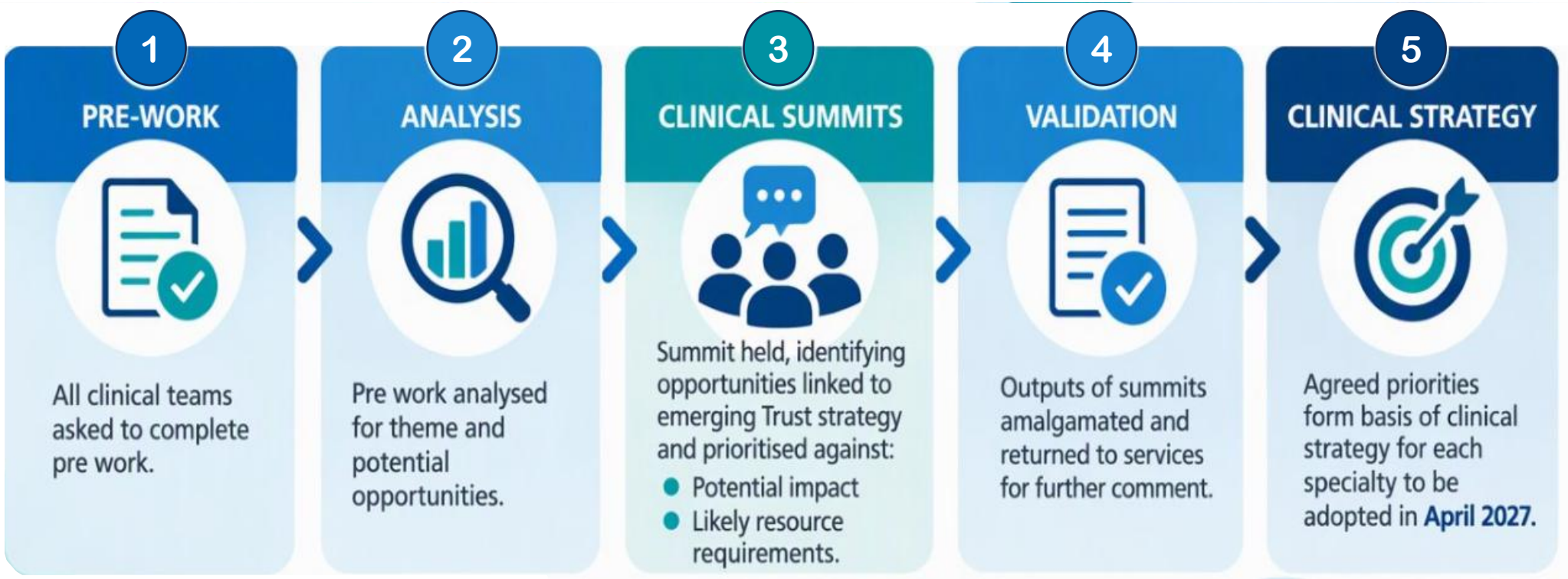
Our Clinical Strategy Engagement Programme

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Clinical Strategy Engagement Process

27 clinical service groupings were identified and followed a standard process to develop their strategies



Clinical Groupings and Progress

Specialty / Clinical Grouping	Paediatrics	Care of Elderly	Anaesthetics	Rheumatology	Critical Care	Learning Disability	Cardiology	Gynaecology	Dermatology	Emergency Medicine	Diabetes	Ophthalmology	Radiology	Gastroenterology	Urology	Trauma & Orthopaedics	Respiratory	General Surgery	Acute Medicine	Dental	Cancer	ENT	Palliative Care	Maternity	Pharmacy
Summit Held	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓		✓	✓		✓	✓	
Outputs collated and sent to services for validation	✓	✓						✓		✓		✓	✓	✓	✓					✓					

All remaining summits will have taken place by 4th November 2027

Next Steps

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Next Steps

Moving from insight to strategic choices and delivery

VALIDATE THE EVIDENCE

- Complete remaining clinical service development sessions
- Circulate service summaries for factual review
- Incorporate service feedback into final evidence outputs
- Confirm that the emerging themes accurately reflect local needs and opportunities

CONSOLIDATE THE STRATEGIC DIRECTION

- Bring together the findings from all evidence and engagement workstreams
- Test the six emerging themes against quality, workforce, finance, estates, digital and partnership considerations
- Identify dependencies, tensions and areas requiring an explicit strategic choice
- Develop the first consolidated Trust and Clinical Strategy narrative

DEFINE PRIORITIES AND COMMITMENTS

- Translate the emerging direction into a focused set of strategic priorities
- Clarify what will be delivered locally, through neighbourhood arrangements and through regional collaboration
- Define the outcomes and measures that will demonstrate progress
- Align enabling programmes and implementation arrangements

IMMEDIATE PROGRAMME MILESTONES

- **4 November:** Development sessions completed and the next group of service reports reviewed
- **10 November:** Further service summary report review deadline
- **18–19 November:** Final service summary report reviews completed
- **23 November, 12 noon:** Revised reports and service plans on a page submitted to EMT

Key gateways: **EMT (progress update) 26 Nov • Board (progress update) 02 Dec • EMT (content sign off) 21 Jan • Board (content sign off) 03 Feb • Board (final approval) 03–04 Mar**

North Cheshire and Mersey
NHS Foundation Trust

Council of Governors

Agenda reference:	**COG/26/11/048**			
Subject:	Governor Elections 2026 – update on nominations stage			
Date of meeting:	10 November 2026			
Action required:	**To note**			
Author(s):	Emily Kelso, Head of Corporate Governance			
Link to strategic aim:	All			
Executive director sponsor:	Chair, Andy Carter			
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:	The nomination stage for the 2026 elections to the Council of Governors of North Cheshire and Mersey NHS Foundation Trust closed at 5.00 pm on 13 October 2026. The election is being administered independently by Civica Election Services, acting as the Returning Officer. The formal Statement of Nominated Candidates is attached as **Appendix 1**. A total of **23 valid nominations** were received across four constituencies. The **Public: Warrington and Halton**, **Staff: Clinical Scientist and AHP**, and **Staff: Nursing and Midwifery** constituencies are expected to proceed to ballot as the number of nominations exceeds the number of vacancies available. The **Staff: Medical** constituency received one nomination and is expected to be uncontested, subject to formal confirmation by the Returning Officer.			

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.

<table>
<tr><td></td><td colspan="3">Disappointingly, no nominations were received for the Rest of England Public Constituency, and the Dental Staff Constituency received no nominations and remains vacant. Additional governor seats had been created within these constituencies following the review of the Trust Constitution undertaken prior to the acquisition. As a result, three vacancies will remain unfilled for Rest of England and one for Dental following completion of the current election process.

The Statement of Nominated Candidates records two declarations of political interests and one declaration of a non-financial interest through volunteering activity with the Trust. These declarations have been published in accordance with the election rules and will remain available to members throughout the election process.

The Council of Governors is asked to note the outcome of the nominations stage, note that the contested constituencies will progress to ballot, and note that a further report will be presented following the declaration of election results. The Council is also asked to note that, due to forthcoming changes to NHS legislation and the transition to a new governance model, governor positions are expected to be time-limited. While successful candidates will be appointed as governors of North Cheshire and Mersey NHS Foundation Trust, the length of their term of office may be affected by these changes.</td></tr>
<tr><td>Purpose: (please select as appropriate)</td><td>Approval</td><td>To note
✓</td><td>Decision</td></tr>
<tr><td>Recommendation:</td><td colspan="3">The Council of Governors is asked to:

• note the outcome of the 2026 Governor election nominations stage;
• note that contested constituencies will progress to ballot, with the final position to be confirmed by the Returning Officer; and
• note that a further update will be provided following the declaration of results.
• -note the uncertainty around the length of governors’ terms of office arising from forthcoming legislative changes and the transition to a new governance model.</td></tr>
<tr><td rowspan="2">Previously considered by:</td><td>Committee</td><td colspan="2">Not Applicable</td></tr>
<tr><td>Agenda Ref.</td><td colspan="2"></td></tr>
</table>

	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

The Trust is undertaking elections to fill vacancies on the North Cheshire and Mersey NHS Foundation Trust Council of Governors. The election is being administered independently by Civica Election Services, which is carrying out the Returning Officer functions and supporting the nomination and ballot stages.

The nomination period closed at 5.00 pm on 13 October 2026. Civica Election Services issued the formal Statement of Nominated Candidates on 14 October 2026, confirming the valid nominations received. The statement is provided separately as **Appendix 1**.

2. Key elements

2.1 Outcome of the nomination stage

A total of 23 valid nominations were received across four constituencies:

Constituency	Valid nominations	Position following nominations
Public: Warrington and Halton	17	Contested and expected to proceed to ballot
Public: Rest of England	0	Three vacancies will remain
Staff: Clinical Scientist and AHP	3	Contested and expected to proceed to ballot
Staff: Medical	1	Expected to be uncontested, subject to formal confirmation
Staff: Nursing and Midwifery	2	Contested and expected to proceed to ballot

Disappointingly, no nominations were received for either the Rest of England public constituency or the Dental staff constituency. Additional seats had been created in both constituencies following the review of the Trust Constitution undertaken ahead of the acquisition. Consequently, on completion of the current election process, three vacancies will remain in the Rest of England public constituency and one in the Dental staff constituency.

The Statement of Nominated Candidates records that two candidates declared political interests and one candidate declared a non-financial connection with the Trust through volunteering. These declarations are included in the published statement and will remain visible to members as part of the election process.

2.2 Candidate nominations

The valid candidates confirmed by the Returning Officer are:

- Public: Warrington and Halton - Michael Ashley, Vivienne Culleton, Mary De-Beaufort, Kenneth Dow, John Dwyer, Sue Fitzpatrick, Ann Gibbons, Kevin Goucher, Mustapha Koriba, Abdul Muqeem, Oluchi Precious Nwanja, Prasad

Palimar, Gary Phillips, Jeanette Quinn, Michael Reading, Anne Robinson and Gary Rowland.

- Public: Rest of England – **none** (three vacancies remain)
- Staff: Clinical Scientist and AHP - Amy Joel, Andrew Robinson and Emma Rowett.
- Staff: Medical - Sophia Sor Eng Goh
- Staff: Dental – **none** (one vacancy remains)
- Staff: Nursing and Midwifery - Kim Burns and Jonathan Cliffe.

2.2.1 Governor terms of office

As set out in the election documentation, forthcoming changes to NHS legislation and the transition to a new governance model mean that governor positions are expected to be time-limited. Successful candidates will be appointed as governors of North Cheshire and Mersey NHS Foundation Trust; however, these changes may affect the length of their term of office.

2.3 Next stage of the election

Constituencies in which the number of valid candidates exceeds the number of available seats will proceed to a ballot. Civica Election Services will confirm the final contested and uncontested positions, publish the relevant election notices and issue voting information to eligible members in accordance with the agreed timetable.

The dedicated election website provides members with the election information and statutory documents: NCMFT Governor Elections 2026

3. Actions required/responsible officer

Corporate Governance will continue to work with Civica Election Services to confirm the constituencies progressing to ballot and to complete all required election communications and statutory notices.

The Returning Officer will formally confirm uncontested appointments and administer ballots for contested constituencies.

A further report will be provided to the Council of Governors following the declaration of results.

4. Measurements/evaluations

Election activity will be monitored through completion of the agreed timetable, the number of valid nominations received, ballot participation and confirmation that all statutory notices and election outputs have been issued by the Returning Officer.

5. Trajectories/objectives agreed

The immediate objective is to complete the 2026 election process in line with the Trust Constitution, the model election rules and the timetable agreed with Civica Election Services, ensuring that eligible members have an appropriate opportunity to participate

6. Timelines

The full timetable is set out below:

Election stage	Date
Notice of election / nominations open	Tuesday, 15 September 2026
Nominations deadline	Tuesday, 13 October 2026 at 5.00 pm
Statement of nominated candidates published	Wednesday, 14 October 2026
Notice of poll published	Friday, 30 October 2026
Close of election	Friday, 20 November 2026 at 5.00 pm
Declaration of results	Monday, 23 November 2026

7. Recommendations

The Council of Governors is asked to:

- note the outcome of the 2026 Governor election nominations stage;
- note that contested constituencies will progress to ballot, with the final position to be confirmed by the Returning Officer; and
- note that a further update will be provided following the declaration of results.
- -note the uncertainty around the length of governors' terms of office arising from forthcoming legislative changes and the transition to a new governance model.

North Cheshire and Mersey NHS Foundation Trust

Statement of Nominated Candidates

Election to the Council of Governors

CLOSE OF NOMINATIONS: 5:00:00 PM ON 13/10/2026

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

Constituency name	Candidate forename	Candidate surname	Political interests	Financial or other interest in the Trust
Public: Warrington and Halton	Michael	Ashley	None	None
Public: Warrington and Halton	Vivienne	Culleton	None	None
Public: Warrington and Halton	Mary	De-Beaufort	None	None
Public: Warrington and Halton	Kenneth	Dow	None	None
Public: Warrington and Halton	John	Dwyer	None	None
Public: Warrington and Halton	Sue	Fitzpatrick	None	None
Public: Warrington and Halton	Ann	Gibbons	None	None
Public: Warrington and Halton	Kevin	Goucher	None	None
Public: Warrington and Halton	Mustapha	Koriba	None	None
Public: Warrington and Halton	Abdul	Muqeem	Labour	None
Public: Warrington and Halton	Oluchi Precious	Nwanja	None	I am currently a volunteer with North Cheshire and Mersey NHS Foundation Trust.
Public: Warrington and Halton	Prasad	Palimar	None	None
Public: Warrington and Halton	Gary	Phillips	None	None
Public: Warrington and Halton	Jeanette	Quinn	Conservative	None
Public: Warrington and Halton	Michael	Reading	None	None
Public: Warrington and Halton	Anne	Robinson	None	None
Public: Warrington and Halton	Gary	Rowland	None	None
Staff: Clinical Scientist and AHP	Amy	Joel	None	None
Staff: Clinical Scientist and AHP	Andrew	Robinson	None	None
Staff: Clinical Scientist and AHP	Emma	Rowett	None	None
Staff: Medical	Sophia Sor Eng	Goh	None	None
Staff: Nursing and Midwifery	Kim	Burns	None	None
Staff: Nursing and Midwifery	Jonathan	Cliffe	None	None

The contact address for each of these candidates is C/O The Returning Officer, North Cheshire and Mersey NHS Foundation Trust, Civica Election Services, The Election Centre, 33 Clarendon Road, London, N8 0NW, or email at ftnominations@cesvotes.com.

Ciara Hutchinson
Returning Officer
On behalf of North Cheshire and Mersey NHS Foundation Trust

Report generated on: 14/10/2026

North Cheshire and Mersey
NHS Foundation Trust

Council of Governors

Agenda reference:	**COG/26/11/049**			
Subject:	**Annual Council of Governors Knowledge and Effectiveness Survey - Outputs 2026**			
Date of meeting:	10 November 2026			
Action required:	**To note**			
Author(s):	Emily Kelso, Head of Corporate Governance			
Link to strategic aim:	All			
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:	The 2026 Council of Governors Knowledge and Effectiveness Survey received 13 responses from 23 Governors invited (57%), compared with 15 of 21 (71%) last year. Responses were broadly positive: all respondents answered Yes to 13 of the 22 statements, including those on understanding the Governor role, Trust values, induction and development support. The clearest improvement area was consultation on forward plans (10/13 Yes; 76.9%). Involvement in Trust Strategy, time for discussion and explaining decisions to those affected each received 11/13 Yes (84.6%). The final question produced 12 substantive suggestions for maintaining patient, staff and community voice, including broader local			

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.

<table>
<tr><td></td><td colspan="3">representation, a clear route to the Board and better use of existing feedback channels.

The Council is asked to note the findings, agree improvement actions in principle. Action owners, dates and progress reporting remain to be agreed.

The survey outputs are provided in full as appendix 1.</td></tr>
<tr><td>Purpose: (please select as appropriate)</td><td>Approval</td><td>To note
✓</td><td>Decision</td></tr>
<tr><td>Recommendation:</td><td colspan="3">The Council of Governors is asked to:

• note the outputs of the 2026 knowledge and effectiveness survey, including the limitations of the response data;
• agree the proposed actions to drive improvement</td></tr>
<tr><td rowspan="4">Previously considered by:</td><td>Committee</td><td colspan="2">Not Applicable</td></tr>
<tr><td>Agenda Ref.</td><td colspan="2"></td></tr>
<tr><td>Date of meeting</td><td colspan="2"></td></tr>
<tr><td>Summary of Outcome</td><td colspan="2"></td></tr>
<tr><td>Next steps:</td><td colspan="3">None</td></tr>
<tr><td>Freedom of information status (foia):</td><td colspan="3">Release document in full</td></tr>
<tr><td>Freedom of information exemptions applied:
(if relevant)</td><td colspan="3">None</td></tr>
</table>

1. Background/context

The Council of Governors Knowledge and Effectiveness Survey has been completed as part of the annual review of the Council's effectiveness.

The aim of the survey was to review Governors' experience, their confidence in the knowledge and tools needed to fulfil their role, and areas for improvement. The final question also sought views on how patients, staff and local communities could continue to have a meaningful voice if the Governor role changes. The question refers to anticipated legislative change; this report does not assume that any change has taken effect.

The Process

The review was conducted through an online survey. The coordinating officer and governance sign-off for this report should be confirmed before circulation.

Governors' responses were collated and reviewed to identify strengths and areas for improvement. The proposed actions below are for consideration by the Council; they have not yet been agreed or assigned delivery dates.

The Survey

All responses have been treated in confidence and are not individually attributed.

The survey consisted of 22 Yes/No statements and a final question inviting comments and suggestions about future engagement arrangements.

There were 13 responses from the 23 Governors invited to complete the 2026 survey, giving a response rate of 57%. Last year's report recorded 15 responses from 21 Governors (71%). The response rate was therefore lower than last year.

The survey outputs are provided in full at **Appendix 1**, including the results for each statement and the written comments. The appendix should be read alongside the report.

2. Key elements

2.1 Areas of Focus to improve the Effectiveness of the Council of Governors

Overall, the results were positive, with 13 of the 22 statements receiving a 100% positive response and the remaining nine ranging from 76.9% to 92.3%
.

Unanimous agreement was recorded for understanding of the Governor role and statutory duties, holding Non-Executive Directors to account, appointment and removal of the Chair and Non-Executive Directors, awareness of Trust values, meeting management, induction and access to development resources. These results reflect respondents' views rather than independent assurance of effectiveness.

Lower agreement was recorded for consultation on forward plans (10/13 Yes; 76.9%), involvement in Trust Strategy development (11/13; 84.6%), sufficient time for discussion (11/13; 84.6%) and explaining decisions to those affected (11/13; 84.6%).

Consultation on forward plans and involvement in strategy were also identified as areas for improvement in last year's report. Its reported Yes rates were 77.8% and 66.7% respectively.

Of the 13 responses to the final question, 12 contained substantive suggestions and one stated "n/a". Suggestions included a locally representative panel or successor arrangement with a clear route to the Board; wider involvement of community services, primary care, local businesses, veterans and disability representatives; public meetings and observation visits; and better use of PALS, Experts by Experience, complaints and compliments. Respondents expressed differing views on whether a Governor-like structure should continue.

Given the relatively small number of respondents, the results have been considered proportionately, with specific actions proposed where the responses indicate a meaningful opportunity for improvement. Where only one respondent expressed a different view, no separate action is proposed unless there is other evidence indicating a wider issue; these areas will instead continue to be monitored.

Based on the responses, the following areas are proposed for future development

Council of Governors		
Identified themes/areas for Improvement	**Recommended actions to improve effectiveness**	**Date**
Question 5. The Council of Governors is consulted on the development of forward plans for the Trust. (10/13 Yes; 76.9%)		
Improve consultation of the Council of Governors on forward plans.	Review the approach to engaging the Council of Governors on relevant forward plans and identify any opportunities to strengthen Governor involvement.	January 2027
Question 6. The Council of Governors has been appropriately involved in the development of the Trust Strategy. (11/13 Yes; 84.6%)		
Strengthen the Council of Governors' involvement in the Trust Strategy.	As part of the ongoing development of the Trust Strategy, ensure that the Council of Governors is provided with appropriate opportunities to contribute at relevant stages, with the purpose of the engagement and how Governor views will inform the process clearly set out.	To be agreed
Question 12. There is sufficient time for discussion and for Governors to contribute their views at the meeting. (11/13 Yes; 84.6%)		
Ensure sufficient time for discussion and Governor contributions.	During 2026/27, continue to review Council agenda planning to ensure sufficient time is available for discussion and Governor contribution, particularly for substantive items, with meeting agendas and timings adjusted where appropriate.	31 March 2027

Question 17. I believe, as a Trust, we are good at explaining our decisions to those who might be affected by them. (11/13 Yes; 84.6%)		
Improve how decisions are explained to those affected.	Review the Trust's approach to communicating decisions to those affected and identify opportunities to strengthen how outcomes and the reasons for them are explained through existing communication and engagement arrangements.	January 2027

In light of the anticipated legislative changes and likely removal of the Governor role, Governors were invited to suggest alternative arrangements or approaches that the Trust could consider for the future.

The feedback will inform the development of future engagement arrangements. The Trust is currently planning on the basis that, subject to the passage of the Health Bill, the statutory Governor role will cease from 31 March 2027, with the potential for existing arrangements to continue to 30 June 2027 should the legislative timetable be delayed.

Work is already under way to consider what arrangements should follow, including how the Trust can continue to hear effectively from patients, staff and local communities and ensure that these views have a clear route into the Board. The options being considered will take account of the themes raised through the survey, including wider community representation, Experts by Experience, use of existing patient feedback and engagement routes, observation visits and opportunities for engagement with the Board.

A further update on the proposed arrangements will be brought forward once the legislative position and transitional arrangements are clearer.

2.2 What are we doing well?

While the survey identified areas for improvement, respondents were particularly positive about:

- Understanding of the Governor role, statutory duties and accountability of Non-Executive Directors.
- Listening and responding to the views of Trust members, the public and wider stakeholders.
- Understanding the Council's role in the appointment and removal of the Chair and Non-Executive Directors.
- Awareness of Trust values and the Council carrying out its work in accordance with those values.
- The regularity and management of Council meetings, and the effectiveness of Governor induction.
- Understanding the skills and development needed as a Governor and access to development resources.

3. Conclusion

Feedback on the Council's knowledge and effectiveness was largely positive. The clearest area for improvement remains early consultation on forward plans, alongside involvement in strategy, time for discussion and communication of decisions. The final question highlights the importance of inclusive, locally rooted engagement and a clear route for patient, staff and community views to reach the Board. Proposed actions are set out in the table above for the Council's consideration.

4. Recommendations

The Council of Governors is asked to:

- note the outputs of the 2026 knowledge and effectiveness survey, including the limitations of the response data;
- agree the proposed actions to drive improvement

Appendix 1

North Cheshire and Mersey
NHS Foundation Trust

Council of Governors Knowledge and Effectiveness Survey 2026: Results

13 responses from 23 Governors invited (56.5% response rate; 57% rounded to a whole number). Results below are aggregated and do not identify individual respondents.

Yes/No statement results

Percentages are calculated from the responses to each statement. All statements were answered by every respondent. “Yes %” is the proportion of respondents selecting Yes; it is not a measure of independently verified performance.

No.	Survey statement	Yes	No	Yes %
1	I understand the role and statutory duties of the Council of Governors.	13	0	100.0%
2	The Council of Governors listens and responds to the views of Trust members, the public and wider stakeholders.	13	0	100.0%
3	I understand how the Council of Governors can hold Non-Executive Directors individually and collectively to account for the performance of the Trust Board.	13	0	100.0%
4	I understand the role of the Council of Governors in the appointment and removal of the Chair and Non-Executive Directors.	13	0	100.0%
5	The Council of Governors is consulted on the development of forward plans for the Trust.	10	3	76.9%
6	The Council of Governors has been appropriately involved in the development of the Trust Strategy.	11	2	84.6%
7	I am aware of the values the Trust has committed itself to.	13	0	100.0%
8	The Council of Governors carried out its work in accordance with	13	0	100.0%

	the values of the Trust.			
9	Council of Governors meetings work well, are productive and business is done efficiently.	13	0	100.0%
10	The Council of Governors meets sufficiently regularly to discharge its duties.	12	1	92.3%
11	The Council of Governors meetings are well managed in accordance with the agenda.	13	0	100.0%
12	There is sufficient time for discussion and for Governors to contribute their views at the meeting.	11	2	84.6%
13	The Council of Governors meeting agendas include appropriate topics for discussion.	13	0	100.0%
14	Information, papers and presentations provided for the meetings are easy to understand.	12	1	92.3%
15	Information is circulated in a timely manner.	12	1	92.3%
16	All members of the Council of Governors take a collective responsibility for Council decisions.	13	0	100.0%
17	I believe, as a Trust, we are good at explaining our decisions to those who might be affected by them.	11	2	84.6%
18	I am able to understand the key information published in the Trust's Annual Report and Accounts	12	1	92.3%
19	Channels of communication between Governors and the Trust are effective.	12	1	92.3%
20	There is an effective induction for Governors.	13	0	100.0%
21	I understand the skills I need as a Governor and the additional	13	0	100.0%

	development I may require.			
22	The Trust provides resources for developing and updating Governors' knowledge and capabilities where required.	13	0	100.0%

Open-text question

In light of the anticipated changes to legislation and the potential removal of the Governor role, what methods of engagement would you like the Trust to develop or strengthen to ensure patients, staff and local communities continue to have a meaningful voice in Trust. Please provide any specific suggestions or examples of engagement approaches you would like to see explored.

The comments below are reproduced verbatim, including spelling and punctuation, without respondent identifiers or submission timestamps. They are not linked to individual Yes/No answers. Review the comments for potential indirect identification or sensitive content before wider circulation.

Comment 1. I would like to see an independent panel of people including primary care and other community services represented but with a mechanism to be really listened to when the statutory backing ceases.

Comment 2. That is iod no concern to me at the removal of governors.

Comment 3. Experts by Experience role should be developed more fully

Comment 4. Open meetings with public
Small group of public to still work closely with board to consider views of patients and staff.

Comment 5. Just because one ex minister (and NHS England) was so out of touch doesn't mean this trust shouldn't introduce it's own engagement model that costs no more than the current model; which works extremely well. A similar model to the current national framework but not restricted solely to trust members (criteria to be determined by the current Board of Governors) and without the "Rest of England" seats which I feel are irrelevant. I feel that there is potential for more local businesses and employers to get involved than the current model allows. There also needs to be more made of the impact of the Board of Governors to and for the local populations

Comment 6. I would like to see more public engagement with local communities. I think if this was strengthened that this would mean the requirement for governors would be mitigated. I have never been sure that the extra layer of governance re holding the NEDs to account is needed.

Comment 7. Continued observation visits…think these are a valuable contribution to the Board …as Execs/ Non Execs just don’t have time to floor walk and pick up grassroots

issues from patients/staff
Public engagement events/ or hospital stand .. where we can hear what patients think of services etc

Comment 8. Develop the current model to include more community groups, GP's, veterans and disability representatives. The current model works very well but only represents the Trust membership, a very small section of the community.

Comment 9. Use existing avenues, e.g. PALS, EbyE, complaints and compliments

Comment 10. I would like to see and hear more engagement with our Community colleagues. We are now 6 months post integration and our colleagues need to feel they have a voice.
Many have reported just having a change of lanyard and do not feel included or consulted in how the new trust should operate
Engagement needs to be strengthened with primary care, social care, mental health services and local council for us to make an impact on patient flow and performance

Comment 11. The Board to highlight what it would have in place of Governors.
Its plan for patients and public engagement, and also listening to patients/public voices.

Comment 12. n/a

Comment 13. Allocate a member of staff to be a volunteer for staff, patient and relatives voice and regular meetings for the representatives.

North Cheshire and Mersey
NHS Foundation Trust

Council of Governors

Agenda reference:	**COG/26/11/050**			
Subject:	**Audit Committee Chairs Annual Report** **i) WHH** **ii) BCH**			
Date of meeting:	10 November 2026			
Action required:	**To note**			
Author(s):	Mike O'Connor, Audit Committee Chair			
Link to strategic aim:	All			
Executive director sponsor:	Mike O'Connor, Audit Committee 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:	This report aims to provide assurance to the Council of Governors that the WHH and BCH Audit Committees fulfilled their Terms of Reference in 2025-26 and obtained assurance throughout the reporting period regarding the effectiveness of the Trust's internal control framework. WHH: The Head of Internal Audit's overall opinion for the period from 1 April 2025 to 31 March 2026 is one of **Substantial Assurance**. BCH: The Head of Internal Audit's overall opinion for the period from 1 April 2025 to 31 March 2026 is one of **Substantial Assurance**. In conclusion, there is a robust system of internal control in place that is appropriately designed to			

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	support the organisation's objectives, with controls generally operating consistently		
Purpose: (please select as appropriate)	**Approval**	**To note** ✓	**Decision**
Recommendation:	The Council of Governors is asked to review and note the report, taking assurance that the Audit Committee has fulfilled its purpose and Terms of Reference.		
Previously considered by:	**Committee**	Audit Committee, Trust Board	
	Agenda Ref.	AC/26/08/061i & ii, BM/26/10/086	
	Date of meeting	27 August 2026, 7 October 2026	
	Summary of Outcome	approved	
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		

Appendix 1: Audit Committee Chairs Annual Report - WHH

1. Background/context

The Audit Committee (WHH) is required to provide an annual report to both the Board and the Council of Governors, summarising its activities over the reporting period and highlighting any areas of concern where appropriate.

This report presents the activity of the Audit Committee, covering the reporting period 1 April 2025 to 31 March 2026.

Acting on behalf of the Board, the Audit Committee is responsible for the independent review of the Trust's systems of integrated governance, risk management, assurance, and internal control. Its remit spans the entirety of the Trust's governance agenda, supporting the delivery of organisational objectives.

This report outlines the Committee's membership, its role, and the work undertaken during the year.

2. Key elements

Terms of Reference and Cycle of Business

The Committee's Terms of Reference were reviewed in February 2025 and April 2026, and the cycle of business reviewed in November 2025. This included a review of the membership, quoracy, duties and responsibilities of the Committee to ensure they continued to remain fit for purpose for the 2026-27 financial year.

Committee Membership and Attendance

Throughout the reporting period, the committee comprised a minimum of three Non-Executive Directors, with meetings quorate at two members. The Committee convened five times during the year. Non-Executive Director, Michael O'Connor served as Chair of the Audit Committee.

All Committee members possessed the relevant and recent financial expertise required for effective oversight. In accordance with best practice, the Chair of the Trust was not a member of the Audit Committee.

The summary of member attendance is provided below:

Member	Attendance (Actual v Max)
Michael O'Connor, Non-Executive Director	5/5
Jayne Downey, Non-Executive Director	5/5
Julie Jarman, Non-Executive Director	5/5
Cliff Richards, Non-Executive Director	2/5
John Somers, Non-Executive Director	3/5

Regular attendees at committee meetings included representatives from the Trust's external auditors, **Grant Thornton, Mersey Internal Audit Agency (MIAA)** - providing internal audit and counter-fraud services – plus the **Chief Finance Officer** and the **Company Secretary**.

The Work of the Audit Committee

The most persistent issues requiring repeated assurance reviews were theatre-related concerns, including fractured neck of femur performance, the clinical typing backlog, consultant job planning, and IT control weaknesses. The Committee considered financial statements, operations and compliance which were addressed through inclusion in the Internal Audit work plan and assurance sought for each element:

1. High assurance was provided in the following: risk management core controls.

2. Substantial assurance was provided in the following: Patient Safety Incident Response Framework (PSIRF), Recruitment Process Review, Learning from Deaths, Patient Activity Data Capture (Cancer Performance).

3. Limited assurance was provided for the following: Theatre Productivity / WHO Checklist / NatSSIPs-related, IT Management Around Medical Devices, IT Third Party Suppliers

No areas were reported as providing no assurance.

Governance & Risk Management

During the year the Trust continued to enhance its governance and risk management systems and processes. It continued to oversee the key strategic risks allocated to a committee or the Executive Management Team Meeting for focused oversight and scrutiny.

The Board Assurance Framework (BAF) was reviewed in full by the Board at each of its bi-monthly meetings, and at committee meetings and committee in common meetings. In February 2026, a major review of the BAF was reported which included a clearer link between strategic risks and operational controls; improved visibility of assurance arrangements and alignment with the merged organisation. Following this, the revised BAF and refreshed Risk Appetite Statement were scheduled for Board approval in April 2026.

The Audit Committee monitored and tracked all material governance activity during the reporting period to ensure that the system of internal control, risk management and governance was fit for purpose and compliant with regulatory requirements, aligned to best practice where appropriate and provided a solid foundation to support a **Substantial Assurance** rating from the Head of Internal Audit (HOIA).

Internal Audit Activities

MIAA acted as internal auditors for the Trust during the year. Internal audit is an independent and objective appraisal service which has no executive responsibilities within the line management structure. It pays particular attention to any aspects of risk management, control or governance affected by material changes to the Trust's risk environment, subject to Audit Committee approval. A detailed programme of work is discussed and agreed with the Executive Team and set out for each year in advance and then carried out along with any additional activity that may be required during the year.

In approving the internal audit work programme, the committee uses a three-cycle planning and mapping framework to ensure all areas are reviewed at the appropriate frequency. Detailed reports, including follow-up reviews to ensure remedial actions have been completed, were presented regularly to the committee by internal audit throughout the year. All such information and reports were fully recorded in the minutes and papers prepared for each Audit Committee meeting.

2025-26 Head of Internal Audit Opinion

The overall opinion for the period 1st April 2025 to 31st March 2026 provided **Substantial Assurance**, that that there was a good system of internal control designed to meet the organisation's objectives, and that controls were generally being applied consistently.

Counter Fraud Activity

The Trust's Anti-Fraud programme was delivered by MIAA's Anti-Fraud Service (AFS), in accordance with a plan agreed with the Audit Committee. The AFS supports the Trust in fostering an anti-fraud culture, deterring and detecting fraud, investigating allegations, and pursuing appropriate sanctions and redress.

During 2025–26:

- 1 referral was brought forward from 2024-25
- 16 potential fraud referrals were received
- 6 referrals progressed to formal investigations
- 9 referrals were closed
- 2 referrals remained open and will be carried forward into 2026-27

The Trust continued to achieve an overall 'green' rating in its self-assessment against the Government Functional Standard 013 for Counter Fraud.

Data Security and Protection Toolkit (DSPT)

MIAA conducted the required annual independent assessment of the Trust's DSPT submission review following the Cyber Assessment Framework - aligned DSPT Independent Assessment Framework and guidance published by NHS England to provide assurance regarding the validity of the organisation's intended final DSPT submission. This review considered not only whether the submission was reasonable

based on the supporting evidence but also evaluated the extent to which information risk was effectively managed within this context.

Outcomes of the review:

- **Assessment of the Self-Assessment**: *Substantial Assurance*
- **National Data Guardian Standards**: *Moderate Assurance*

External Audit

Grant Thornton LLP commenced its initial three-year term as Auditors to the Trust in January 2017. The company then commenced a two-year term in October 2020, following a competitive procurement exercise and recommendation by the Council of Governors. The contract contained the option to extend for additional years and following support from the Audit Committee and approval by the Council of Governors, an extension up to 30 September 2024 was agreed. In September 2024 a new three-year contract, with the option of one 12-month extension, for the provision of an external audit service by Grant Thornton LLP was approved.

Opinion on Financial Statements

During the year the external auditors reported on the 2025-26 financial statements. No material or significant issues were raised in respect of these statements and accounts. Technical support has been provided on an ongoing basis to the Trust and representatives of Grant Thornton have attended each Audit Committee meeting.

In auditing the financial statements, it was concluded that the Accounting Officer's use of the **going concern basis** of accounting in the preparation of the financial statements was appropriate.

Fit and Proper Persons – Board Compliance

The Committee reviewed assurance that all directors continued to meet the requirements of the NHS England Fit and Proper Persons Test Framework and the Trust's Fit and Proper Person Policy. The annual report was submitted to the Regional Director of NHS England by the statutory deadline of 30 June 2025.

Issues Carried Forward

The Audit Committee remained committed to ensuring that the Trust's system of internal controls and assurance processes were robust and fit for purpose and supported the integration of Warrington and Halton Hospitals NHS FT with Bridgewater Community NHS FT to become North Cheshire and Mersey NHS FT on 1 April 2026.

No significant or material issues were escalated to the Board of Directors or the Council of Governors during the reporting period.

The Committee will continue to monitor risk areas identified in the 2025-26 Internal Audit Plan, which may be prioritised over those in the 2026-27 plan, subject to alignment with the Trust's strategic risk assessment.

Board Assurance Committees

During 2025–26, three Board assurance committees operated alongside the Audit Committee:

1. Quality Assurance Committee (WHH), succeeded by the Quality and Safety Assurance Committee in Common with BCH from 1 February 2025 to 31 March 2026.
2. Finance & Sustainability Committee (WHH), succeeded by the Finance, Sustainability and Performance Committee in Common with BCH from 1 July 2025 to 31 March 2026.
3. Strategic People Committee in Common.

Each committee was chaired by a non-executive director and included at least two non-executive directors, one from WHH and one from BCH. WHH Committee Chairs provided verbal updates to the Audit Committee, facilitating cross-committee assurance and enabling the identification of any gaps in oversight.

Summary

Throughout the year, the Audit Committee considered a broad range of matters relating to financial statements, operational performance, regulatory compliance and the pending integration of the Trust with Bridgewater Community Healthcare NHS FT. Assurance was sought through collaboration with Internal Audit, other board committees, and key personnel across the Trust.

As the Chair of the Committee, I report regularly to the Board of Directors via the Committee Assurance Reports, highlighting key assurance outcomes and any matters requiring escalation.

Committee meetings were observed by an elected governor, who reported quarterly to the Council of Governors on the conduct of meetings and the effectiveness of Non-Executive Directors in fulfilling their accountability role.

I would like to thank Committee members, directors, staff, and internal and external advisors for their support, engagement and contributions throughout the year.

Mike O'Connor, Chair of Audit Committee

3. Recommendations

The Council of Governors is asked to note the report, taking assurance that the Audit Committee has fulfilled its purpose and Terms of Reference.

Appendix 1: Audit Committee Chairs Annual Report - BCH

1. Background/context

The Audit Committee (BCH) is required to provide an annual report to both the Board and the Council of Governors, summarising its activities over the reporting period and highlighting any areas of concern where appropriate.

This report presents the activity of the Audit Committee, covering the reporting period 1 April 2025 to 31 March 2026.

Acting on behalf of the Board, the Audit Committee is responsible for the independent review of the Trust's systems of integrated governance, risk management, assurance, and internal control. Its remit spans the entirety of the Trust's governance agenda, supporting the delivery of organisational objectives.

This report outlines the Committee's membership, its role, and the work undertaken during the year.

2. Key elements

Terms of Reference and Cycle of Business

The Committee's Terms of Reference were reviewed in July 2025 and January 2026, and the cycle of business reviewed in July 2025. This included a review of the membership, quoracy, duties and responsibilities of the Committee to ensure they continue to remain fit for purpose for the remainder of the 2025-26 financial year.

Committee Membership and Attendance

Throughout the reporting period, the committee comprised a minimum of three Non-Executive Directors, with meetings quorate at three members. The Committee convened six times during the year. Non-Executive Director Bob Chadwick served as Chair of the Audit Committee.

All Committee members possessed the relevant and recent financial expertise required for effective oversight. In accordance with best practice, the Chair of the Trust was not a member of the Audit Committee.

The summary of member attendance is provided below:

Member	Attendance (Actual v Max)
Bob Chadwick, Non-Executive Director (Chair)	6/6
Gail Briers, Non-Executive Director	5/6
Elaine Inglesby, Non-Executive Director	3/6
Abdul Siddique, Non-Executive Director	4/6
Tina Wilkins, Non-Executive Director	6/6

Regular attendees at committee meetings included representatives from the Trust's external auditors, **KPMG** and **Mersey Internal Audit Agency (MIAA)** - providing internal audit and counter-fraud services – plus the **Executive Director of Finance** and the **Director of Corporate Governance (Company Secretary)**.

The Work of the Audit Committee

The Committee considered financial statements, operations and compliance which were addressed through inclusion in the Internal Audit work plan and assurance sought for each element:

1. High assurance was provided in the following: Risk Management Core controls, Quality Impact Assessments (QIAs), Fit and Proper Person Test Process, Declarations of Interest, Freedom to Speak Up, Key Financial Transaction Controls.

2. Substantial assurance was provided in the following: Advantage System, Emergency Preparedness Resilience and Response (EPRR).

The Patient Safety Incident Response Framework (PSIRF) was noted as having a positive outcome with comprehensive controls noted.

There were no areas reported as providing no assurance.

Governance & Risk Management

During the year the Trust continued to enhance its governance and risk management systems and processes. It continued to oversee the key strategic Board Assurance Framework (BAF) risks allocated to a committee or the Executive Management Team Meeting for focused oversight and scrutiny. The BAF was reviewed in full by the Board at each of its bi-monthly meetings when the cycle for committees, committees in common or Executive Management Team was completed.

The Audit Committee monitored and tracked all material governance activity during the reporting period to ensure that the system of internal control, risk management and governance was fit for purpose and compliant with regulatory requirements, aligned to best practice where appropriate and provides a solid foundation to support a **Substantial Assurance** rating from the Head of Internal Audit (HOIA).

Internal Audit Activities

MIAA acted as internal auditors for the Trust during the year. Internal audit is an independent and objective appraisal service which has no executive responsibilities within the line management structure. It pays particular attention to any aspects of risk management, control or governance affected by material changes to the Trust's risk environment, subject to Audit Committee approval. A detailed programme of work is discussed and agreed with the Executive Team and set out for each year in advance and then carried out along with any additional activity that may be required during the year.

In approving the internal audit work programme, the committee uses a three-cycle planning and mapping framework to ensure all areas are reviewed at the appropriate frequency. Detailed reports, including follow-up reviews to ensure remedial actions have been completed, are presented regularly to the committee by internal audit throughout the year. All such information and reports are fully recorded in the minutes and papers prepared for each Audit Committee meeting.

2025-26 Head of Internal Audit Opinion

The overall opinion for the period 1st April 2025 to 31st March 2026 provides **Substantial Assurance**, that that there was a good system of internal control designed to meet the organisation's objectives, and that controls were generally being applied consistently.

Counter Fraud Activity

The Trust's Anti-Fraud programme was delivered by MIAA's Anti-Fraud Service (AFS), in accordance with a plan agreed with the Audit Committee. The AFS supports the Trust in fostering an anti-fraud culture, deterring and detecting fraud, investigating allegations, and pursuing appropriate sanctions and redress.

During 2025–26:

- 2 referrals were brought forward from 2024-25
- 4 potential fraud referrals were received
- 3 referrals progressed to formal investigations
- 3 referrals were closed
- 0 referrals remained open

The Trust continued to achieve an overall 'green' rating in its self-assessment against the Government Functional Standard 013 for Counter Fraud.

Data Security and Protection Toolkit (DSPT)

MIAA conducted the required annual independent assessment of the Trust's DSPT submission review following the Cyber Assessment Framework - aligned DSPT Independent Assessment Framework and guidance published by NHS England to provide assurance regarding the validity of the organisation's intended final DSPT submission. This review considered not only whether the submission was reasonable based on the supporting evidence but also evaluated the extent to which information risk was effectively managed within this context.

Outcomes of the review:

- **Assessment of the Self-Assessment**: *High Assurance*
- **National Data Guardian Standards**: *Moderate Assurance*

External Audit

KPMG commenced its initial three-year term as External Auditors to the Trust in 2019 and continued to provide this by means of extensions up to 31 March 2026.

Opinion on Financial Statements

During the year the auditors reported on the 2025-26 financial statements. No material or significant issues were raised in respect of these statements and accounts. Technical support has been provided on an ongoing basis to the Trust and representatives of KPMG have attended each Audit Committee meeting.

In auditing the financial statements, it was concluded that the Accounting Officer's use of the **going concern basis** of accounting in the preparation of the financial statements was appropriate.

Technical support has been provided on an ongoing basis to the Trust and representatives of KPMG have attended each Audit Committee meeting.

Fit and Proper Persons – Board Compliance

The Committee reviewed assurance that all directors continued to meet the requirements of the NHS England Fit and Proper Persons Test Framework and the Trust's Fit and Proper Person Policy. The annual report was submitted to the Regional Director of NHS England by the statutory deadline of 30 June 2025.

Issues Carried Forward

The Audit Committee remained committed to ensuring that the Trust's system of internal controls and assurance processes were robust and fit for purpose and supported the integration of Bridgewater Community NHS FT with Warrington and Halton Hospitals NHS FT to become North Cheshire and Mersey NHS FT on 1 April 2026.

No significant or material issues were escalated to the Board of Directors or the Council of Governors during the reporting period and a single review which remained to be finalised would be transferred post-integration with Warrington and Halton Hospitals NHS FT to North Cheshire and Mersey NHS FT Audit Committee.

Board Assurance Committees

During 2025–26, three Board assurance committees operated alongside the Audit Committee:

1. Quality and Safety Committee (BCH), succeeded by the Quality and Safety Assurance Committee in Common with WHH from 1 February 2026 to 31 March 2026.
2. Finance & Performance Committee (BCH), succeeded by the Finance, Sustainability and Performance Committee in Common with WHH from 1 July 2025 to 31 March 2026.
3. Strategic People Committee in Common.

Each committee was chaired by a non-executive director and included at least two non-executive directors, one from WHH and one from BCH. BCH Committee Chairs escalated matters which required oversight by another committee and provided written updates to the Board, facilitating cross-committee assurance and enabling the identification of any gaps in oversight.

Summary

Throughout the year, the Audit Committee considered a broad range of matters relating to financial statements, operational performance, regulatory compliance and the pending integration of the Trust with Warrington and Halton Hospitals NHS FT. Assurance was sought through collaboration with Internal Audit, other board committees, and key personnel across the Trust.

Sovereign and Committee in Common meetings were observed by an elected governor, who reported bi-monthly to the Council of Governors on the conduct of meetings and the effectiveness of Non-Executive Directors in fulfilling their accountability role.

On behalf of my colleague, Bob Chadwick of Bridgewater Community Healthcare NHS FT, I would like to thank Committee members, directors, staff, and internal and external advisors from both organisations for their support, engagement and contributions throughout 2025-26.

Mike O'Connor, Chair of Audit Committee (WHH)

3. Recommendations

The Council of Governors is asked to note the report, taking assurance that the Audit Committee (BCH) fulfilled its purpose and Terms of Reference.