North Cheshire and Mersey
NHS Foundation Trust

Council of Governors

Date and time:	Wednesday 19 August 2026, 3 – 5pm
Location:	Lecture Theatre Education Centre, Halton Hospital site and via MS Teams

Agenda item	Time	Agenda item	Objective/ desired outcome	Process	Lead
COG/26/08/018	**3:00**	Welcome and Opening Comments Apologies; Declarations of Interest		***Verbal***	Chair
COG/26/08/019	**3:02**	Minutes and Action Log of meetings held on • **12 May 2026**	***For approval***	***Minutes & Action Log***	Chair
COG/26/08/020	**3:05**	Matters arising	***To note for assurance***	***Verbal***	Chair
Matters to note for assurance					
COG/26/08/021	**3:07**	Chief Executive's Report – 5 August 2026	***To note for assurance***	***Report***	Chief Executive
COG/26/08/022	**3:15**	Chairs Update	***To note for assurance***	***Verbal***	Chair
COG/26/08/023	**3:25**	Non-Executive Director Assurance Highlights from Committees Governor Board Committee Observation Reports & Committee Assurance Reports (a) Quality Assurance Committee *(*12.05.26 09.06.25,14.07.26, Ex 28.07.26*)* Diane Nield/Cliff Richards b) Strategic People Committee in Common *(20*.05.26, 17.06.26 no governor report, 15.07.26*)* – Margaret Bamforth and	***Info/update***	***Presentation*** ***Papers***	Committee Chairs Governor Observers

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

		Carol Ann Kelly/Julie Jarman (c) Finance & Sustainability *(18*.05.26, 22.06.26, 29.07.26*)* – Suresh K Arni Sukumaran/Helen Bennett/ John Somers (d) Audit Committee (22.06.26) Margaret Bamforth, Mike O'Connor			
COG/26/08/024	**3:40**	Governor – Questions raised on behalf of • Staff • Public • Partner constituencies	***Info/update***	***Verbal***	Chair/Non-Executive Directors
COG/26/08/025	**4:00**	People and Culture Update	***Info/update***	***Presentation***	Adam Harrison-Moran Associate Chief People Officer
COG/26/08/026	**4:20**	**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	***Info/update***	***Report*** ***Reports***	Lead Governor
COG/26/08/027	**4:30**	Governor Engagement Group (GEG) Chairs Report from the meeting - 30 July 2026 To include Membership Strategy Q1 update	***Info/update*** Info/update	***Verbal*** paper	Diane Nield, Deputy Lead Governor
COG/26/08/028	**4:40**	Trust Strategy Engagement	***Info/update***	***Verbal***	Chief Strategy and Partnerships Officer
Corporate Governance					
COG/26/08/029	**4:45**	Governor Elections 2026	***For decision***	***Paper***	Company Secretary
COG/26/08/030		Chair's Appraisal	***For assurance***	***Verbal***	Company Secretary/Lead Governor

COG/26/08/031		Fit and Proper Person Requirements for Board members - Compliance Report	***For assurance***	***Paper***	Company Secretary
COG/26/08/032		Annual Reports & Accounts and AMM plans	***For assurance***	***Paper***	Company Secretary
Closing					
COG/26/08/033	**4:55**	Review of the Meeting	***To discuss***	**Verbal**	Chair
COG/26/08/034		Any Other Business	***To discuss***	**Verbal**	Chair
Supplementary papers					
COG/26/08/035		Learning From Experience Update Q1	***For info/update***	***Paper***	
COG/26/08/036		Quality Account	***For assurance***	***Paper***	
COG/26/08/037		Communications & Engagement Update Report	***Info/update***	***Paper***	

Date and time of next meeting:
Tuesday 10 November 2026, starting at 3pm. Trust Conference Room, Warrington Hospital

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

Conflicts of Interest

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

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

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

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

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

Interests fall into the following categories:

- **Financial interests:**

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

- **Non-financial professional interests:**

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

- **Non-financial personal interests:**

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

- **Indirect interests:**

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

North Cheshire and Mersey
NHS Foundation Trust

Minutes
Council of Governors

Date	**12 May 2026**
Location	**Trust Conference Room and via MS Teams**
Board Members	
Andy Carter (AC)	Chair
Nikhil Khashu (NK)	Chief Executive
Cliff Richards (CR)	Non-Executive Director and Deputy Chair
Jayne Downey (JD)	Non-Executive Director
Jane Hurst (JH)	Director of Finance
John Culshaw (JC)	Company Secretary
Elected Public Governors	
Sue Fitzpatrick (SF)	Public Governor, Warrington and Halton - **Lead Governor**
Diane Nield (DN)	Public Governor, Warrington and Halton – **Deputy Lead Governor**
Dorcas Akeju (DA)	Public Governor, Rest of England
Catherine Ardern (CA)	Public Governor, Warrington and Halton
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
Staff Governors	
Michelle Kho (MK)	Staff Governor, Nursing and Midwifery
Erwin Tublles (ET)	Staff Governor, Support Worker
Suresh Arni Sukumaran (SS)	Staff Governor, Estates, Admin and Managerial
Appointed Governors	
Colin Hughes (CH)	Partner Governor, Halton Borough Council
Maureen McLaughlin (MM)	Partner Governor, Warrington Borough Council
Mansimran Singh (MS)	Partner Governor, Warrington Sikh Gurdwara
In attendance	
Carl Mackie (CM)	Strategic Programmes Manager **deputising for Chief Strategy and Partnerships Officer**
Emily Kelso (EK)	Head of Corporate Governance
Apologies	
John Somers (JS)	Non-Executive Director
Julie Jarman (JJ)	Non-Executive Director

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.

Mike O'Connor (MOC)	Non-Executive Director and SID
Margaret Bamforth (MB)	Public Governor, Warrington and Halton
Jack Roper (JR)	Public Governor, Warrington and Halton
Paula Jones (PJ)	Public Governor, Warrington and Halton
Kevin Keith (KK)	Public Governor, Rest of England
Helen Bennet (HB)	Public Governor, Warrington and Halton
Stephen Walton (SW)	Public Governor, Warrington and Halton
Nichola Newton (NN)	Partner Governor, Warrington and Vale Royal College

Agenda ref	Agenda item
COG/26/05/001	**Welcome and Opening Comments** The Chair, AC, formally opened the meeting and welcomed all attendees. AC formally acknowledged that this was the final meeting for Partner Governor MM and expressed sincere thanks for her significant contribution to both the Council of Governors and wider health engagement across Warrington over a number of years. AC emphasised that the Trust had benefitted from her involvement and wished her well in her forthcoming role, noting with congratulations that she would assume the position of Deputy Mayor, MM confirmed this update and expressed appreciation. AC outlined apologies received from Governors along with Non-Executive Directors JS, JJ and MOC, noting that MOC may join remotely later in the meeting. It was also noted that some Governors were also joining remotely. **The apologies were noted as above and there were no declarations of interest raised.**
COG/26/05/002	**Minutes and Action Log of meetings held on 12 February 2026 and Extraordinary 12 March 2026** The Council of Governors discussed the status of current actions noting that the action relating to PALS availability and website information had been completed, with the website updated to include opening times and contact information for when the office is closed. JC also confirmed progress against actions relating to attendance assurance checks and the national oversight framework. It was noted that further updates relating to PALS would be brought to a future Governor Engagement Group (GEG) meeting. AC sought assurance from Governors regarding the accuracy of the minutes and action logs from the meetings held on 12 February 2026 and

	the extraordinary meeting on 12 March 2026. No amendments were proposed, given this the minutes were formally approved. **The council of Governors approved the minutes from the meetings**
COG/26/05/003	**Matters arising** There were no matters arising.
Matters to discuss and note for assurance	
COG/26/05/004	**Chief Executives Report – 1 April 2026** NK introduced the report, noting that the written paper was slightly out of date and providing a live update on current developments. NK confirmed that the organisational transaction had been highly successful, with day one progressing smoothly and only minor issues raised by staff relating humorously to lanyards and catering provision. NK expressed thanks to Governors and staff for their collective contribution in achieving a seamless transition. NK advised that six weeks post-transaction, the organisation was operating effectively with no significant concerns raised, reinforcing that the focus now shifts to delivery and demonstrating tangible benefits for staff and patients. NK emphasised that the clinical strategy would be central to shaping all subsequent strategies, including finance, workforce and estates, and confirmed that engagement activity would be undertaken to develop this further. NK provided updates on senior staffing, noting the appointment of PW to replace MK and confirming that AK had announced retirement, with recruitment underway. NK also discussed the staff survey, highlighting that while a deterioration in scores had been observed, this had been anticipated given the scale of organisational change. NK emphasised that the decline was less severe than that seen across the wider NHS and highlighted the importance of qualitative feedback, noting that free-text responses had provided valuable insight that would inform a development plan overseen by the People Committee and Board. NK also advised Governors of the upcoming staff awards event, recognising it as an important opportunity to thank staff, with approximately 300 attendees expected. In relation to financial planning, NK confirmed that the Trust's medium-term plan had been rated as non-compliant by regulators, prompting enhanced engagement with NHS England, the Integrated Care Board and external partners, including PwC. NK explained that this reflected differences in

	expectations regarding financial trajectory rather than deficiencies in the operational plan and confirmed that discussions would focus on identifying safe and sustainable solutions, including potential organisational reshaping aligned to clinical priorities. NK noted that meetings with the NHS England Regional Director were scheduled. NR sought clarification on whether regulatory engagement related to integration activity, to which NK confirmed that it did not, explaining that the issue concerned the financial plan being non-compliant and the associated regulatory escalation process. NK reiterated that integration remained part of the solution rather than the problem and emphasised the importance of balancing pace of transformation with safety considerations. NK also informed Governors of the recent appointment of Kathy Cowell CBE as NHS England North West Chair. **The Council of Governors noted the Chief Executive report and further updates.**
COG/26/05/ 005	**Chairs Update** AC provided a comprehensive update on his first six weeks in post, describing the experience as a significant learning period, including familiarity with NHS structures and terminology. AC highlighted the scale and complexity of the organisation following integration and reported that he had undertaken approximately 30 site visits, with further visits planned. AC emphasised the importance of understanding both community and acute services and reflected positively on staff engagement, noting high levels of commitment, openness to innovation and willingness to embrace new models of care. AC highlighted the opportunity presented by integration to transform care delivery, particularly within community settings, and acknowledged the significant work required to deliver this ambition. AC outlined his engagement with external organisations, including attendance at induction events and planned visits to other Trusts to share learning and identify best practice. AC also noted the strength of the Trust's Non-Executive team, commending both their capability and contribution. AC emphasised the Board's focus on developing a clear strategy over the next three or four weeks to achieve financial sustainability by 2030 while maintaining quality of care. AC confirmed that Board development sessions had been held and that further work would focus on refining and communicating the Trust's vision and delivery plan.

	SF queried availability of future visit dates to support Governor engagement, and AC confirmed that scheduling for July through to September was underway. MM queried staff involvement in strategy development. NK responded that while engagement to date had been limited, this was deliberate to ensure clarity on regulatory parameters, advising that structured engagement would follow once these were established. NK emphasised that staff input would ultimately shape the clinical and digital strategies. DN sought clarification on how site visits were prioritised. AC confirmed that visits were prioritised based on scale and areas new to the organisation, and committed to sharing the planned schedule with Governors. It was agreed AC would ensure the site visit prioritisation plan was shared with Governors. **The Council of Governors noted the update.**
COG/26/05/006	**Trust Operational Plan** JH presented the operational plan, providing a detailed overview of the three-year financial and performance strategy. JH confirmed that while performance targets within the plan were compliant, the financial trajectory was not, resulting in a non-compliant rating by regulators. JH explained that this reflected a deliberate Board decision not to pursue an accelerated savings programme which was considered unrealistic and potentially unsafe, opting instead for a consistent 6% cost improvement trajectory. JH outlined the scale of the financial challenge, including the requirement to deliver £36.8m in savings, and highlighted the need for transformational change rather than reliance on non-recurrent savings. JH detailed key efficiency measures, including reductions in temporary staffing, improvements in productivity, and integration-driven savings across corporate services and procurement. Governors engaged in extensive discussion regarding the operational plan. NR queried the relationship between activity levels, patient demographics, and financial sustainability. JH and NK explained that all cost improvement programmes are subject to rigorous Quality Impact Assessments, with oversight from the Quality Committee to ensure patient safety is not compromised. Further discussion explored demographic trends, with NK highlighting the increasing proportion of patients aged over 65 and the need to shift care delivery away from hospital settings towards community provision. CR emphasised the importance of wider public health and partnership working in reducing the overall health burden.

	MM raised a question regarding the governance of artificial intelligence. NK provided examples of current and emerging technologies, including ambient voice technology and dermatology AI, highlighting potential benefits while acknowledging the importance of governance frameworks, which are currently under development. DA challenged the implication that workforce reductions could be achieved without impacting quality of care and raised concerns regarding digital exclusion. NK acknowledged these concerns, confirming that multiple access routes would continue to be provided and emphasising that productivity improvements rather than simple workforce reductions were the primary objective. NK also reiterated that all changes are subject to quality assurance processes. MM raised concerns regarding workforce shortages in specific areas, such as speech and language therapy. NK explained that service capacity is constrained by commissioning arrangements, noting that increasing activity requires corresponding funding from commissioners. SF raised concerns regarding inappropriate redirection of patients to A&E via digital triage tools. NK acknowledged this issue and confirmed that discussions were ongoing with system partners to improve pathways. SA sought clarification on the key risks to delivery of the financial plan. JH confirmed that risks included the scale of savings required and external factors such as industrial action, noting that April strike action had incurred significant additional costs. JH confirmed that further savings plans were being developed to mitigate delivery risk. **The Council of Governors noted the current position regarding the Trusts Operational Plan.**
COG/26/05/ 007	**Non-Executive Director Assurance Highlights from Committees Governor Board Committee Observation Reports & Committee Assurance Reports** AC introduced the committee assurance section, noting that papers had been taken as read and inviting any key issues to be highlighted. **a) Quality Assurance Committee *(*10.02.26, 10.03.25,14.04.26,*) and* Diane Nield/Cliff Richards** CR provided an overview of the committee discussions, advising that there remained a continued focus on recurring quality issues including sepsis, falls, pressure ulcers, Emergency Department (ED) performance, and fractured neck of femur cases. CR highlighted that while reporting demonstrated incremental improvement in some areas, there was a

	perception that progress remained slow, with recurring themes discussed at successive meetings and limited evidence of step-change improvement. **b) Strategic People Committee in Common *(*18.02.26, 18.03.26, 22.04.26*)* – Margaret Bamforth and Carol Ann Kelly/Julie Jarman** AC advised that discussions had largely focused on staff survey findings and the significant volume of work underway to respond to staff feedback, particularly free-text responses. CA corroborated this, observing that the committee was well-run, with a strong culture of constructive challenge, including both Non-Executive to Executive and Executive-to-Executive challenge, which supported robust scrutiny of issues. **(c) Finance & Sustainability** ***(*23.02.26, 23.03.26, 27.04.26*)* – Helen Bennett/ John Somers** AC confirmed that the committee had maintained a strong focus on the operational plan, noting that the committee chair had provided effective challenge on deliverability and financial assumptions within the plan. No additional concerns were raised by Governors. **(d) Audit Committee (26.02.26, 23.04.26, 30.04.26) Margaret Bamforth, Mike O'Connor** It was noted that assurance processes remained in place, although no specific issues were raised during this update. **e) Charitable Funds Committee (05.03.26) – Sue Fitzpatrick/ Andy Carter** AC highlighted the significant contribution of staff and the public in supporting Trust fundraising activities. AC and NK shared examples of notable fundraising activities, including endurance challenges and community-led initiatives, reflecting both large-scale and smaller contributions that collectively made a meaningful impact on patient experience. The Council noted the positive contribution of charitable activities to the organisation. **The Council of Governors noted the assurance received at committee level.**
COG/26/05/ 008	**Items requested by Governors – Questions** In response to the question regarding smoking on Trust premises, CR confirmed that while the Trust operates a no-smoking policy, smoking on hospital grounds is not currently illegal. AC reflected on the complexity of enforcing such policies, noting that while smoking poses health and safety

	risks, particularly in areas involving medical gases, staff must also consider the context of individual patients and visitors, including distressing personal circumstances. CA challenged whether sufficient action was being taken, highlighting ongoing concerns about visible smoking near entrances and the associated impact on both staff and patients. KH provided additional context, advising that recent national legislation, including the Tobacco and Vapes Bill, would provide future powers to restrict smoking in certain public areas, although implementation and enforcement mechanisms were still subject to consultation. Governors emphasised the importance of balancing enforcement with support to help individuals quit smoking. It was confirmed that Tara Raj leads the Trust's tobacco control work programme and works with regional partners. It was agreed that consideration would be made to invite TR to a future meeting or development session to provide a comprehensive update on tobacco control and smoking policy implementation. In response to the question regarding infection prevention and staff vaccination, CR outlined the comprehensive arrangements in place, including mandatory occupational health screening for new staff, risk-based vaccination programmes, and monitoring through governance frameworks. CR explained that staff who decline vaccination are risk assessed and may have restrictions placed on their working environments. NR raised concerns regarding vaccination uptake, noting that relatively low rates could impact patient safety. NK acknowledged that uptake rates remained suboptimal, confirming that while the Trust performed relatively well compared to national averages, improvement was required, and cultural factors may be influencing staff decisions. In response to the question regarding corridor care, CR provided an overview of current arrangements, advising that regular reporting is provided through governance committees and that recent improvements had been observed. However, CR emphasised that while efforts were made to ensure patient safety, corridor care remained unacceptable. Governors, including NR and SF, challenged whether improvements were sustainable and whether learning was being captured effectively. NK responded robustly, confirming that elimination of corridor care was a priority and reiterating that it should not become normalised practice. NK outlined multiple strands of work to address the issue, including improving patient flow, reducing length of stay, and strengthening discharge processes in collaboration with system partners. NK also highlighted that a significant proportion of patients waiting extended periods are ultimately not admitted, indicating opportunities to improve early triage and discharge pathways. AC reinforced that the Board considered corridor care a critical issue and that it would remain a priority area of focus. KH advised that NHS England would be publishing corridor

	care data nationally, and Governors were alerted to potential external scrutiny. It was agreed that continued monitoring and system-wide action remained essential. In response to the question regarding Trust priorities, AC outlined the strategic focus areas, highlighting quality, people, financial sustainability and performance as the four core themes underpinning organisational objectives. AC explained that specific priorities included eliminating corridor care by December 2026, improving elective and diagnostic performance against national standards, delivering the cost improvement programme, and progressing development of the co-located Urgent Treatment Centre. AC emphasised that these priorities would be supported through system collaboration and internal transformation programmes. In response to the question regarding MADE events, CR provided a reflective summary, explaining that while such initiatives demonstrate what is achievable through concentrated effort, they are not sustainable on a continuous basis. CR highlighted that key learning included the importance of early discharge, ensuring patients are mobilised promptly, and improving patient flow earlier in the day, all of which contribute to improved system performance. AC added that discharge performance remained a system-wide challenge, with escalation levels having increased, and confirmed that meetings with local partners were scheduled to address this. It was agreed outcomes from system discussions on discharge challenges would be fed back to Governors. **The Council of Governors noted the responses to questions.**
COG/26/05/009	**Lead Governor Update** SF provided a comprehensive update, thanking Governors for their continued engagement and participation in Board observations and meetings. SF confirmed that regular one-to-one meetings with AC had been scheduled for the year and that the Chair's briefings via MS Teams continued to provide valuable insight. SF reported that uncertainty remained regarding the future of the Governor role pending national developments, although it was noted that further information may emerge following the King's Speech. SF advised that work was underway to collate evidence of Governor contributions, including development of shared materials to demonstrate the value of the role across the NHS. SF updated on Governor induction arrangements, confirming that site visits and tours were being explored, including opportunities to visit specialist areas such as maternity services. SF also highlighted the value of Governor-

	only meetings, which provided informal opportunities to discuss issues and develop questions, while recognising the need to ensure staff Governors have appropriate access to similar forums. It was noted that SS would explore options for staff Governor constituency engagement through staff networks. SF also reported on training and development activity, confirming that a training day was scheduled, including updates on PALS and governance processes. SF highlighted improvements in tracking actions arising from observation visits, noting that these would be appended to future reports to provide greater visibility of progress. Governors welcomed this improvement in assurance. SF also confirmed continued engagement with patient experience forums, noting that improvements had been made to tracking mechanisms following earlier concern regarding delays. **The Council of Governors noted the update.**
COG/26/05/ 010	**Governor Engagement Group (GEG) Chairs Report from the meeting - 30 April 2026** DN presented the GEG Chair's report, advising that membership levels had remained stable following integration, with some overlap in membership between legacy organisations. DN noted that Governors continued to demonstrate high levels of engagement and commitment despite uncertainty regarding future arrangements. DN highlighted that discussions at GEG had reflected a mixture of enthusiasm and concern regarding the future of the Governor role. DN emphasised that despite uncertainty, Governors remained motivated and committed to supporting the organisation and undertaking their duties effectively. DN advised that a working group had been proposed to review and potentially review election plans. It was confirmed that selected Governors, alongside EK and JM, would support this review. It was agreed the Working group would convene and report back on proposed options. **The Council of Governors noted the update.**
COG/26/05/ 011	**Membership Strategy Q4** EK presented the Membership Strategy update, noting that the report had been reviewed in detail at GEG. It was confirmed that the strategy had been extended due to ongoing national uncertainty, with Governors supporting this approach.

	EK emphasised that priorities for the coming year would focus on strengthening inclusivity and increasing representation from under-represented groups. EK highlighted positive progress in engagement activity, including improved communication metrics such as increased newsletter open rates. The role of engagement activity was discussed, including the importance of Governors supporting public engagement events to maintain visibility and strengthen relationships with the community. Governors were encouraged to participate in upcoming engagement events where possible to support membership growth. **The Council of Governors noted the contents of the report.**
COG/26/05/012	**Communications & Engagement Update Report** KH introduced the report, outlining the focus on establishing the identity of the newly integrated organisation and strengthening both internal and external communications. It was noted that the Trust was prioritising development of a new communications and engagement strategy aligned to organisational priorities. KH explained that internal engagement remained critical to support staff through ongoing change, while external engagement would focus on building reputation and supporting clinical transformation programmes. It was confirmed that Healthwatch had been commissioned to support public engagement activity, although recruitment to key roles was required to maximise this approach. AC highlighted the importance of Governors contributing to engagement activities, reinforcing their role in representing the Trust externally and supporting communication of key messages. **The Council of Governors noted the update**
COG/26/05/013	**Terms of Reference and Cycle of Business** **i. Council of Governors** **ii. Governor Engagement Group** JC presented the updated Terms of Reference for the Council of Governors and the Governor Engagement Group advising that changes were minimal and aligned to the new organisational constitution. No concerns were raised by Governors.

	The Council formally approved the Terms of Reference and Cycle of Business.
COG/26/05/014	**Governor Training and Development Programme** JC presented the Governor training and development programme, outlining the range of training and support provided to ensure Governors are equipped to fulfil their role. JC highlighted the importance of demonstrating compliance with regulatory requirements through self-certification processes. Governors acknowledged the comprehensive training offer, including planned development sessions and supporting documentation. The programme was supported. **The Council of Governors noted the meeting and no additional training topics were raised.**
COG/26/05/015	**Strategy bi-monthly report** CM presented the strategy update, advising that progress had continued following the successful organisational transaction. CM highlighted that focus had shifted towards developing the Trust's overall strategy, including both clinical and corporate elements. CM provided an update on the Urgent Treatment Centre bid, confirming that further work had been requested by commissioners to develop costed options and that funding applications had been submitted to support detailed planning. CM noted that, subject to approval, construction could commence in the following year. No further questions were raised. **The Council of Governors noted the update**
Closing	
COG/26/05/016	**Review of the Meeting** AC thanked Governors for their active participation and continued engagement, noting the value of their contribution both within meetings and through site visits. AC reflected positively on recent visits, emphasising the insight gained from observing services such as A&E and the Halton Living Well Hub. AC also extended thanks to the Non-Executive Directors for their contribution throughout the integration period and to the Executive team and

	staff across the organisation for their continued commitment to delivering care. NK echoed thanks, recognising the work of staff and leadership teams and encouraging Governors to share positive messages externally to support the Trust's reputation and engagement with the community.
COG/26/05/017	**Any Other Business** No further business was raised.
Supplementary Papers	
COG/26/05/018	**Learning From Experience Update Q3** The paper was noted.
Date and time of the next meeting is 19 August 2026, starting at 3pm. Lecture Theatre - Education Centre, Halton Hospital	

North Cheshire and Mersey
NHS Foundation Trust

Action Log – Council of Governors

Agenda reference:	COG/26/08/019(iii)	Subject:	Council of Governors - Action Log	Date of meeting:	19 August 2026

1. Actions on agenda

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	following discussion on MADE events, flow and discharge challenges: Feedback outcomes from system discussions with partners and community stakeholders on discharge challenges to Governors.	To be confirmed	August 2026	19.08.2026	Update ro be provided to Governors during Chairs Update **COG/26/08/022**	
COG/26/05/010	12/05/2026	Governor Engagement Group	Convene the election plans working group	Selected Governors/EK/JM	August 2026	19.08.2026	Working group took place 09.07.26, paper	

		Chair's Report	and report back on proposed options.				with recommendation Agenda item **COG/26/08/029**	

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/26/05/005	12/05/2026	**Chairs Update**	Share the Chair site visit prioritisation plan with Governors.	AC	Ongoing	Ongoing	Governors are being informed of relevant Chair's Visits when scheduled and have attended a number of these visits.	**ongoing**

Rolling tracker of outstanding actions

Minute ref	Meeting date	Item	Action	Owner	Due date	Completed date	Progress report	RAG Status
COG/26/02/68	12/02/2026	**Chief Executives Report**	Consider targeted myth-busting comms before next season	NK/JJ	Autumn 2026		Targeted comms to be considered prior to Autumn in line with due date	
COG/26/02/68	12/02/2026	**Chief Executives Report**	Report back on reintroduced sickness triggers and early impact, including stress metrics	JJ	Q1 2026/27		Pending, will be reported through SPC.	

COG/26/02/73	12/02/2026	**Items requested by Governors – Questions**	Review front-of-house cover, signage, telephone responsiveness, and provide clear escalation routes – PALS	JD/Chief Nurse	Mar 2026	ongoing	Training of staff and volunteers is ongoing around escalation routes a formal update to be provided to GEG Q2.	
COG/26/05/008	12/05/2026	**Items requested by Governors – Questions**	Consider inviting Tara Raj to a future meeting or development session to provide a comprehensive update on tobacco control and smoking policy implementation.	TR/EK	During 2026/27	Q4	To be scheduled into GEG CoB	

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/26/08/021**			
Subject:	**Chief Executive's Report**			
Date of meeting:	19 August 2026			
Action required:	**Noting**			
Author(s):	Nikhil Khashu, Chief Executive			
Executive director sponsor:	Nikhil Khashu, Chief Executive			
Link to strategic aim:	All			
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 Board with an update on key Trust, national, regional and system developments since the last meeting. It highlights continued work to develop the culture of North Cheshire and Mersey NHS Foundation Trust, improve patient flow, reduce corridor care, strengthen inclusion and staff experience, support strategy development and maintain focus on information governance and patient confidentiality. The report also summarises national and regional updates, including NHS England's expectations on cyber security assurance, minimum standards for patient experience in elective care, resident doctor arrangements, regional leadership changes, and system priorities across Cheshire and Merseyside. Overall, the report reflects continued progress during a period of organisational development, with sustained focus on quality, performance, partnership working, patient experience and delivery of the Trust's strategic priorities			
Purpose: (please select as appropriate)	**Approval**	**To note** ✓	**Decision**	

Recommendation:	The Council of Governors is asked to note the content of the Chief Executive's report.	
Previously considered by:	**Committee**	Trust Board
	Agenda Ref.	**BM/26/08/046**
	Date of meeting	5 August 2026
	Summary of Outcome	noted
Next steps: state whether this report needs to be referred to at another meeting or requires additional monitoring	***None***	
Freedom of information status (foia):	Release Document in Full	
Freedom of information exemptions applied: ***(if relevant)***	None	

1. Background/context

This report provides the Council of Governors with an overview of a range of strategic and operational issues since the last meeting on 3 June 2026, some of which are not covered elsewhere on the agenda for this meeting.

2. Key elements

2.1 Trust News

Developing the culture of North Cheshire and Mersey

Since the establishment of North Cheshire and Mersey NHS Foundation Trust (NCM), work has continued to support the development of a shared organisational culture. The Trust's values, kind, open, fair and one team, provide the basis for this work and are now being supported through a new behavioural framework, which sets out how colleagues can bring those values to life in day to day practice.

The development of the framework reflects the opportunity created by integration to bring together the strongest elements of both predecessor organisations and shape a culture that staff can recognise and feel proud of. Colleagues have been invited to contribute their views on what it currently feels like to work at the Trust and what they would like it to feel like in the future, supporting the development of a culture statement that is grounded in staff experience.

Alongside this, the Trust has introduced the NCM Champion role, bringing together the previous Culture Champion and People Promise Champion arrangements. NCM Champions will act as local points of contact within teams, helping to share information, signpost colleagues to support, encourage feedback and identify gaps in staff experience. The ambition is for every ward, department and team to have access to an NCM Champion, helping colleagues feel informed, supported and heard wherever they work.

The national NHS staff standards have also been introduced across the organisation. These standards focus on line management, health and wellbeing, violence prevention and reduction, sexual safety, tackling racism and flexible working. They align closely with the Trust's emphasis on doing the basics brilliantly and will provide a framework for continuing to improve staff experience, drawing on local staff feedback and wider People Promise priorities.

Improving patient flow and reducing corridor care

The Trust has maintained a strong focus on reducing corridor care and improving patient flow. A Corridor Care Summit brought together clinical and senior colleagues from across the Trust, alongside partners from North West Ambulance Service, local

authority partners and Healthwatch, to consider the experience of patients and staff and identify practical actions to support improvement.

The summit reinforced that corridor care is not solely an Emergency Department issue but reflects whole system flow. Delays in discharge decisions, limited early senior review and capacity that does not flex with demand were identified as areas requiring continued focus. The discussion concluded with clear actions, including improving criteria led discharge, making better use of the discharge lounge and strengthening pathways between hospital and community care.

Linked to this work, the Trust has launched a new Board Round Improvement Toolkit as part of its Home First approach. The toolkit is designed to support more consistent, efficient and focused board rounds, with clearer roles and responsibilities for multidisciplinary teams. It promotes use of the nationally recognised S.H.O.P. model, sick, home, other and plan, and encourages teams to ask, why not home today, as part of discharge planning.

Inclusive, person centred care for people with learning disabilities and autism

During Learning Disability Awareness Week, the Trust shared an example of person centred care for a patient with complex needs who required reasonable adjustments to support access to planned investigations and treatment. Colleagues from a range of services worked with the patient, family and partners to develop an individualised approach, demonstrating the importance of listening, adapting care and working across organisational boundaries to reduce health inequalities and improve experience.

Inclusion, belonging and staff experience

The Trust has continued its programme of work to strengthen inclusion and improve staff experience. Following publication of the annual Staff Survey results, a Race Inclusion Summit was held to explore the experience of staff through the lens of race. The discussion recognised areas of positive experience, while also highlighting areas where further work is required to improve consistency, fairness and inclusion for colleagues across the organisation.

The inclusion summit programme has continued with further sessions focused on disability and LGBTQ+ inclusion. These sessions provide an opportunity for colleagues and allies to examine workforce data, share experiences and identify actions to address disparities. The themes emerging from this work highlight the importance of psychological safety, fairness, wellbeing and trust across all protected characteristics.

The Trust has also marked South Asian Heritage Month, with colleagues reflecting on the theme of unity in diversity and the value of listening, understanding and empathy in creating a workplace where everyone feels they belong. This work is being

supported by staff networks, including the Multiethnic Staff Network, and contributes to the wider ambition of building a genuinely inclusive organisation.

In addition, the Trust continues to support inclusive employment through its supported internship programme, delivered with Warrington and Vale Royal College, Warrington Borough Council and DFN Project SEARCH. The programme supports young people aged 17 to 24 with additional needs through structured workplace placements that help build skills, confidence and independence. The positive experience of interns and host teams demonstrates the value of creating more inclusive pathways into employment.

Learning from national maternity and neonatal reviews

The Trust has reflected on the findings of the Independent Review of Maternity Services at Nottingham University Hospitals, led by Donna Ockenden. The report describes serious and repeated failings in care, leadership, culture, accountability, discrimination and listening to women and families. The findings provide important learning for all healthcare organisations, including services beyond maternity and neonatal care.

The Trust's current focus is on ensuring that the learning is considered carefully and openly. The report reinforces the need to listen to patients, families and colleagues, act early when concerns are raised, remain open and honest when things go wrong and create an environment where people feel safe to speak up and challenge. Learning from both this report and the national maternity and neonatal investigation will be reviewed through Trust Board and relevant governance routes.

Developing the Trust strategy and NCM 2030

The Trust has begun the next phase of engagement to support development of a new organisational strategy for the next three to five years. The strategy will set out the Trust's shared vision, priorities and ambition for improving the health and wellbeing of the communities it serves, and for delivering outstanding care into the future.

Colleagues have been invited to contribute through a Trust wide survey, which remains open until 30 September 2026. The engagement process is intended to capture the experience, ideas and expertise of staff, patients, carers, partners and wider stakeholders, ensuring that the strategy is shaped by those who deliver, receive and work alongside Trust services.

Supporting the Armed Forces community

The Armed Forces and Veterans Network continues to support colleagues and patients connected to the Armed Forces community. The network is open to veterans, reservists, military spouses and family members, cadet force volunteers and allies, and provides a forum for connection, awareness and mutual support.

The network highlights the skills and experience that members of the Armed Forces community bring to the organisation, including teamwork, resilience, leadership and adaptability. It also supports the Trust's wider commitment as an inclusive employer and as a supporter of the Armed Forces Covenant Employer Recognition Scheme Silver Award.

Through the network, the Trust is helping to raise awareness of the needs of veterans and their families within both the workforce and patient population, ensuring that members of the Armed Forces community can feel recognised, understood and supported.

Protecting patient information and confidentiality

The Trust has reinforced the importance of protecting patient information and ensuring that records are accessed only where there is a clear and legitimate work related reason. This followed national attention on unlawful access to patient records and provided an opportunity to remind colleagues of their professional, legal and ethical responsibilities.

Accessing patient records out of curiosity or for personal reasons is unlawful and unacceptable. This includes accessing records relating to family members, friends, colleagues, people of local or national interest or previous patients where there is no current and valid work related reason. Such access can result in disciplinary action, dismissal, referral to professional regulators and, in some cases, criminal prosecution.

Colleagues have been reminded to access records only where necessary for their role, to keep patient information secure, and to report immediately if a record is accessed in error.

NHS England tiering update

The Trust has received confirmation from NHS England North West of its Quarter 1 2026/27 tiering status. The Trust has moved out of tiering for elective care, reflecting sustained progress and improvement over recent months, supported by strengthened governance, performance recovery and delivery against agreed trajectories.

Tiering is the national oversight process used by NHS England where services facing delivery challenges receive additional support, scrutiny and oversight. The Trust will remain in tiering for Urgent and Emergency Care, reflecting the need for continued focus on improvement in that area.

2.2 National, Regional & ICB News

Resident doctors offer and implementation

NHS England wrote to chief executives in June advising that the Government had made a comprehensive offer to the BMA Resident Doctors Committee on pay and job conditions.

The offer has since been accepted by resident doctors. The focus has therefore moved from managing immediate industrial action risk to implementation. The Trust will continue to review the operational, workforce and financial implications as national guidance is issued.

Cyber security risk and Board assurance

NHS England has written to NHS trust and integrated care board chairs and chief executives asking boards and executive teams to assure themselves that cyber security risks are being managed effectively, with clear and sustained improvement programmes.

NHS England has set out key areas for Board and executive assurance on cyber security, including oversight of core controls, resilience arrangements and incident response. The Trust will continue to review these expectations through its established digital, information governance and risk assurance routes, including oversight of preparedness, recovery arrangements for critical systems and progress against cyber improvement plans.

Minimum standards of patient experience for elective care

NHS England has issued new minimum standards setting out what patients should expect following referral for planned care, including clear communication on whether a referral has been accepted, regular updates while waiting, information to support patients during their wait, timely appointment information, rebooking following cancellations, and confirmation when care is complete and what happens next. Trust Boards are expected to assess current performance against each standard, identify areas for improvement and publish a statement in 2026/27 setting out their approach to compliance, with an annual statement on progress thereafter.

An initial assessment has been undertaken against the eight standards. This indicates that the Trust is already meeting some requirements, including the provision of clear appointment information, but that further work is required to strengthen consistency in other areas. Improvement actions have been identified, with a number of target timescales currently set for January 2027 and March 2027, with progress overseen through the Trust's established operational and governance routes.

NHS England North West regional leadership

NHS England North West has shared changes to its Regional Executive Team following publication of the consultation outcome report on the new regional operating model. Michael Gregory, Regional Medical Director, will retire in the autumn, having remained in post to support transition to new structures. Clare Duggan, Regional Director of Strategy and Transformation, and James McLean, Regional Chief Nurse, are also leaving NHS England.

Bridget Lees will act up as Regional Chief Nurse while permanent recruitment takes place. Scott McLean has joined on secondment from University Hospitals of Morecambe Bay NHS Foundation Trust as Regional Director of Delivery and Transformation. Sam James will return to his substantive Director of Performance role following a period acting up as Regional Chief Operating Officer.

NHS England North West strategic priorities

NHS England North West has also set out expectations for systems and providers to move from medium term planning into clear delivery plans for longer term strategic objectives. The regional focus remains on delivering agreed access improvements across primary, community and secondary care, including physical and mental health.

The region has asked systems to develop detailed plans for the next phase of medium term delivery, including transformation of outpatient, urgent and emergency care and mental health access, alongside delivery of the three national shifts of neighbourhood, digital and prevention. Quarterly Executive Strategic Review discussions with integrated care boards and provider collaboratives are expected to focus on outcomes, barriers and regional support required, helping define success for the North West towards 2030.

CMPC Provider Strategy

The Provider Strategy programme continues to progress across partnership, transformation and service redesign workstreams. This briefing provides a summary of key developments discussed at the CMPC Blueprint Delivery Group meeting held on 10th July 2026. The programme remains focused on strengthening provider collaboration, supporting service sustainability and delivering the ambitions set out within the CMPC Provider Strategy.

- **National Policy and System Developments:** An update was provided on several significant national developments, including the expected appointment of a new Prime Minister on 16th July 2026; and the ongoing progression of the Health Amendment Bill. The Bill includes proposals relating to NHS England, NHS Governors, Healthwatch and Trust Chair appointments. It was noted that this is being discussed through the CMPC CoSec professional group to share intelligence and local action.
  The Baroness Amos Review and Ockenden Report into maternity services publications have been released. There has been communication about the launch of the NHS College of Management, increasing national focus on digital transformation and artificial intelligence, and the establishment of the NHS Online Trust, which is expected to become operational in 2027.

- **Alliance Models and Collaborative Governance:** The alliance and collaborative models for CMPC are being explored to ensure that the operating and governance framework will enable Cheshire and Merseyside providers to make collective decisions and deliver transformation programmes collaboratively whilst retaining

sovereignty and statutory accountability within individual organisations. The recent Chairs and Chief Executives workshop was designed to test how these arrangements would work in practice when faced with complex, system-wide decisions**.** Briefings and communications with Boards to keep them informed of priorities, workstreams and programmes is key to supporting this.

- **Service Chain Model:** Progress on the Service Chain Model was presented recognising different models can be implemented. The proposed model has been shared with The Clatterbridge Cancer Centre and The Walton Centre for initial feedback, given their existing service chain arrangements. Following receipt of feedback, the model will be refined and shared more widely with Chief Executives for consideration.

- **Community Services Mapping:** Cheshire & Merseyside providers are in the process of submitting their Community Services Mapping submissions. Once all returns are received, a system-wide analysis phase will commence to establish a comprehensive view of community services across Cheshire and Merseyside. The work aims to identify variation in service provision, opportunities for standardisation, areas of duplication and potential opportunities for collaboration to drive service improvement.

- **Future Service Transformation Opportunities:** Discussion highlighted the importance of linking the Community Services Mapping work with wider Provider Strategy programmes, including the Single Point of Access and Fragile Services workstreams. Members recognised the need for further modelling to understand the scale of activity transfer required from acute to community settings to deliver meaningful operational and financial benefits across the system, and to understand the scale required to enable cost to be taken out.

Halton Borough Council leadership changes

Halton Borough Council has advised system partners that Cllr Mike Wharton has stepped down as Leader of the Council and that Cllr Dave Thompson has stepped down as Deputy Leader. Both will continue as ward councillors. The Labour Group is expected to identify successors, with appointments due to be considered by Full Council.

The Trust will continue to maintain close partnership working with Halton Borough Council and other local authority partners as leadership arrangements are confirmed, particularly in relation to shared priorities across place, integration, prevention and community based care.

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 1 – April 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 the June Board meeting, several topics, professional or interest groups or disciplines have had special days or weeks marked locally, nationally or internationally. These have included:

June 2026

- Volunteers' Week
- Bike Week
- Men's Health Week
- Carers Week
- Diabetes Awareness Week
- Learning Disability Week
- Loneliness Awareness Week
- National Clean Air Day
- Uk Windrush Day

July 2026

- South Asian Heritage Month
- Disability Pride Month
- Alcohol Awareness Week

2.5 Signed under Seal

Since the JuneTrust Board meeting, no items have been signed under seal

2.6 Meetings Attended

I have continued to engage extensively with national, regional and system partners, representing the Trust and influencing wider discussions on NHS performance, finance, leadership and service transformation. This has included participation in national discussions with the Department of Health and Social Care and NHS England, Cheshire and Merseyside Provider Collaborative leadership and delivery forums, NHS England leadership and talent development events, CEO and Chair workshops, and engagement with senior NHS leaders including Sir Jim Mackey, Elizabeth O'Mahoney, Sally Senior, Sheena Cumiskey and Liz Bishop.

I have also attended sessions held by NHS Confederation and PwC, providing opportunities to share learning, strengthen strategic partnerships and ensure that the Trust's perspective informs regional and national policy development and decision making.

3. Recommendations

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

Appendix 1: CEO Dashboard – Month 11 (February 2026)
Appendix 2: National Oversight Framework Q4

Appendix 2 - CEO Dashboard Month 3 – June 2026

North Cheshire and Mersey NHS Foundation Trust

Quality of Care

Indicator	Target/Limit	Actual	SPC
Incidents open over 40 days	0	17	
Sepsis Screening Emergency	above 90%	78.00%	
Sepsis Screening Inpatients	above 90%	80.00%	
Sepsis Antibiotics Emergency	above 90%	60.00%	
Sepsis Antibiotics Inpatient	above 90%	72.00%	
Inpatient Falls	below YTD 119	133 YTD	
VTE	above 95%	95.28%	
Acute Pressure Ulcers (Category 2)	below YTD 27	36 YTD	
Acute Pressure Ulcers (Category 3 and Category 4)	below YTD 2	4 YTD	
Community Pressure Ulcers (Category 2)	below YTD 47	61 YTD	
Community Pressure Ulcers (Category 3 and Category 4)	below YTD 13	11 YTD	
Medication Reconciliation (within 24 hrs)	above 80%	44.99%	
Complaints over 6 months	0	0	
Healthcare Infections - MRSA	below YTD 0	0 YTD	
Healthcare Infections - MSSA	below YTD 8	6 YTD	
Healthcare Infections – CDI (cumulative)	below YTD 16	21 YTD	
Healthcare Infections - E. coli (cumulative)	below YTD 19	22 YTD	
Healthcare Infections – Klebsiella (cumulative)	below YTD 7	3 YTD	
Healthcare Infections - P. aeruginosa (cumulative)	below YTD 2	3 YTD	
Maternity Postpartum Haemorrhage >1500ml	below 3.7%	3.60%	
MUST nutritional assessment completion	above 85%	77.13%	
Duty of Candor	100%	100.00%	

Workforce

Indicator	Target/Limit	Actual	SPC
Supporting Attendance	Below 5%	5.72%	
Workforce FTE Plan Compliance	100% or below	98.99%	
Core/Mandatory Training	above 85%	91.50%	
PDR Compliance	above 85%	84.02%	

Operational Performance

Indicator	Target/Limit	Actual	SPC
Diagnostic waiting times - 6 Weeks	above 95%	95.62%	
RTT 18 Weeks	above 92%	65.08%	
RTT - patients waiting 52+ Weeks	0	308	
RTT - patients waiting 65+ Weeks	0	0	
Elective Outpatient activity	104%	104%	
A&E % patients seen within 4 hours	Below 78.00%	67.92%	
A&E % waiting longer than 12 hours	Below 2.00%	23.48%	
% Patients referred to ED from UTC	Below 3.00%	15.14%	
Cancer 28 Day Faster Diagnostic Standard	above 75%	81.91%	
Cancer 62 Day Wait	above 85%	79.17%	
Ambulance Vehicle Handovers within 45 mins	100%	72.76%	
Cancelled Operations – not rearranged within 28 days	0	0	
Capped Theatre Utilisation	above 85%	75.68%	
Average days from discharge-ready to actual discharge	1 day or below	1.6 days	
Urgent Community Response (UCR)	70.00%	95.90%	
% Of Community Waiters over 52 weeks (exc. Derm and Dental)	0.00%	20.28%	
Number of patients waiting over 52 weeks (inc. Derm & Dental)	0	2049	
Number of patients waiting over 65 weeks (inc. Derm & Dental)	0	1549	
Number of patients waiting over 104 weeks (inc. Derm & Dental)	0	431	

Finance

Indicator	Target/Limit	Actual	SPC
Income & Expenditure (£m)	-£13.4	-£14.3	
Capital Spend (£m)	£6.5	£1.9	
Cash Balance (£m)	£13.5	£22.2	
Better Practice Payment Code (£m)	above 95%	51%	
Agency Reduction (£m)	£0.6 (30% reduction from 2025/65 plan)	£0.3	
Bank Reduction (£m)	£6.8 (10% reduction from 2025/26 plan)	£8.2	
CIP In Year Delivered in relation to plan	90% of plan	100%	
CIP In Year Delivered in relation to plan (Recurrent)	90% of plan	65%	

Strategy

The WELL Runcorn Hub opened its doors to the public in late June 2026. This is the latest project in our programme of work leading the development of multi-agency collaborative health and wellbeing facilities across Warrington and Halton, in line with the national direction set out in the Government's 10-year plan for the NHS.

The Trust received confirmation of funding support from NHS England to allow us to develop the initial phases of a proposal to build a new Urgent Treatment Centre close to the ED on the Warrington hospital site. The work will involve the development of detailed plans for the location, scale and future costs of the facility, and will form the basis of the full business case for the development that will go back to NHS England in early 2027 for formal review.

Partners from across Warrington Place came together for a Living Well LIVE! event to showcase the work done to date in Warrington on the Living Well programme and discuss future ideas and opportunities. To accompany the event, the teams involved in the Living Well programme produced a report to highlight the achievements of the various Living Well projects over the last two years and some case studies of success.

Work is now progressing to start to integrate a number of the early priority clinical pathways between the acute and community teams as part of phase 2 of the Better Care Together integration programme.

Work has also now commenced around the development of the new Trust strategy and clinical strategy. These documents will set out the strategic direction for NCM to 2030 and start to detail what the organisation will focus on over the coming years as part of a wider transformation and improvement programme. Staff are encouraged to get involved in the development of the strategies and all feedback and suggestions are welcome.

Appendix 1

NHS Oversight Framework - NCM June 2026 Update

Trust Rank
102 out of 134
Previous quarter rank: **106** out of 134
Improvement of 4 places

NHS
North Cheshire and Mersey
NHS Foundation Trust

Access to services			Current Qtr. Published					Previous Qtr. Published		
Sub-domain	**Description**	**Refreshed**	**Reporting Date**	**Metric Score**	**Rank**	**Trend**	**Narrative provided**	**Reporting Date**	**Metric Score**	**Rank**
Cancer Care	28 day Cancer diagnosis	Quarterly	Q4 2025/26	2.28	**61** out of 117	▼		Q3 2025/26	2.81	**72** out of 118
Cancer Care	62 day cancer treatment	Quarterly	Q4 2025/26	1.00	**14** out of 118	▶		Q3 2025/26	1.00	**10** out of 118
Elective Care	% of patients waiting more than 52 Weeks for elective treatment	Quarterly	Mar-26	1.00	**52** out of 130	▼		Dec-25	3.58	**111** out of 131
Elective Care	% of patients waiting more or less than 18 weeks for elective treatment	Quarterly	Mar-26	2.42	**62** out of 130	▼		Dec-25	2.43	**63** out of 131
Elective care	Difference between planned and actual 18 week performance	Quarterly	Mar-26	1.00	**71** out of 130	▼		Dec-25	2.65	**69** out of 131
Elective Care	Percentage of patients waiting over 52 weeks for community services	Quarterly	Mar-26	3.55	**37** out of 42	▲	Within exception slides	Dec-25	3.56	**36** out of 41
Urgent and emergency care	A&E within 4 hours	Quarterly	Q4 2025/26	3.50	**101** out of 123	▼		Q3 2025/26	3.60	**105** out of 123
Urgent and emergency care	A&E within 12 hours	Quarterly	Q4 2025/26	3.90	**118** out of 119	▲	Within exception slides	Q3 2025/26	3.90	**104** out of 123

Effectiveness and experience			Current Qtr. Published					Previous Qtr. Published		
Sub-domain	**Description**	**Refreshed**	**Reporting Date**	**Metric Score**	**Rank**	**Trend**	**Narrative provided**	**Reporting Date**	**Metric Score**	**Rank**
Effective flow and discharge	Average number of days from discharge ready date to actual discharge date	Quarterly	Mar-26	3.91	**124** out of 128	▲	Within exception slides	Dec-25	3.45	**104** out of 126
Effective out of hospital care	Urgent Community Response 2-hour performance	Quarterly	Q4 2025/26	1.17	**3** out of 38	▶		Q3 2025/26	1.15	**3** out of 50
Patient experience	Summary Hospital-level mortality indicator	Annually	Jan 24 - Dec 25	2.00	Not Ranked	▶		Oct-24 - Sep 25	2.00	Not Ranked
Patient experience	CQC Inpatient survey satisfaction rate	Annually	2024	2.00	Not Ranked	▶		2024	2.00	Not Ranked

Finance and productivity			Current Qtr. Published					Previous Qtr. Published		
Sub-domain	**Description**	**Refreshed**	**Reporting Date**	**Metric Score**	**Rank**	**Trend**	**Narrative provided**	**Reporting Date**	**Metric Score**	**Rank**
Finance	Planned surplus/deficit	Quarterly	Q4 2025/26	4.00	**126** out of 134	▶		Q3 2025/26	4.00	**126** out of 134
Finance	Variance year-to-date to financial plan	Quarterly	Month 12 2025/26	4.00	**132** out of 134	▲	Within exception slides	Month 9 2025	4.00	**121** out of 134

Patient Safety			Current Qtr. Published					Previous Qtr. Published		
Sub-domain	**Description**	**Refreshed**	**Reporting Date**	**Metric Score**	**Rank**	**Trend**	**Narrative provided**	**Reporting Date**	**Metric Score**	**Rank**
Patient Safety	Number of MRSA bacteraemia cases	Quarterly	Jan 25 - Dec 25	1.00	Not Ranked	▼		Jan 25 - Dec 25	2.66	Not Ranked
Patient Safety	Proportion of E. coli bacteraemia	Quarterly	Apr 25 - Mar 26	2.07	Not Ranked	▲	Within exception slides	Jan 25 - Dec 25	1.00	Not Ranked
Patient Safety	NHS Staff Survey - raising concerns sub-score	Annually	2024	1.81	**37** out of 134	▶		2024	1.81	**37** out of 134
Patient Safety	Proportion of C. difficile infections	Quarterly	Apr 25 - Mar 26	3.33	Not Ranked	▲	Within exception slides	Jan 25 - Dec 25	3.20	Not Ranked

People and Workforce			Current Qtr. Published					Previous Qtr. Published		
Sub-domain	**Description**	**Refreshed**	**Reporting Date**	**Metric Score**	**Rank**	**Trend**	**Narrative provided**	**Reporting Date**	**Metric score**	**Rank**
Retention and culture	Sickness absence rate	Quarterly	Q3 2025/26	3.19	**114** out of 134	▼		Q2 2025/26	3.38	**120** out of 134
Retention and culture	NHS Staff survey engagement theme sub-score	Annually	2024	2.29	**58** out of 134	▶		2024	2.29	**58** out of 134

Key
▶ No Change
▼ Improvement
▲ Concern

North Cheshire and Mersey
NHS Foundation Trust

Council of Governors
Committee Observation Report

Agenda reference:	**COG/6/08/023a (i)**
Committee observed:	**Quality and Safety Assurance Committee**
Date of meeting:	12 May 2026
Author(s):	Diane Nield, Deputy Lead Governor
Governor Observation Report	There was 2 NED's (inc Chair) in attendance The meeting papers were available on Team Engine beforehand. There was a full agenda with multiple detailed papers. The meeting was chaired very efficiently with lots of opportunity for questions and a meeting review at the end. Apologies noted, minutes approved, action logs and matters arising reviewed. **Highlights:** **<u>Patient Story – ED Experience</u>** A relative of a patient shared their family experience of the WHH emergency department following FNOF surgery at Whiston Hospital after a fall in January 2025. The relative shared that the patient was brought by ambulance to WHH after collapsing at home. They fully appreciated how busy the department was but did not receive any communication or a review of the patient's current medication. They were informed that the patient was very poorly. After several hours, the relative went home and rang the ED department at 5.30am the following morning. They were informed the patient was OK. At 8am the ED department rang the relative asking them to come immediately. Unfortunately, the patient had passed away before the relative arrived. The relative lived only 10 minutes away.

	A complaint was filed and found that the post death report stated, 'sepsis shock'. The relative would not have left the patient had they known. Learnings have been identified and implemented to ensure that relatives are kept fully informed and communicated with in a timely manner. These have been shared with the relative. The Chair apologised on behalf of WHH and hopes these learnings pave the way for improved communication. **ED Improvement Programme** Surgical SDEC is making a difference Areas of Focus • Meds management - Pharmacy Team in place • Triage Nurse – Antisocial Behaviour, Body Cams • Patient announcement system back working A new consultant lead for sepsis has been introduced together with a sepsis nurse bleep system Overall, there is an improved picture, and we now need to see this being sustained. The department is looking also to produce several video/films capturing patient stories. **PSCESC - Rheumatology** Initial indications to March showed improvement in the backlog. However, April data does not assure the Trust. Patients are running out of medication and new patients have not been commenced on DMARDS/Biologics. Urgent steps have been taken to address those who are missing medication. There are approx. 400 patients awaiting treatment. Oversight – the executive team are having twice weekly meetings. The Chair requested this be a Hot Topic next month at QASC **PSCESC – Opthalmology -** Overdue medical retina patients due to staff changes/retirements.

	PSCESC – Lower Limb – QASC hot topic in July **FNOF update** March data- Admission to ward = 8.6% vs 10.5% (National) Time to Theatre – 45.7% vs 57.1% (National) Reduction in mortality and 30-day mortality rate reduction. Expect to come closer to national trend soon. **Key Actions** Increase theatre capacity – proposal is to increase hours over the weekend to 5pm using 'dead time' on week days. Theatre 2 has also not been used during the week Orthogeriatric Consultant – recruitment ongoing Still need to work on prioritisation of FNOF patients in theatre. Several questions followed to gain clarity and assurance around the Time to Theatre measure and the lack of use of Theatre 2. In addition, the KPI 6 measure of 'return to original residence' was questioned. Return to QASC next month. **Typing Backlog** The plan is to not extend the Big Hand contract beyond the end of June. ENT has the largest backlog. The elderly care secretaries are currently supporting Maxio-facial – is the biggest challenge due to complex terminology and need for proof-reading. Lyrebird – the majority of teams are now using. But we now have a backlog of 1343 due to the focus on 'Big Hand' The team are confident they are on track for the end of June. The chair and Committee are reassured there is a plan but will review the situation again at the next QASC **Section 136 Mental Health** Starting in May, patients will be brought to acute trusts if there are no spaces in mental health trusts.

	NCM has cited lots of issues ; staff training, patients waiting days for treatment, increased violence, self-harm/suicide risk C+M Trusts have been asked to develop a flow chart. NCM has not yet decided where these patients will go. This will be imposed on us. There has been no additional funding to accommodate these patients Merseycare have received funds to increase capacity at Hollins Park. When Merseycare capacity is full patients will be redirected to Acute Trusts. Many questions followed from the Committee citing real concerns about moving these patients to deficit organisations with high ED patients which is a massive risk. However, NCM have expressed that if there is a section 136 patient who requires medical intervention, we will deal with it. The chair confirmed this will be escalated to board. **Items to escalate to Trust Board** Patient Story FNOF Section 136 Fragile + Maternity Services

North Cheshire and Mersey
NHS Foundation Trust

Trust Board: Committee Assurance Report

Agenda reference:	BM/26/06/029a (ii)	**Date of Board meeting:**	3 June 2026

Date of meeting:	12 May 2026
Name of meeting and chair:	Quality and Safety Assurance Committee, chaired by Cliff Richards
Was the meeting quorate:	Yes

The Committee draws 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/26/05/030	**Patient Story**	The patient's granddaughter shared the experience of Patient V, aged 92, highlighting the importance of open and honest end-of-life conversations. The family felt that clearer communication regarding the diagnosis would have influenced their decision to remain with the patient and that they lost valuable time as a result. Learning from this experience has informed an action plan, with key insights shared to improve future care.	**Moderate** Communication with this family was not sufficiently clear; however, learning has been identified and will be monitored through complaints, patient	**High** Emergency Department governance has been strengthened through monthly Care Group oversight and bimonthly reporting to the Quality, Safety and	Monthly Emergency Department updates to the Quality, Safety and Assurance Committee

			feedback, and ward accreditation processes.	Assurance Committee.	
QSAC/26/05/032	**ED Harms Update**	The Deputy Chief Nurse and Director of Governance highlighted significant improvements in 4-hour performance, alongside a reduction in non-elective admissions following the introduction of the Surgical SDEC, now approved to operate permanently Monday to Friday. Oversight of corridor care continues, with reductions achieved despite increased attendances, and a notable decrease in the harm profile in Q4. An overview of ongoing improvement projects was also provided, demonstrating continued progress in quality and patient flow.	**Moderate** The harm profile has reduced significantly and corridor care has also reduced. Performance is improving, although it remains below the expected range.	**High** Robust governance arrangements are in place, including Care Group oversight and monthly reporting to the Quality, Safety and Assurance Committee.	Monthly reporting to the Quality, Safety and Assurance Committee
QSAC/26/05/034	**Neck of Femur Performance and Action Plan**	The Associate Medical Director for Planned Care reported on neck of femur performance, noting that four KPIs are now above the national average. While 45.7% of cases were operated on within 36 hours, below the national average of 57%, Best Practice Tariff performance for March 2026 was 37.8%. Data sets have now been clarified to ensure consistent future reporting. It was also noted that Theatre 2	**Limited** Performance remains below the national average across a number of metrics; however, improvement is being seen.	**High** Oversight is provided through the Patient Safety and Clinical Effectiveness Subcommittee and the Quality, Safety and	A further presentation will be provided to the Quality, Safety and Assurance Committee in two months.

		capacity exceeded demand on weekends, although it was not required during weekdays in March and April.		Assurance Committee, supported by weekly Executive review.	
QSAC/26/05/035	**Planned Care Recovery Programme**	The Deputy Medical Director provided an update on assurance and escalation programmes, noting progress within the pain service and ongoing plans to address weekend theatre capacity challenges for neck of femur patients. Ophthalmology outpatient follow-up backlogs remain a pressure due to demand exceeding capacity, with recruitment underway to fill vacancies and efforts to secure additional agency support, although none has been identified to date.	**Limited** A significant waiting list backlog remains. Demand continues to exceed capacity, and weekend theatre capacity challenges are not yet resolved.	**High** Governance arrangements are in place through Care Group oversight, monthly reporting to the Patient Safety and Clinical Effectiveness Subcommittee, and oversight by the Quality, Safety and Assurance Committee.	Bimonthly reporting to QSAC. Monthly reporting to PSCESC
QSAC/26/05/036	**Typing Backlog**	The Care Group Operational Team reported positive progress in reducing the typing backlog, with a notable decrease in both standard and urgent letters. The rollout of the Lyrebird AI script is	**Moderate** Rapid improvement has been noted from the	**High** Oversight is provided through the Patient Safety and Clinical	Reporting to QSAC bimonthly

		progressing well, with multiple specialities live and further staff trained across services. A substantial volume of letters has been completed, with the remaining backlog expected to be cleared within the next two months, ahead of a full Trust-wide rollout planned for the end of May 2026.	previous position; focus is now required on full Trust-wide rollout and clearance of the remaining backlog.	Effectiveness Subcommittee and the Quality, Safety and Assurance Committee. The dataset has now been clarified to support consistent future reporting.	
QSAC/26/05/042	**Mental Health Update**	The Deputy Chief Nurse and Director of Governance provided an update on Section 136 arrangements, highlighting proactive engagement with the ICB and strengthened internal governance through an established working group, decision matrix, and SOP. Whilst acute Trusts have been asked to accept patients from Q1 2026, NCM continues to support patients with physical and mental health needs, with increased capacity at Hollins Park contributing to a more structured and resilient approach.	**Limited** Processes have been drafted; however, the environment remains unsuitable and no capital funding has been identified to make it safe and appropriate. There remains significant concern regarding the	**High** Oversight is provided monthly through the Mental Health Steering Group and quarterly through the Quality, Safety and Assurance Committee. The issue has also been escalated internally to	A further update will be provided to the Executive Management Team in June 2026 to support a decision on acceptance or decline, escalation routes, and next steps.

			safety of patients and staff, and the impact on Emergency Department performance.	EMT in Q3 2025 and externally via the Integrated Care Board and the strategic oversight group.	

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.

North Cheshire and Mersey
NHS Foundation Trust

Council of Governors
Committee Observation Report

Agenda reference:	**COG/26/08/023a(ii)**
Committee observed:	**Quality and Safety Assurance Committee**
Date of meeting:	9 June 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 two Non-Executive Directors, including the Committee Chair. The meeting was structured, focused and provided sufficient opportunity for discussion, challenge and clarification. The Chair managed the agenda efficiently whilst ensuring key issues received appropriate scrutiny. **Governance Effectiveness** The Committee demonstrated effective oversight of quality and safety matters. Discussions remained largely strategic and focused on areas of risk, assurance and service performance. There was evidence that members were willing to challenge information presented and seek further assurance where concerns remained. The Committee operated in line with its governance responsibilities, reviewing actions, matters arising and key areas of concern across a range of clinical services. **Quality of Scrutiny and Challenge** There was constructive challenge from both Executive and Non-Executive members during the meeting. Particularly strong scrutiny was evident in relation to: • Maternity services, including increasing rates of post-partum haemorrhage and neonatal admissions, where

	members explored underlying causes, equality considerations and planned improvement actions. • Rheumatology services, where concerns relating to prescribing processes, patient pathways and risk management prompted detailed discussion and challenge regarding the robustness of existing controls. • Fragility fracture performance, where members sought clarification regarding the discrepancy between national and local mortality data and requested additional analysis to provide assurance. The Medical Director and Committee members demonstrated appropriate challenge, particularly where the causes of variation or ongoing risks were not yet fully understood. **Quality of Assurance** The Committee received a substantial range of information and evidence to support its discussions. In several areas, assurance was strengthened through improvement plans and performance monitoring. The typing backlog and medical transcription programme provided good assurance that significant progress had been made, with backlogs reducing and plans in place to complete outstanding work. Likewise, discussions regarding VTE assessment highlighted a clear understanding of current process weaknesses and the actions required to strengthen compliance. However, assurance remained more limited in relation to some aspects of maternity performance and rheumatology services, where further work is ongoing to fully understand underlying causes and demonstrate sustainable improvement. **Overall Assessment** Overall, the Committee appeared effective, well-led and appropriately focused on quality, safety and risk. Discussions were constructive and provided evidence of meaningful scrutiny and challenge. The Committee demonstrated good oversight across a number of complex areas, although continued monitoring will

	be required in relation to maternity services, rheumatology and fragility fracture performance to ensure that identified risks continue to reduce and assurance levels improve. **Areas for Ongoing Attention – escalation to Board** • Maternity services, particularly post-partum haemorrhage and neonatal admissions. • Rheumatology prescribing and monitoring arrangements. • Fragility fracture performance and associated data quality. • Delivery of improvements arising from transcription backlog and digital solutions supporting VTE assessment.

North Cheshire and Mersey
NHS Foundation Trust

Trust Board: Committee Assurance Report

Agenda reference:	BM/26/08/049a(i)	**Date of Board meeting:**	5 August 2026

Date of meeting:	9 June 2026
Name of meeting and chair:	Quality and Safety Assurance Committee, Chaired by Cliff Richards
Was the meeting quorate:	Yes

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

Agenda reference	Agenda item	Issue and lead officer	Delivery assurance	Governance assurance	Follow up / review date
QSAC/26/06/056	**Deep Dive – Maternity: PPH, ATAIN, Coronial Reports**	The Committee received a maternity deep dive covering postpartum haemorrhage (PPH), avoiding term admissions into neonatal units (ATAIN), coronial referrals and neonatal safety intelligence. Assurance was received that improvement plans, multidisciplinary reviews and learning processes are in place. Whilst performance remains below the level expected in some areas, further work is underway to strengthen action planning, instrumental birth pathways and alignment with regional guidance.	**Moderate**	**Substantial**	Via standing reports to Committee.

QSAC/26/06/061	**ED Performance**	The Committee reviewed Emergency Department performance and quality indicators. Ongoing pressures relating to patient flow, long waits and capacity were noted, together with the impact on patient experience. Assurance was received regarding actions to improve discharge processes, reduce corridor care and strengthen system-wide working, alongside improvements in several patient safety metrics.	**Moderate**	**Substantial**	Via standing reports to Committee.
QSAC/26/06/062	**Typing Backlog**	The Committee noted significant progress in reducing the clinical correspondence backlog and received assurance that the remaining legacy backlog was expected to be cleared ahead of the transition to the Lyrebird system. The Committee was assured that arrangements were in place to support a safe transition and prevent recurrence, with ongoing monitoring to continue following implementation.	**Substantial**	**Substantial**	Any further issues to be presented back to the Committee by exception.

QSAC/26/06/063	**Fragile Services/ Patient Safety and Clinical Effectiveness Sub Committee Exception Report**	The Committee received assurance regarding a number of fragile services and patient safety priorities, including chronic pain, urology, outpatient follow-up management and sepsis. Progress was noted in developing sustainable service models and reducing clinical risk. Further work is underway to establish a Trust-wide approach to outpatient transformation and backlog reduction.	**Moderate**	**Substantial**	Via standing reports to Committee.

Further items discussed and received for assurance:
QSAC/26/06/057 Hot Topic – Lower limb immobilisation /VTE prophylaxis/prescribing responsibilities
QSAC/26/06/058 Hot Topic – Rheumatology
QSAC/26/06/059 Quality IPR Metrics
QSAC/26/06/060 Compliance Update – Quarter Four
QSAC/26/06/064 Fractured Neck of Femur Update
QSAC/26/06/065 Learning from Deaths Review – Quarter Four
QSAC/26/06/066 Quality Account – Final Version
QSAC/26/06/067 Learning from Experience Report – Quarter Four
QSAC/26/06/068 Six-month Chief Nurse Staffing Report – safer staffing report
QSAC/26/06/069(i) Maternity Incentive Scheme (MIS) to include Saving Babies Lives Care Bundle (SBLCB)
QSAC/26/06/069i (ii) Avoiding Term Admission into Neonatal Unit (ATAIN) Quarter Four – item deferred to July
QSAC/26/06/069i (iii) Maternity and Neonatal Quality Review Report
QSAC/26/06/069i (iv) Transitional Care Audit – Quarter Four – item deferred

Items received for information:
QSAC/26/06/071 Quality Priorities Report
QSAC/26/06/072 BCH PSIRF Report
QSAC/26/06/073 BCH Complaints Report
QSAC/26/06/074 Enabling Strategy Alignment Progress Biannual Report
QSAC/26/06/075 Minutes from the Research Oversight Sub Committee – deferred to July

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.

North Cheshire and Mersey
NHS Foundation Trust

Council of Governors
Committee Observation Report

Agenda reference:	**COG/26/08/023a(iii)**
Committee observed:	**Quality and Safety Assurance Committee**
Date of meeting:	14th July 2026
Author(s):	Diane Nield, Public Governor Warrington and Halton (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 two Non-Executive Directors, including the Committee Chair. The meeting was structured, focused and provided sufficient opportunity for discussion, challenge and clarification. The Chair managed the agenda efficiently whilst ensuring key issues received appropriate scrutiny. **Governance Effectiveness** The Committee demonstrated effective oversight of quality and safety matters. Discussions remained strategic and focused on areas of risk, assurance and service performance. Members demonstrated a clear understanding of the principal risks facing the organisation and sought assurance that improvement plans were progressing as expected. The Committee operated in line with its governance responsibilities, reviewing actions, matters arising and key areas of concern across a range of clinical services. A number of items were scheduled to return to future meetings, providing confidence that risks will continue to be monitored until sufficient assurance has been obtained. **Quality of Scrutiny and Challenge** There was constructive challenge from both Executive and Non-Executive members during the meeting. Particularly strong scrutiny was evident in relation to: • **Community Equipment Stores**, where members challenged staffing capacity, sickness absence,

	infection prevention compliance and equipment servicing. Assurance was sought regarding discharge delays, with confirmation that equipment can generally be provided within two hours where referrals are submitted promptly. A further update was requested in three months to monitor progress. • **Sepsis**, where members questioned why quality improvement work continued to identify recurring themes despite previous interventions. The Executive acknowledged that further changes would be required, and the Committee requested a further update next quarter. • **Neurodevelopment Services**, where members explored the significant waiting list and challenged whether appropriate safeguards remained in place for children waiting longest. Assurance was provided that robust clinical risk stratification continues, with escalation through the Integrated Care Board identified as the next step. The Committee requested a further update within two months. • **Emergency Department Performance and the Cost Improvement Programme**, where members balanced recognition of improvements in four-hour performance against the continuing operational pressures associated with corridor care, ambulance handovers and proposed bed reductions. • **Fractured Neck of Femur performance**, where members reviewed improvements in time to theatre whilst challenging the pace of improvement in patient mobilisation, theatre capacity and length of stay. A further update was requested within one month. • **Radiology Services**, where members challenged workforce shortages, reporting backlogs and increasing demand, seeking assurance that alternative workforce models, including Reporting Radiographers, would be explored alongside initiatives to improve appropriate imaging requests. The Committee demonstrated appropriate challenge throughout the meeting, particularly where improvement trajectories remained uncertain or where operational risks continued to impact patient care. **Quality of Assurance** The Committee received a substantial range of information and evidence to support its discussions. In several areas,

	assurance was strengthened through improvement plans, performance monitoring and agreed follow-up reporting. Community Equipment Stores provided assurance that improvements were underway in incident reporting, infection prevention and equipment servicing, although workforce capacity remains a challenge. Sepsis performance demonstrated gradual improvement through regular audit activity, whilst recognising that further work is required to achieve sustained compliance. Emergency Department performance and Fractured Neck of Femur pathways showed evidence of incremental improvement, supported by continued monitoring and targeted actions. Radiology reporting also demonstrated modest progress despite significant workforce pressures, with practical solutions identified to improve resilience. However, assurance remained more limited in relation to Neurodevelopment Services, where exceptionally long waiting times continue despite robust risk stratification, and in relation to operational pressures affecting urgent and emergency care capacity. **Overall Assessment** Overall, the Committee appeared effective, well-led and appropriately focused on quality, safety and organisational risk. 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 a number of complex services and ensured that areas of continuing concern will remain under regular review. **Areas for Ongoing Attention – Escalation to Board** • Patient Story. • Neurodevelopment Services and associated waiting times. • Maternity Services. • Fragile Services.

North Cheshire and Mersey
NHS Foundation Trust

Trust Board: Committee Assurance Report

Agenda reference:	BM/26/08/049a(ii)	**Date of Board meeting:**	5 August 2026

Date of meeting:	14 July 2026
Name of meeting and chair:	Quality and Safety Assurance Committee, Chaired by Cliff Richards
Was the meeting quorate:	Yes

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

Agenda reference	Agenda item	Issue and lead officer	Delivery assurance	Governance assurance	Follow up / review date
QSAC/26/07/082	**Patient Story - Experience as a patient with complex needs**	The Committee received a patient and carer story describing the experience of accessing urgent and emergency care for a young person with complex needs during the transition between children's and adult services. The account highlighted the importance of timely reasonable adjustments, clear transition planning, staff awareness and coordinated communication across pathways. Assurance was received on actions already taken, including targeted autism and learning disability training, improved patient alerts, learning disability care bags, patient	**N/a**	**N/a**	Progress on learning disability, autism and transition pathway improvements to be monitored through existing governance arrangements.

		and carer information, planned identification wristbands, senior clinical oversight at reception and work to develop a quiet or sensory space. The Committee noted that the learning extended beyond the Emergency Department and should inform wider improvements in person centred care for young people with complex needs.			
QSAC/26/07/083	**Deep Dive - Community Equipment Services**	The Committee received a deep dive on Community Equipment Services and noted progress in leadership, governance, workforce stability, training, incident reporting, equipment servicing and infection prevention and control. Assurance was received that improvement work was in place and that the servicing backlog remained on trajectory for clearance. The Committee noted that further assurance was required on the pace of backlog reduction, waiting times, vacancy levels, delivery performance and the impact of service pressures on patients. A further update was requested in three months to confirm that outstanding servicing, governance and improvement actions remain on track.	**Moderate**	**Moderate**	The Committee would receive a further update in 3 months time (October 2026).
QSAC/26/07/092	**Neurodevelopment Update**	The Committee received an update on the Neurodevelopmental Assessment Pathway and noted continued pressures from rising demand for autism and ADHD diagnostic assessments without a corresponding	**Moderate**	**Substantial**	A further progress update would be presented to the

		increase in commissioned capacity. Assurance was received that children on the waiting list had been risk stratified, with available capacity prioritised for those with greatest clinical need, and that clinical harm reviews and weekly monitoring arrangements were in place. The Committee recognised the significant work being undertaken to manage clinical risk but remained concerned about the underlying gap between demand and available resource. A strategic options paper is due to be considered by EMT, and a further update was requested for September 2026.			Committee in September 2026.
QSAC/26/07/093	**Mental Health Update**	The Committee received the Mental Health Update and noted that the wider improvement programme remained largely on track, with continued demand for mental health support and ongoing focus on violence and aggression. Assurance was received that incidents had reduced and that a revised Violence and Aggression Strategy would be presented in September 2026. The Committee considered the Section 136 pathway and supported the current safety based position, recognising the need for any future pathway change to be clinically safe, sustainable and supported by an appropriate care environment. Continued work with system partners will inform future	**Moderate**	**Substantial**	Committee to receive further update in September 2026.

		options for a co located mental health facility.			
QSAC/26/07/095	**Mortuary Report**	The Committee received the quarterly Human Tissue Authority and Mortuary Services update and was assured that mortuary services continued to operate in compliance with HTA standards, with no significant areas of concern or regulatory non compliance identified. The Committee noted that a formal Board level Statement of Assurance had been requested and that governance teams were coordinating the response. A small number of open actions from previous reviews and a recent UKAS visit remained subject to active monitoring through existing governance arrangements. Members also noted the importance of maintaining Board visibility of mortuary services and agreed that increased Board awareness of the service would be beneficial.	**Substantial**	**Substantial**	Action would be taken to progress the statement of assurance for sign off within submitted timescales (by 31 July 2026).

Further items discussed and received for assurance:
QSAC/26/07/084 Hot Topic - Sepsis
QSAC/26/07/085 Patient Safety and Clinical Effectiveness Sub Committee Exception Report Including Mortality Update
QSAC/26/07/088 Fractured Neck of Femur Update Including quarter by quarter mortality data
QSAC/26/07/089 Surgical Site Infection Update
QSAC/26/07/090 MIAA Theatre Safety Audit Update – deferred to September
QSAC/26/07/091 Radiology Update
QSAC/26/07/094 Maternity Reports
(i) Maternity Incentive Scheme (MIS) to include Saving Babies Lives Care Bundle (SBLCB)
(ii) Avoiding Term Admission into Neonatal Unit (ATAIN) Q4
(iii) Maternity & Neonatal Quality Review Report
(iv) Transitional Care Audit Q4
QSAC/26/07/096 Impact of Incident Management Training on Classification and Duty of Candour for Community Services
QSAC/26/07/097 Infection, Prevention and Control BAF
QSAC/26/07/098 High Level Enquires and External Assessment/Inspections

Items received for information:
QSAC/26/07/099 BCT Integration and Due Diligence Update
QSAC/26/07/100 Committee Chair's Annual Report
QSAC/26/07/101 Quality Impact Assessment high level briefing paper
QSAC/26/07/102 Minutes from the Research Oversight Sub Committee

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/26/08/023a(iv)**
Committee observed:	**Extraordinary Quality and Safety Assurance Committee**
Date of meeting:	28 July 2026
Author(s):	Diane Nield, Public Governor Warrington and Halton (Deputy Lead Governor)
Governor Observation Report	**Meeting Overview** This extraordinary meeting was convened to allow dedicated time for the review of several annual reports. The meeting was well organised and effectively chaired, with papers circulated in advance via Team Engine. Attendance included two Non-Executive Directors, including the Committee Chair. The meeting was structured, focused and provided appropriate opportunities for discussion, challenge and clarification. The Chair ensured key issues received proportionate scrutiny whilst maintaining the flow of the agenda. It was also acknowledged that many reports reflected activity from WHH, with recognition given to the historical position of the former Bridgewater services following organisational integration. **Governance Effectiveness** The Committee demonstrated effective oversight of quality and safety matters through its review of annual assurance reports, performance information and associated action plans. Members appropriately sought clarification where assurances were incomplete and demonstrated a willingness to request further work where required. Actions, matters arising and key quality concerns were reviewed in line with the Committee's governance responsibilities. **Quality of Scrutiny and Challenge** Constructive challenge was evident from both Executive and Non-Executive members throughout the meeting. Robust scrutiny focused on Medicines Management governance, policy compliance, medicines storage and how the Ward

	Accreditation Scheme triangulates with medicines incidents. The Nursing and Midwifery Strategy prompted discussion regarding organisational integration, pressure ulcer improvement and the importance of embedding a consistent learning culture across all NCM sites. Members also sought assurance regarding implementation of 4AT training within the Dementia and Delirium Strategy, questioned progress within the Infection Prevention and Control work programme, and requested clarification regarding safeguarding processes, particularly child protection medicals and FGM screening within midwifery. **Quality of Assurance** The Committee received comprehensive evidence to support its discussions. Assurance was achieved regarding medicines incident reporting, associated organisational learning and the Controlled Drugs Annual Report, with action plans in place following identified incidents. Recognition was given to the excellent performance within Organ Donation services. Members identified areas where further assurance was required, particularly Infection Prevention and Control, where a comprehensive deep dive has been scheduled, safeguarding arrangements for Child Protection Medicals, and the Board Assurance Statement requested by NHS England following the Nottingham Review, for which a clear response timeline was agreed. **Overall Assessment** Overall, the Committee demonstrated effective governance and provided appropriate oversight of quality, safety and organisational risk. Members challenged areas where assurance remained incomplete, requested clarification where necessary and ensured that actions were identified for continued monitoring. The meeting reflected a positive culture of openness, constructive challenge and continuous improvement. **Areas for Escalation to the Board** • Controlled Drugs Annual Report – continued monitoring of thematic learning and implementation of the associated action plan. • Nursing and Midwifery Strategy – oversight of implementation across the integrated organisation to ensure

	consistent culture, workforce development and quality standards.

North Cheshire and Mersey
NHS Foundation Trust

Trust Board: Committee Assurance Report

Agenda reference:	BM/26/08/049a(iii)	**Date of Board meeting:**	5 August 2026

Date of meeting:	28 July 2026
Name of meeting and chair:	Extraordinary Quality and Safety Assurance Committee, Chaired by Cliff Richards
Was the meeting quorate:	Yes

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

Agenda reference	Agenda item	Issue and lead officer	Delivery assurance	Governance assurance	Follow up / review date
QSAC/26/07/109	**Controlled Drugs Annual Report**	The Committee received the annual Controlled Drugs Report and was assured that controlled drugs governance arrangements remained effective, with no severe harm incidents reported during the year. Increased incident reporting reflected an improving reporting culture, alongside strengthened arrangements to reduce diversion risk and enhance monitoring. The Committee also reviewed the position regarding the Home Office Controlled Drugs Licence and was assured that interim supply arrangements with East Cheshire remain in place pending regulatory resolution.	**Substantial**	**Moderate**	Further update on the licence position to be provided by exception.

QSAC/26/07/110	**Nursing and Midwifery Strategy Annual Report**	The Committee received the annual Nursing and Midwifery Strategy Report and noted continued progress across key priorities including Duty of Candour compliance, falls reduction, leadership development, PSIRF implementation and multidisciplinary working. Assurance was also received regarding the positive impact of integration and strengthened nursing leadership arrangements. The Committee was informed that the integrated nursing teams had received excellent feedback following a recent SEND inspection.	**Substantial**	**Substantial**	No further action required.
QSAC/26/07/113	**Director of Infection Prevention and Control (DIPC) Annual Report**	The Committee received the annual Director of Infection Prevention and Control Report. Whilst healthcare associated infection performance remained below the desired level in a number of areas, assurance was received regarding ongoing improvement work, audit compliance, environmental hygiene activity and antimicrobial stewardship arrangements. The Committee requested a future deep-dive review to further examine recurring infection themes and opportunities for improvement.	**Moderate**	**Substantial**	Committee to receive a dedicated deep dive review.
QSAC/26/07/116	**Board Assurance Statement in relation to Nottingham**	The Committee reviewed the proposed Board Assurance Statement in response to NHS England requirements arising from the Nottingham maternity review. The	**Substantial**	**Substantial**	Revised Board Assurance Statement to be considered

	Maternity and Neonatal Review findings on post-death care	Committee noted that the Trust was compliant with all but one assurance requirement relating to governance arrangements across bereavement and associated services. Assurance was received that improvement work was already underway and the Committee requested that the revised narrative clearly set out the remaining gap, actions and anticipated timescales for achieving full compliance. No immediate patient safety concerns were identified.			and approved prior to submission.

Further items discussed and received for assurance:
QSAC/26/07/108 Medicines Management Annual Report
QSAC/26/07/111 Dementia Strategy Annual Report
QSAC/26/07/112 Risk Management Strategy Annual Report – deferred to September
QSAC/26/07/114 Safeguarding Update Report (inc. Annual Report)
QSAC/26/07/115 Organ Donation Annual 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/26/08/023b (i)**
Committee observed:	**Strategic People Committee**
Date of meeting:	18 May 2026
Author(s):	Dr Carol Ann Kelly (Governor Observer), Public Governor, Warrington South
Governor Observation Report	The meeting was held as per agenda. The Chair and one other NED was in attendance. Levels of governance and assurance determined as each item was discussed. Discussion points were in depth with clear accountability and holding to account, both NED to Exec and Exec to Exec. The deep dive focused on the post TUPE transaction review of consultations. Lessons learned were highlighted with learning shared between other NHS organisations. TUPE now complete and signed off. Trade Union representatives feedback was very positive on the whole process. Assurance given on compliance, delivery and staff experience. This month's Hot Topic Featured Preference rostering as requested following discussion at previous SPCs. Two pilot areas showed very positive signs in terms of staff survey findings, turnover and reductions in short-term sickness. There were clear staff benefits but no obvious operational benefits. A decision needs to be made regarding whether to incorporate the roll-out with the e-rostering roll-out or roll out preference rostering more quickly. Cost-benefits will be reviewed and brought back in 6 months. The meeting was effectively Chaired and discussions encouraged and supported. Members were invited to give feedback on the conduct of the meeting.

North Cheshire and Mersey
NHS Foundation Trust

Trust Board: Committee Assurance Report

Agenda reference:	BM/26/06/027(b)	Date of Board meeting:	3rd June 2026

Date of meeting:	18 May 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/26/05/023	**Deep Dive – Post integration review of the impact of consultation**	The Committee received a deep dive into the closure of the TUPE process, specifically lessons learned, evidence of meaningful consultation and additional arrangements post transaction which need to be monitored. The Committee noted the evidence of meaningful consultation and positive feedback received from Trade Union representatives.	**Substantial**	**High**	N/A
SPC/26/05/024	**Hot Topic – E-preference rostering**	The Committee received a presentation focused on analysing the impact of e-preference rostering with a view of expanding the implementation across the trust. The Committee noted that whilst there are positive benefits in staff experience, evidenced through the 2025	**Moderate**	**Substantial**	November 2026

		Staff Survey for the pilot areas, this has not fully translated into overall workforce benefits for other KPIs. The Committee noted the requirement to have a prioritisation review completed for rostering to align community and acute systems. The Committee agreed an approach to continue the rollout of e-preference rostering whilst this review takes place with a full update on rostering to come back at a later date.			
SPC/26/05/025	**CPO Report**	The Committee noted the Chief People Officer report and specifically highlighted the changes to Annex 31 of the agenda for change terms and conditions. The Committee requested a full update to be brought back at a later date to identify the risks to the organisation in relation to the review of job descriptions and profiles as well as the Nursing and Midwifery job evaluation review which is currently ongoing.	**Moderate**	**Moderate**	July 2026
SPC/26/05/027	**Workforce Plan Update**	The Committee received a paper in relation to the workforce plan and discussed the impact of the TUPE transfer of Pathology services on the plan. The Committee noted that there is further work to do at committee level to identify the progress against the plan at Care Group level and this will be reflected in future papers.	**Moderate**	**Moderate**	June 2026

The Committee also received the following reports:

Reports for Assurance:

SPC/26/05/026 – Workforce Brief on National, Regional, ICB or Local Workforce Issues
SPC/26/05/028 – Workforce IPR (Acute and Community and Dental)
SPC/26/05/029 – Workforce Policies and Procedure Overview Report – Q3 and Q4 2025/26
SPC/26/05/031 – Freedom to Speak Up Report
SPC/26/05/033 – Safer Staffing Report – including quarter four red flag data
SPC/26/05/036 – Guardian of Safe Working Report Q4

Matters to note for assurance:

SPC/26/05/038 – Workforce Review Group Committee Chair's Log

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.

North Cheshire and Mersey
NHS Foundation Trust

Trust Board: Committee Assurance Report

Agenda reference:	BM/26/08/049b(i)	Date of Board meeting:	5th August 2026

Date of meeting:	17 June 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/26/06/045	**Deep Dive – staff survey – protected characteristics**	The Committee received a deep dive into the staff survey results with a focus on protected characteristics. Important to note the Lord Mann review and that all recommendations have been approved. Primary focus on 3 characteristics, race, disability and sexual orientation. The Committee noted the key findings of the deep dive and recommended actions. Further consideration of Board development in this area to be considered, including the completion of active bystander training.	**Moderate**	**Substantial**	Quarterly
SPC/26/06/046	**Hot Topic – AfC Job Evaluation (Annex 31)**	The Committee received a presentation following the publication of Job Evaluation standards for Agenda for Change staff (Annex 31 of T&Cs), and the national review of the Band 5 nursing competency profile.	**Moderate**	**Substantial**	August 2026

		The Committee noted and were assured by the progress to date with a request for the delivery plan to come to SPC in August 2026. There is an emerging risk being overseen by the Task and Finish group regarding any potential role reviews and changes to banding. This is also being monitored regionally via the Deputy and CPO networks.			
SPC/26/06/049	**Workforce Plan Update**	The Committee received a paper detailing the workforce plan as at month 2. The Committee were assured by the update and recognise the challenge to deliver with the actions being taken across the organisation to support delivery of the plan.	**Substantial**	**Substantial**	Monthly
SPC/26/06/050	**Health and Wellbeing Biannual Update**	The Committee received a paper in relation to the Health and Wellbeing Guardian biannual update. The Committee acknowledged that the Trust has a number of wellbeing offers to support staff. There was discussion regarding what impacts employee wellbeing as not just employee health, includes wider impacts such as corridor care, system pressures. Agreed to include wellbeing from a culture lens as well as intervention approach in future reports.	**Substantial**	**Substantial**	December 2026
SPC/26/06/051	**Gender Pay Gap Report**	The Committee received a paper in relation to the gender pay gap reports for WHH and BCH for approval. The committee approved the report and requested the detailed action plan come back for further discussion as a deep dive.	**Moderate**	**Substantial**	July 2026
SPC/26/06/055	**National Education and Training Survey (NETS) reporting**	The Committee received a paper in relation to the national education and training survey (NETS) reporting. The committee noted the survey's findings and that the findings from the survey were not at the standard	**Moderate**	**Substantial**	Within 4 months

		expected, with a particular discussion regarding student training in maternity. The committee received feedback that maternity was receiving significantly more students than comparators, impacting learning opportunities, and sickness of the practice education facilitator has also impacted access to learning opportunities. This is being addressed through an internal task and finish group. The Committee were made aware of the NETS score inclusion in the NOF from 26/27. The Committee requested for a deep dive update on the action plan with a particular focus on maternity.			

The Committee also received the following reports:
Reports for Assurance:
SPC/26/06/047 – Chief People Officer Report
SPC/26/06/048 – Workforce Brief on National, Regional, ICB or Local Workforce Issues
SPC/26/06/052 – Safer Staffing Report – including red flag data
SPC/26/06/053 – Midwifery Staffing Report – Q4
SPC/26/06/054 – Annual Volunteer Report

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

Level of Assurance	Description
High	There is a strong system of internal control which has been effectively designed to meet the system objectives, and that controls are consistently applied in all areas reviewed.
Substantial	There is a good system of internal control designed to meet the system objectives, and that 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/26/08/023b (iii)**
Committee observed:	Strategic People Committee
Date of meeting:	15th July 2026
Author(s):	Dr Carol Ann Kelly (Governor Observer), Public Governor, Warrington and Halton
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. A staff story and Hot Topic were presented. Both generated good challenge and discussion from NEDs and Execs. The meeting was effectively Chaired and discussions encouraged and supported. Clarity was sought when necessary and questions fielded well. Unfortunately, all Execs needed to leave the meeting at 11:30 leaving agenda items discussed without Exec input. Levels of governance and assurance were determined as each item was discussed. Members were invited to give feedback on the conduct of the meeting.

North Cheshire and Mersey
NHS Foundation Trust

Trust Board: Committee Assurance Report

Agenda reference:	BM/26/08/049b(ii)	Date of Board meeting:	5th August 2026

Date of meeting:	15th July 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/26/07/064	**Staff Story – Staff Networks (Women's and Disability Awareness Networks)**	The Committee received a Staff Story from the Women's and Disability Awareness Staff Networks. The Committee noted the significant levels of workforce engagement undertaken with staff who share specific characteristics, with programmes focused on neurodiversity awareness, menopause, period dignity and reasonable adjustments. The Committee discussed that due to operational capacity of services and teams, not all staff are able to frequently access the networks, however, work is underway to ensure this can be planned into rosters in advance to support both safe staffing and network engagement.	**Substantial**	**Substantial**	N/A

		The Committee positively noted the impact of staff networks aligned to the EDI strategic objectives as well as overall staff experience and wellbeing. Future staff stories will focus on other staff networks through 2026-27.			
SPC/26/07/065	**Hot Topic – Improving Attendance Update**	The Committee received a presentation focused on Improving Attendance. The Trust has strengthened attendance management through increased executive oversight, a new Supporting Attendance Policy and targeted interventions across hotspot areas. Early improvements are being seen in several services. Facilities, A&E and A9 remain areas of focus. The next phase will extend this approach across the top 12 absence hotspots	**Moderate**	**Substantial**	October 2026
SPC/26/07/067	**Workforce Integrated Performance Report**	The Committee received the Workforce Integrated Performance Report. It was noted DNA's in Occupational Health are increasing, which is being reviewed. Agency reliance remains low and Appraisals are improving, albeit below Trust target of 85%. PSIRF training is at 91% compliance, however reduced by 5% in month due to the large number of compliance expired following the launch of PSIRF training 3 years ago.	**Moderate**	**Substantial**	September 2026
SPC/26/07/068	**Chief People Officer Report**	The Committee noted the Chief People Officer report and specifically that the NHS Staff Standards that have been published. The Committee discussed that the standards would form part of the NHS Oversight Framework and therefore the Trust will be ranked against other organisations on their implementation and this can have an impact on the overall segment score for NCM.	**Moderate**	**Substantial**	August 2026

		Due to the fact the standards will be ranked based on the staff survey results and this being an annual metric, the Committee agreed that a review of the workforce IPR and cycle of business will be undertaken in August 2026 to ensure that there is appropriate governance and assurance of the standards at regular touchpoints.			
SPC/26/07/070	**Workforce Plan Update**	The Committee received a paper in relation to the workforce plan which provided assurance that the Trust is currently achieving the workforce plan reductions overall as an organisation. Data regarding the individual performance of each Care Group was also provided.	**Substantial**	**Substantial**	August 2026
SPC/26/07/071	**Staff Survey – Organisational Priorities Quarterly Update**	The Committee received a paper to provide the first quarterly update on delivery of the six organisational priorities agreed following analysis of the 2025 NHS Staff Survey. Key achievements include the launch of the NCM Behavioural Framework, implementation of executive site visit programmes, mobilisation of the NCM Champions network, development of the Cultural Review methodology, establishment of the People Performance Sub-Committee and implementation of the LEDS improvement methodology to support local ownership of staff survey actions.	**Substantial**	**Substantial**	Quarterly

The Committee also received the following reports:

Reports for Assurance:

SPC/26/07/069 - Workforce Brief on National, Regional, ICB, or Local Workforce Issues
SPC/26/07/072 - Safer Staffing Report
SPC/26/07/073 - Guardian of Safe Working – Annual Report
SPC/26/07/074 - Better Care Together - Post Integration Plan Update (PTIP) and Due Diligence Update
SPC/26/07/075 - Committee Chairs Annual Report

Matters to note for assurance:
SPC/26/07/076 - Workforce EDI Improvement Plan Sub Committee Chair's Log
SPC/26/07/077 - People Delivery Sub Committee

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/26/08/023c(i)**
Committee observed:	Finance, Sustainability & Performance Committee
Date of meeting:	22nd May 2026
Author(s):	Suresh K Arni Sukumaran, Staff Governor
Governor Observation Report	**Executive Summary** In my capacity as an observer governor, I noted that the committee reviewed workforce planning, urgent care performance, financial sustainability and operational delivery in detail. The meeting demonstrated active scrutiny by the Non-Executive Directors, who challenged the Executive team on the robustness of delivery plans, the adequacy of assurance, and the impact of current pressures on patient safety, service quality and organisational resilience. **Summary of Key Matters Considered** Workforce discussions focused on reducing substantive, overtime and temporary staffing expenditure whilst maintaining safe staffing levels. The Non-Executive Directors sought assurance that the proposed measures were realistic, properly governed and deliverable without compromising patient care. Financial discussion highlighted the deficit position, the continued reliance on non-recurrent savings, and the need to strengthen recurrent delivery. The Non-Executive Directors challenged the Executive team on the credibility of savings plans, the management of cost pressures, and the alignment of budgets with operational plans. Urgent care remained a significant concern, particularly corridor care, discharge delays and bed occupancy pressures. Whilst some improvement was reported through same-day emergency care and frailty initiatives, the

	discussion reflected the need for sustained system-wide action and continued scrutiny of delivery. Patient safety and quality considerations were embedded throughout. Members sought assurance that risks were being appropriately assessed and monitored as workforce and operational changes progressed. Governance arrangements were described as established; however, assurance remained mixed, as the Non-Executive Directors continued to probe significant issues of risk, delivery and pace of improvement. **Principal Risks and Assurance Considerations** The principal concerns related to the delivery of recurrent savings, the sustainability of workforce reductions without detriment to care quality, persistent discharge and patient flow delays contributing to corridor care, and continuing financial pressures associated with demand. **Key Points for Awareness** • The Non-Executive Directors are actively scrutinising the Executive team across workforce, finance and operational delivery. • Further assurance is required on the credibility and sustainability of savings delivery. • Urgent care pressures, particularly corridor care and discharge delays, remain significant concerns. • Patient safety implications require continued close oversight. **Conclusion** From a governor observation perspective, the meeting demonstrated that appropriate challenge was being provided by the Non-Executive Directors to the Executive team across several high-risk areas. Whilst governance arrangements were in place, there remain matters relating to delivery, assurance and the pace of improvement that would benefit from continued visibility through Board reporting and ongoing governor oversight.

North Cheshire and Mersey
NHS Foundation Trust

Trust Board: Committee Assurance Report

Agenda Reference	BM/26/06/29cii	Meeting	Trust Board	Date Of Meeting	3 June 2026

Date of Meeting	22 May 2026
Name of Meeting & Chair	Finance, Sustainability and Performance Committee in Common, Chaired by John Somers
Was the meeting quorate?	Yes

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

Agenda ref	Agenda item	Issue and lead officer	Delivery Assurance	Governance Assurance	Follow up / Review date
FSPC/26/05/022	**Deep Dive – Workforce Plan**	The Committee received the report noting:- • WTE reductions in line with planning guidance and the finance submission (15% bank reduction for Acute and 10% for Community and 30% agency reduction). • Reduction of 324.7 WTE required to deliver pay CIP following change from 10% to 15% bank reduction. • 60.7 WTE under plan in April 2026 with a 144.5 WTE reduction since March 2026 mainly due to Pathology TUPE, MARS leavers and reduced working hours. • VCP process has been strengthened with Care Group attendance to ensure live discussion and challenge as well as further discussion at EMT prior to approval. • QIA sign off required before posts can be removed recurrently to ensure patient safety. • Concern raised around absence due to sickness and maternity leave (585 WTE), work ongoing in the trust as well as system working.	The Committee received **moderate** assurance	The Committee **noted** and discussed the report and gave **substantial** assurance	
FSPC/26/05/023	**Hot Topic – Corridor Care**	The Committee received the report noting:- • NCM currently ranked 117/118 for 12 hour time in department nationally and NCTR remains high (24.6% at 11 May). • The trust is reporting 28.5% for instances of corridor care in ED as a proportion of Type 1 attendance, data has been refreshed and an improved performance of 16.2%. • Trust is committed to eradicating corridor care by Winter 2026 and a reduction in over 12 hour stays in ED.	N/a as currently no delivery recorded	The Committee **noted** and discussed the report and gave **moderate** assurance	

		• Actions being taken include opening an Emergency Frailty Unit, an SDEC and being compliant with guidance. • Opportunities to improve further have been included in an improvement plan to cover both admitted and non-admitted patients and cover ambulances, ED, alternatives admission, culture and leadership and inpatient care.			
FSPC/26/05/024	**Finance Update**	The Committee received the report noting:- • Month 1 deficit position is £0.9m worse than plan at £5.8m due to the impact of Industrial Action. • PwC monitoring to continue through Q1 and potentially into Q2 with a cost of £40k per month which is a cost in excess of plan. • Letter received from NHSE given our plan is non-compliant (1 of 16 trusts in the country) requesting evidence of discussion around opportunity to improve the plan, investments, loss making services, outpatient reform, temporary staffing and CIP delivery including productivity. • £1.3m CIP delivered at month 12, however £0.5m delivered non-recurrently. • Income off plan mainly in T&O, Endoscopy, Ophthalmology, ENT and Gynae. • Bank not meeting 15% reduction, mainly due to IA and A&E medical staffing. • Agency broadly in line with plan, mainly driven by nursing. • Risks to not delivering the plan relate to CIP delivery, further IA, unfunded pay awards and delivery of activity to deliver planned income (including Endoscopy Hub referrals).	The Committee received **moderate** assurance due to the risk of overall plan delivery and level of non-recurrent CIP	The Committee **noted** the paper receiving **substantial** assurance	**FSPC June 2026**
FSPC/26/05/027	**WHH Corporate Performance Report**	The Committee received the report noting:- • Improvement seen on Access and Performance NOF scores improving from 4 to a 3. • ED 4 hour performance 76.4% (including Widnes UTC), (improvement from last month) mainly due to Widnes UTC now being 100% recognised (previously 50%) and improved ED programme. • Operational plan resubmitted to reflect the 100% recognition of Widnes UTC (reduction in MWL plan) • Percentage waiting over 12 hours remains a challenge due to pressures in NEL pathway. • Improved RTT performance at 64.6%, 65 week wait achieved with zero breaches. • Cancer performance – all cancer standards achieved.	The Committee received **moderate** assurance given the balance between NOF improvements whilst some metrics are not achieving	The Committee **noted** the paper receiving **substantial** assurance	**FSPC June 2026**

Items for noting

FSPC/26/05/024 (ii) *WHH Cost Pressures*

FSPC/26/05/024 (iii)	*WHH Cash Support Update – supported cash application for Q2 for £14,781k for Trust Board approval*
FSPC/26/05/024 (iv)	*WHH Monthly CIP Update*
FSPC/26/05/024 (v)	*WHH Monthly Productivity Update*
FSPC/26/05/024 (vi)	*WHH Capital Expenditure and Schemes over £500k – supported and approved the movement in capital contingency and the ringfencing of £0.9m into 2027/28*
FSPC/26/05/025	*Benefits Realisation Quarterly Report – Quarter Four*
FSPC/26/05/026	*Delivery Unit Report*
FSPC/26/05/028	*Elective Recovery Update*
FSPC/26/05/029	*Estates Strategy 2024-29 Bi-Annual Progress Report*
FSPC/26/05/030	*Co-Located Urgent Treatment Centre (UTC)*
FSPC/26/05/031	*Sustainability Strategic Priorities Update*
FSPC/26/05/032	*Medical Workforce Review Group Quarterly Report – deferred to June*
FSPC/26/05/033	*Indicative Financial Cost of Harm Annual Report*
FSPC/26/05/034	*Digital Strategy Group (DSG) update*
FSPC/26/05/035	*Minutes/Action Log – EPR Procurement Oversight Group*

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

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

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

North Cheshire and Mersey
NHS Foundation Trust

Council of Governors
Committee Observation Report

Agenda reference:	**COG/26/08/023c (ii)**
Committee observed:	Finance, Sustainability & Performance Committee
Date of meeting:	22nd June 2026
Author(s):	Sue Fitzpatrick, Lead Governor
Governor Observation Report	**Executive Summary** I Joined the meeting at 12.50 due to prior commitments. The meeting was chaired by John Somers. Papers were available on TeamEngine prior to the meeting. It was noted that costing update Q4 was deferred to July and Medical workforce review papers followed initial board pack. The Non-Executive Directors, challenged the Executive team on the robustness of delivery plans, the adequacy of assurance, and the impact of current pressures on patient safety, service quality and organisational resilience. **Deep Dive Cost Pressures** The Committee reviewed the Trust's Month 2 financial position, noting a reported deficit adverse to plan. NEDs received assurance that the variance is largely attributable to the impact of industrial action during April. It was noted that while several areas are currently overspending, these pressures are being offset by non-recurrent underspends elsewhere within the organisation. The Committee undertook a detailed review of the three largest underlying cost pressures excluding industrial action: A&E Medical Staffing, Warrington Main Theatres, and General Surgery. The Committee welcomed the detailed analysis presented and was satisfied that Execs have identified the key drivers of overspend and implemented appropriate mitigation plans. NEDs will continue to monitor the effectiveness of these actions, particularly the sustainability of staffing models and the delivery of planned financial recovery measures. **Hot topic Elective recovery** The committee reviewed the proposal to release the remaining £2.8m of the £3.3m ring-fenced elective recovery

	funding to support delivery of the Trust's 2026/27 elective restoration plan through to the end of Q3. However analysis has identified a significant gap between core service capacity and the activity required to achieve the 2026/27 operational plan. The proposed release of £2.8m will support delivery only until the end of Q3. Unless additional efficiencies or alternative funding sources are identified, there is a risk that the Trust will be unable to achieve the planned RTT. The key risks associated with the proposal were discussed, including workforce challenges, delivery of productivity assumptions, ongoing elective demand pressures, and the potential impact on patient waiting times should recovery activity not proceed. Failure to achieve the planned trajectory could also increase the risk of regulatory intervention, elective recovery tiering, and delayed progress towards the national objectives. The Committee supported the recommended approach to release the remaining £2.8m ring-fenced funding but requested continued monitoring of performance, activity delivery, financial impact and productivity benefits, together with a further update later in the year regarding Q4 funding requirements and the sustainability of the elective recovery programme. NEDs were satisfied that the proposal represents a measured and evidence-based response to the elective recovery challenge, whilst recognising that further action will be required to address the remaining funding gap and secure delivery of the full operational plan. The Committee received an update on the Delivery Unit escalation process and noted that actions arising from workforce, non-pay and productivity reviews are progressing, with most month 1 actions completed. There is ongoing monitoring focused on delivery risks and premium staffing controls. Assurance was sought regarding the robustness of CIP delivery plans, with further work undertaken by Care Groups to strengthen scheme delivery, transition non-recurrent savings to recurrent schemes where possible, and improve oversight of productivity and financial recovery actions. At 31 May 2026, the Trust reported a year-to-date deficit adverse to plan, primarily due to unfunded industrial action costs incurred in April. While the Trust achieved its month 2 CIP target, key risks remain around delivery of the full-year financial recovery plan, activity and income performance, cash sustainability, and achievement of the challenging efficiency programme. The Committee is asked to note the financial position, acknowledge that the reported position aligns with the NHSE submission, and take assurance that appropriate

	governance, controls and resources are in place to support delivery of the 2025/26 National Cost Collection return. The Trust remains reliant on revenue cash support While short-term liquidity remains manageable, continued use of payment deferrals and cash preservation measures presents ongoing risks to supplier relationships, Better Payment Practice Code compliance and financial sustainability should future cash support not be approved as anticipated. The rest of the papers were taken as read. DM pointed out that the NCM Board is the responsible person for EPRR with DM the designated Accountable Emergency Officer (AEO) and assurance considerations John Somers is the NED with the responsibility for Emergency Planning, all NEDs have a responsibility for understanding and knowledge of EPRR function **Principal Risks and Assurance Considerations** Key risks are recognised, monitored and subject to mitigation; however, material delivery risks remain around workforce capacity, elective recovery funding, CIP achievement and cash sustainability, requiring ongoing Board oversight. **Key Points for Awareness** • The Non-Executive Directors are actively scrutinising the Executive team across workforce, finance and operational delivery. • Further assurance is required on the credibility and sustainability of savings delivery. **Conclusion** The meeting provided evidence of effective scrutiny, with NEDs offering appropriate challenge and seeking assurance across a number of significant risk areas. Whilst established governance and oversight arrangements were evident, ongoing attention will be required to monitor delivery against plans, the effectiveness of mitigating actions, and the pace of improvement in key areas. Continued reporting to the Board and regular oversight will be important to provide assurance that identified risks are being effectively managed and that intended outcomes are being achieved.

North Cheshire and Mersey
NHS Foundation Trust

Trust Board: Committee Assurance Report

Agenda Reference	BM/26/08/49c(i)	Meeting	Trust Board	Date Of Meeting	5 August 2026

Date of Meeting	22 June 2026
Name of Meeting & Chair	Finance, Sustainability and Performance Committee in Common, Chaired by John Somers
Was the meeting quorate?	Yes

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

Agenda reference	Agenda item	Issue and lead officer	Delivery assurance	Governance assurance	Follow up / review date
FSPC/26/06/042	**Deep Dive – Cost Pressures**	The Committee reviewed the key cost pressures reported at Month 2, with particular focus on urgent and emergency care medical staffing, theatres and general surgery. The Committee noted that these pressures were being driven by a combination of rota gaps, premium staffing, sickness, vacancies and consumable spend. Assurance was received that actions were being taken to strengthen rota alignment, recruitment, stock control, ordering processes and oversight of premium staffing. These areas remain subject to continued management focus given their impact on financial delivery.	The Committee received **limited** assurance given the overspending areas	The Committee **noted** and discussed the report and gave **moderate** assurance	**FSPC July 2026**
FSPC/26/06/043	**Hot Topic – Elective Recovery including revenue requests**	The Committee reviewed the elective recovery position and the revenue requirements associated with delivery of the RTT plan. The Committee noted that capacity and demand work had been completed and that productivity opportunities had been identified across outpatients and theatres. Assurance was received that further work was underway to	N/a as currently no delivery recorded	The Committee **noted** and discussed the report and gave **moderate** assurance	**Trust Board July 2026**

		determine the balance between additional investment and productivity driven efficiencies. The Committee supported the funding recommendation for Trust Board approval, recognising the continued risk to RTT delivery if additional capacity is not secured.			
FSPC/26/06/045	**Finance Update**	The Committee reviewed the Month 2 financial position, noting that the Trust was adverse to plan due to the impact of industrial action. The Committee also noted continuing risks relating to activity delivery, recurrent CIP, bank spend, future industrial action and unfunded national pressures. Assurance was received on the actions being taken to strengthen delivery, including continued focus on CIP, activity recovery, workforce controls, financial plan improvement and the National Cost Collection process	The Committee received **moderate** assurance due to the risk of overall plan delivery and level of non-recurrent CIP	The Committee **noted** the paper receiving **moderate** assurance and supported the NCC process for Trust Board approval	**FSPC July 2026** **Trust Board July 2026**
FSPC/26/06/046	**Workforce Plan Update**	The Committee reviewed progress against the 2026 to 2027 workforce plan and noted that the Trust was under plan at Month 2. Assurance was received on the actions being taken to develop detailed Care Group workforce reduction plans, strengthen vacancy control and temporary staffing arrangements, and align workforce plans with pay CIP delivery. The Committee noted that future delivery remained dependent on the progression of detailed plans, approved PIDs and associated service changes	The Committee received **moderate** assurance	The Committee **noted** and discussed the report and gave **moderate** assurance	**FSPC July 2026**
FSPC/26/06/048	**WHH Corporate Performance Report**	The Committee reviewed the Corporate Performance Report and noted positive performance across elective, cancer and diagnostics, alongside improvement in the Access and Performance NOF rating. Continued pressures were noted in urgent and emergency care, particularly 12 hour performance,	The Committee received **moderate** assurance given the balance between NOF	The Committee **noted** the paper receiving **substantial** assurance	**FSPC July 2026**

		ambulance handovers and corridor care. Assurance was received that improvement work continued through the ED Improvement Group, Performance Review Group and other established oversight routes.	improvements whilst some metrics are not achieving		

Items for noting

FSPC/26/06/044	*Delivery Unit Update*
FSPC/26/06/045 (ii)	*WHH Cost Pressures*
FSPC/26/06/045 (iii)	*WHH Cash Support Update*
FSPC/26/06/045 (iv)	*WHH Monthly CIP Update*
FSPC/26/06/045 (v)	*PwC Update*
FSPC/26/06/045 (vi)	*WHH Monthly Productivity Update*
FSPC/26/06/045 (vii)	*WHH Capital Expenditure and Schemes over £500k – supported and approved the movement in capital contingency*
FSPC/26/06/049	*Update on Delivery of 2026/27 Plan and Activity*
FSPC/26/06/050	*Pay Assurance Report*
FSPC/26/06/051	*Medical Workforce Review Group Quarterly Report (verbal update)*
FSPC/26/06/052	*EPRR Update and Annual Report*
FSPC/26/06/053	*Minutes/Action Log – EPR Procurement Oversight Group*
FSPC/26/06/054	*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
Substantial	There is a good system of internal control designed to meet the system objectives, and that the controls are generally being applied consistently
Moderate	There is an adequate system of internal control; however, in some areas weaknesses in design and/ or inconsistent application of controls puts the achievement of some aspects of the system objectives at risk
Limited	There is a compromised system of internal control as weaknesses in the design and/ or inconsistent application of controls puts the achievement of the system objectives at risk
No	There is an inadequate system of internal control as weaknesses in control, and/ or consistent non-compliance with controls should/ has resulted in failure to achieve the system objectives

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

North Cheshire and Mersey
NHS Foundation Trust

Council of Governors
Committee Observation Report

Agenda reference:	**COG/26/08/023c (iii)**
Committee observed:	Finance, Sustainability & Performance Committee
Date of meeting:	29th July 2026
Author(s):	Suresh K Arni Sukumaran, Staff Governor
Governor Observation Report	**Executive Summary** The Committee provided assurance that financial recovery, savings delivery, workforce plans, bed closures, productivity, capital schemes and strategic risks are subject to regular scrutiny and executive oversight. Governors can take assurance that members challenged key assumptions and sought further clarity where residual risks remain, particularly on recurrent savings, urgent care impact, winter resilience, data quality and workforce sustainability. **Summary of Key Matters Considered** **Financial recovery and savings:** Assurance was received that the month three position, forecast run-rate, SIP delivery and cash requirements are subject to detailed monitoring. Members challenged the assumptions underpinning recurrent savings, activity recovery and mitigation plans. **Workforce and sustainability:** Assurance was provided that workforce trajectories are being monitored through care group reviews. Members sought clarification on differing whole-time equivalent reduction figures and the sustainability of workforce reductions. **Bed closures, urgent care and winter resilience:** The Committee received assurance on the planned implementation and monitoring of the 20-bed closure programme. Members appropriately challenged the impact on patient flow, emergency care performance, corridor care and winter resilience.

	Strategic risk, productivity and capital: Assurance was received that strategic risks remain under review and that productivity, capital and integration programmes are monitored through established governance routes. Members requested clearer evidence that improvement schemes are delivering measurable benefits. **Principal Risks and Assurance Considerations** • Delivery of recurrent savings and activity recovery against plan. • Impact of bed closures on patient flow, urgent care and winter resilience. • Clarity and sustainability of workforce reductions. • Data quality and evidence of measurable productivity benefits. • Cyber security assurance and provider capability assessment requirements. **Key Points for Awareness** • Financial recovery, SIP delivery and cash requirements remain under active Committee oversight. • Bed closures require continued triangulated oversight through finance, quality and operational governance. • Winter planning and Board assurance work is underway. • The financial recovery narrative requires clear communication across the organisation. • The provider capability assessment is due to NHS Northwest by 2 October. **Conclusion** The Committee demonstrated effective scrutiny and challenge across key financial, operational and strategic risks. Governors can take assurance from the reporting and oversight in place, with continued focus required on recurrent delivery, patient safety, urgent care, workforce sustainability and winter resilience.

Trust Board: Committee Assurance Report

Agenda Reference	BM/26/08/049c(ii)	Meeting	Trust Board	Date Of Meeting	5 August 2026

Date of Meeting	29 July 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/27/07/061	**Deep Dive – Run Rate**	The Committee reviewed the financial run rate position and the extent to which the current year to date position could impact delivery of the financial plan. Assurance was received that the forecast trajectory is expected to improve during the remainder of the year, supported by CIP phasing, planned activity delivery and continued executive oversight. The Committee noted the reduction in high risk CIP following focused review work, whilst recognising that delivery of efficiencies and activity levels remains critical to achievement of the plan	The Committee received **substantial** assurance	The Committee **noted** and discussed the report and gave **substantial** assurance	**Further update through monthly finance reporting**
FSPC/26/07/062	**Hot Topic – Bed Closures**	The Committee reviewed progress with planned bed reductions within the CIP programme and considered the financial, operational and quality impacts identified to date. Assurance was received that the initial closure had not shown a significant adverse impact on key indicators, although the Committee noted that continued monitoring would be required given the wider pressures on urgent and emergency care,	The Committee received **substantial** assurance	The Committee **noted** and discussed the report and gave **substantial** assurance	**Continued monitoring through FSPC, QASC and EMT.**

		patient flow and escalation capacity. Oversight will continue through FSPC, QASC and EMT.			
FSPC/26/07/065 (i)	**Finance Update**	The Committee reviewed the Month 3 financial position, noting that the Trust was adverse to plan, primarily due to the impact of industrial action. Assurance was received on the actions being taken to strengthen delivery, including continued focus on CIP, activity recovery, agency and bank controls, and management of national financial risks. The Committee noted that delivery of recurrent CIP and future forecast performance remain key areas of risk	The Committee received **moderate** assurance due to the risk of overall plan delivery and level of non-recurrent CIP	The Committee **noted** the paper receiving **moderate** assurance	**Further update through monthly finance reporting.**
FSPC/26/07/068	**WHH Corporate Performance Report**	The Committee reviewed the Corporate Performance Report and noted improvement in the Access and Performance NOF rating, alongside continuing pressures in urgent and emergency care, 12 hour performance, RTT waiting list growth and diagnostics. Assurance was received that performance is subject to routine oversight through established governance routes, with improvement work continuing across patient flow, elective recovery, diagnostics and ambulance handovers	The Committee received **moderate** assurance given the balance between NOF improvements whilst some metrics are not achieving	The Committee **noted** the paper receiving **substantial** assurance	**FSPC August 2026**

Items for noting

FSPC26//07/063	*Board Assurance Framework and Corporate Risk Register*
FSPC/26/07/064	*Delivery Unit Update*
FSPC/26/07/065 (ii)	*Cost Pressures*
FSPC/26/07/065 (iii)	*Cash Support Update – supported cash support of £7.177m for Trust Board approval*
FSPC/26/07/065 (iv)	*Monthly CIP Update*
FSPC/26/07/065 (v)	*PwC Update*
FSPC/26/07/065 (vi)	*Monthly Productivity Update*

FSPC/26/07/065 (vii)	*Capital Expenditure and Schemes over £500k – supported and approved the movement in capital contingency*
FSPC/26/07/066	*Workforce Plan Update*
FSPC/26/07/067	*Costing Update*
FSPC/26/07/069	*Elective Recovery*
FSPC/26/07/070	*Medical Workforce Review Group Quarterly Report*
FSPC/26/07/071	*Due Diligence Update*
FSPC/26/07/072	*Chair's Annual Report*
FSPC/26/07/073	*EPRR Group Minutes*
FSPC/26/07/074	*Digital Strategy Group*

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

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

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

North Cheshire and Mersey
NHS Foundation Trust

Council of Governors
Committee Observation Report

Agenda reference:	**COG/26/08/023d(i)**
Committee observed:	Audit Committee
Date of meeting:	22 June 2026
Author(s):	Dr M A Bamforth, Public Governor Warrington and Halton
Governor Observation Report	The purpose of this Audit Committee held towards the end of June is to receive and note the final Internal and External Audit Reports, approve the Trust Annual Reports and to receive other important annual requirements such as the Declaration on Continuity of Service which is needed for the Provider Licence. All NEDs were in attendance apart from Cliff Richards who was on leave. Many of the papers contain technical auditing opinions which can be a challenging read for the lay person. On this occasion, annual reports were required for both WHH and BCH so that there could be sign off for both Trusts for 2025/2026. Grant Thornton, external auditors for WHH, presented their finalised opinion and there was some discussion about how these findings might be presented so they might be better understood by people without an audit background. This related particularly to the value for money risks. The meeting was held on Teams and chaired by Mike O'Connor who allowed time for discussion and questions on all agenda items. Most of the reports had already been received in draft and had been scrutinised in the relevant committees so although there was some discussion and challenge most members of the Committee had already had the opportunity for questions. Issues raised in the meeting reflected an acceptance that there is a need for the tightening of governance arrangements to progress the workforce reduction strategy and for increased triangulation between all the Board Committees on this issue. The hard work of all those involved in producing Annual Reports was acknowledged and they were formally thanked. Emily Kelso was thanked for her role in producing the Annual

	Report and Julie Jarman mentioned the excellent section on population health and inequalities.

North Cheshire and Mersey
NHS Foundation Trust

Trust Board: Committee Assurance Report

Agenda reference:	BM/26/08/049d	Date of Board meeting:	5 August 2026

Date of meeting:	Monday 22 June 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/26/06/029	**Head of Final Audit Opinion – Final Reports (WHH and BCH)**	The Committee approved the final Head of Internal Audit Opinions for WHH and BCH. Both remained unchanged from draft and both organisations received substantial assurance, reflecting consistency with previous years.	**Substantial**	**High**	Approved at meeting.
AC/26/06/030	**Audit Findings Report and Auditor's Annual Report – WHH**	The Committee received and approved the Audit Findings Report and received the Auditor's Annual Report for note. The accounts audit was substantially complete with no matters requiring modification to the audit opinion and no material changes to the financial statements.	**Substantial**	**High**	NK and GW to review wording/detail outside the meeting. Management responses

		The Auditor's Annual Report identified two significant weaknesses: financial sustainability, including medium-term financial planning and CIP delivery, and performance, particularly urgent and emergency care. Governance arrangements were assessed as strong with no significant weaknesses in that domain.			accepted and subject to ongoing oversight.
AC/26/06/031	**Audit Findings Report and Auditor's Annual Report – BCH**	The Committee received the report for note. KPMG intended to issue an unqualified audit opinion and confirmed that no material issues required qualification. No significant weaknesses were identified for value for money. The Committee noted a positive final audit position, with one technical control observation on segregation of duties and one minor uncorrected misstatement, neither being material.	**High**	**High**	Final checks and completion of audit opinion documentation.
AC/26/06/032	**Final Audited Accounts and Financial Statements**	The Committee approved the final audited accounts for WHH and BCH. There were no changes to the overall financial position, with only minor classification, wording and disclosure amendments. The Committee authorised the relevant officers to sign the Letters of Representation, consolidation schedules and Trust certificates.	**High**	**High**	Relevant officers to sign final audit documentation.
AC/26/06/035	**MIAA Workforce CIP Governance Review**	The Committee received the MIAA Workforce CIP Governance Review for noting. The review confirmed that formal governance arrangements were in place during 2025/26 and that workforce CIP risks were visible through existing reporting routes. The Committee noted the development areas identified by MIAA and agreed that management actions should be developed and monitored through Audit Committee, with relevant	**Moderate**	**Moderate**	Management actions to be monitored via Audit Committee, with specific attention to QSAC triangulation and

		assurance also considered through the appropriate Board committees.			connected committee assurance.

Other agenda items:
AC/26/06/033 Annual Reports 2025/26 BCH and WHH
AC/26/06/034 Quality Accounts
AC/26/06/036 Code of Governance Compliance
AC/26/06/037 Compliance with Provider Licence
AC/26/06/038 Fit and Proper Persons Test Annual 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.

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Governor Questions

Ageda Reference:	COG/26/08/024

Question 1	**CSTM (Captain Sir Tom Moore) Day Case Unit** Why does the CSTM Day Case Unit continue to be underutilised as a result of staff being redeployed to cover Clinical Business Units (CBUs) at Warrington, and what oversight is the Board is providing to address this position? **Responder(s): Cliff Richards, Non-Executive and Deputy Chair, Executive Lead Dan Moore, Chief Operating Officer and Depurty Chief Executive**

Questions 2	**CSTM PACU Patient Transfer Pathway** Could the Non-Executive Directors outline what assurance they have received regarding the current pathway for patients who develop unexpected complications (for example, a pulmonary embolism) at Halton and are transferred to Warrington via the Emergency Department? Given that clinical staff have raised concerns about this pathway on numerous occasions, and alternative arrangements have previously been shown to be feasible, has the Board considered introducing a priority transfer pathway instead of via the normal ED assessment queue? **Responder(s): Cliff Richards, Deputy Chair and Chair of QAC, Exec Leads Ali Kennah, Chief Nurse and Paul Fitzsimmons, Exec Medical Director**

Question 3	**Neck of Femur (NOF) Performance** What assurance are the Non-Executive Directors seeking from the Executive Team that sustainable improvements in Neck of Femur (NOF) performance are being delivered, and how will the Board monitor progress against agreed improvement plans? **Responder(s): Cliff Richards, Deputy Chair and Chair of QAC, Exec Lead Paul Fitzsimmons, Exec Medical Director**

Question 4	**Learning from the Nuneaton A&E Visit** In light of the findings and recommendations arising from the Nuneaton A&E visit by Andy, what assurance can be provided that the Trust has identified the relevant learning, and what changes is the Board expecting to see in practice? **Responder(s): Cliff Richards, Deputy Chair and Chair of QAC, Exec Leads Ali Kennah, Chief Nurse and Paul Fitzsimmons, Exec Medical Director**

Question 5	**Response to Maternity Reports and Recommendations** In view of the significant number of recent reports and recommendations in maternity, could the Non-Executive Directors explain what they expect the Executive Team to do differently to ensure that learning is translated into measurable improvements in patient care, governance and organisational performance? **Responder(s): Cliff Richards, Deputy Chair and Non-Executive Director, Exec Lead: Ali Kennah, Chief Nurse**

Question 6	**Staff question** What evidence can the Board provide the colleagues are experiencing a shared organisational culture across the Trust, while continuing to recognise, value and preserve the unique identity and strengths of each individual site? **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

NCM Integration and culture: Progress, support and next steps

Council of Governors

19 August 2026

Home Community Hospital

Integration and culture

Where are we now

The integration brought together different organisational histories, cultures, services and staff experiences

The work is not only structural, but also cultural, relational and values-led

The focus now is on understanding lived experience, supporting colleagues and shaping a shared future culture

Headline position

Headline assessment: positive progress, but not finished

The key asks

1. How successful has integration been and how is success being measured?
2. How are wellbeing and morale being monitored and supported?
3. What are the next steps from an integration perspective?
4. Will there be a formal assessment or retrospective?

The current position

Integration has created the platform for one organisation with cultural integration progressing

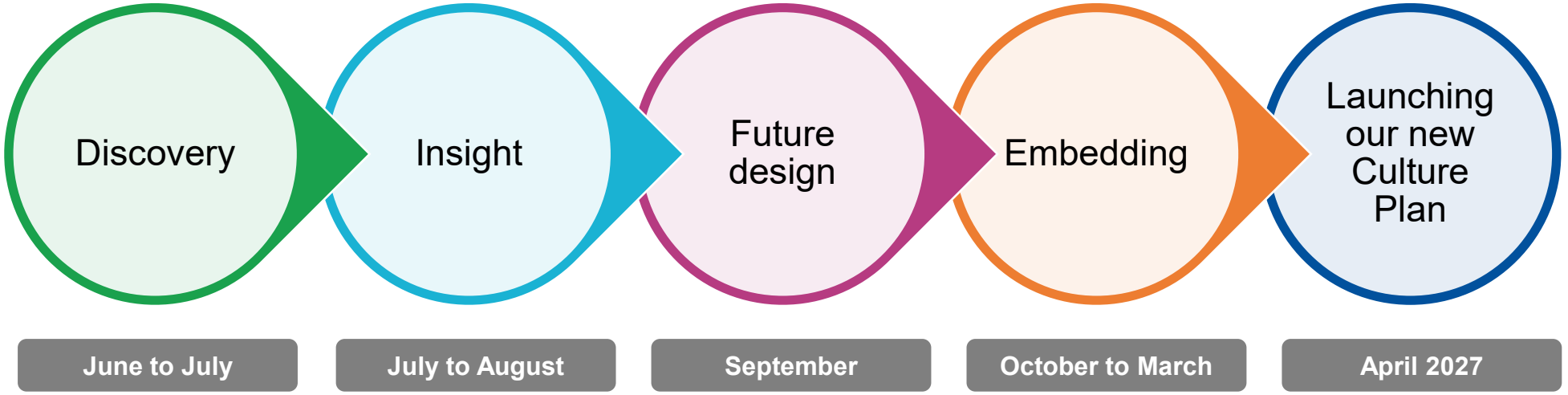
The culture review has been commissioned following integration and is part of the refresh of the NCM Culture Plan

The review is currently in the discovery and insight stage, using a triangulated approach

Early benefits are emerging but are not yet fully realised

How success is being measured

NCM Culture Review



- Success is being assessed through a mix of staff insight, workforce data and culture measures
- The culture review uses workforce data, including survey, turnover, absence and employee relations themes
- It also uses quick questions, focus groups, listening events, staff network feedback, staff champions and leadership interviews
- Measures of success include staff participation, improved engagement, clear diagnostic themes, improved staff survey feedback, progress towards new staff standards and improved NHS oversight framework scores

What staff are telling us so far

In the **discovery** and **insight** phases we ran a Trust wide engagement survey:

- Feedback describes a mixed current culture experience and a clear values-led aspiration for the future
- We know that integration is a large change for staff from both legacy organisations
- Staff value supportive colleagues, pride in their work and good local teamwork
- Staff have also raised concerns about pressure, communication, inconsistent behaviours, leadership visibility, feeling unheard and change fatigue – this is reflective of our staff survey results in 2025 of which we have a plan for improvement
- The desired culture is described as **kind**, respectful, inclusive, **open**, safe, supportive and collaborative – reflective of our 'values in action'

Behavioural framework: Our values in action

North Cheshire and Mersey NHS Foundation Trust's behavioural framework is built on our values: Kind, open, fair and one team. This one-pager outlines the behaviours we want to see, don't want to see and examples of putting our behaviours into practice.

Kind: We are caring, supportive and respectful to everyone

What we do
- Treat others how you would like to be treated
- Treat yourself with the same level of kindness
- Understand how our actions impact others

What we don't do
- Walk past someone in need and not offer help and support
- Use unprofessional language and behaviours
- Give feedback in an inappropriate manner or environment

Our behaviour in practice
- We take time to listen to anyone who is struggling
- We greet everybody warmly and offer a helping hand
- We show empathy and compassion when having honest and constructive conversations

Open: We are honest, transparent and open to new ways of working

What we do
- Communicate clearly
- Welcome new ideas
- Speak up without blame

What we don't do
- Miss opportunities to contribute by not sharing our views
- Dismiss new ideas
- Avoid difficult conversations or withhold information

Our behaviour in practice
- We use everyday words that everyone can understand
- We encourage everyone to share their ideas for improvement
- We admit when we are wrong, take responsibility and learn from our mistake

Fair: We listen, value our differences and are inclusive to all

What we do
- Treat everyone equitably
- Value and celebrate our differences
- Listen to all voices

What we don't do
- Show favouritism or bias
- Make assumptions or exclude others
- Talk over or ignore others

Our behaviour in practice
- We make adjustments to support an individual's needs
- We recognise and appreciate different perspectives, backgrounds and experiences
- We give everyone equal opportunity to contribute and be heard

One Team: We work well together and with our communities

What we do
- Trust and collaborate with openness and goodwill
- Work together for the best outcomes
- Support and celebrate individual and team achievement

What we don't do
- Undermine others or compete in ways that are unhelpful
- Build barriers or avoid the contributions of others
- Take credit for others' work

Our behaviour in practice
- We create an environment where everyone feels secure, safe and valued
- We acknowledge and appreciate others contributions
- We share best practice

How colleagues are being supported

Wellbeing and morale

- Staff voice is a central principle of the culture review
- The review is using open questions, staff engagement, focus groups and listening events to understand current and desired culture
- Feedback is also being gathered through staff networks, staff champions and leadership interviews
    - In July 2026 we launched our **NCM Champion** role
    - In September 2026 we will launch our new **Mental Wellbeing Champion** role
- The review combines statistical data and lived experience – not just focusing on data points but lived experience
    - Metrics include oversight on sickness absence and Occupational Health referrals

Support for colleagues through integration

- Improvement priorities include psychological safety, civility and respect, visible leadership, meaningful staff voice, manager support and clear feedback loops
    - Our leadership observations formally launch in September 2026 with a plan for all community and acute locations
- The proposed mitigation for risks includes visible quick wins, regular bite-sized feedback, leadership endorsement and aligned communications
    - The review is using “You said, we heard, we will” as a route to show staff that feedback is being heard and acted on
    - This information will be published regularly through updates

Main risks and how they are being managed

Risks we are actively managing

April 2026 was just the start of our integration

Identified risks include engagement fatigue, lack of visible action and inconsistent leadership behaviours	A risk that staff participation may not be representative across services, professions or sites	A further risk is that staff may not see visible action, which could increase change fatigue or cynicism
The use of a variety of methods for engagement including targeted groups (inclusion summits) and a variety of methods	Targeted roadshows and cultural corners to learn, act and establish qualitative feedback	The use of our champion networks, staff networks and managers to cascade and broaden the reach

Next steps from an integration perspective

Next steps

1. Complete focus groups, listening events, staff network feedback and interviews
2. Finalise culture diagnostic themes, including what to keep, stop and start
3. Co-design future culture “we will” statements aligned to NCM values and the behavioural framework
4. Develop a detailed action plan with owners, measures, timeframes and an assurance route
5. Establish a communication rhythm for progress, feedback and visible action
6. Launch our enhanced Culture Plan in March 2027 – moving from “building a culture which brings us together” to “delivering the culture we want to see”

Formal assessment of how we will learn

The culture review is a formal mechanism to assess current cultures, identify risks and strengths, define a shared desired culture and create a practical action plan

NHSE recommends a cultural review following NHS organisational integration and will seek reassurance from newly formed organisations

The review is expected to produce a culture diagnostic report, shared culture statements, behavioural expectations, a practical action plan and a refreshed NCM Culture Plan

Any questions?

• Home • Community • Hospital

Caring for you

North Cheshire and Mersey
NHS Foundation Trust

Council of Governors
Committee Observation Report

Agenda reference:	**COG/26/08/026i (a)**
Committee observed:	**Trust Boards**
Date of meeting:	3 June 2026
Author(s):	Sue Fitzpatrick, Lead Governor
Governor Observation Report	**Purpose of this report** The purpose of this report is 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 throughout Board proceedings. **Assurance on NED Effectiveness.** **1. Strong chairing.** The meeting commenced on time and was chaired effectively by the Chair, Andy Carter. Board papers had been reviewed in advance and sufficient time was allocated to agenda items according to their level of risk and strategic importance. The meeting opened with a patient story, "Mark's Story", which highlighted the critical importance of communication with patients and families. The account described the impact on loved ones who were unable to say goodbye when the patient was initially given only a 5% chance of recovery. The Board reflected appropriately on the learning arising from this experience and the importance of compassionate communication in patient care. **2. High-quality independent scrutiny.** The Chief Executive's report was presented as outlined within the Board papers. Key updates included progress towards achieving Integrated Health Organisation (IHO) status, supporting the strategic ambition to shift resources and care closer to local communities. The Chair also provided a verbal update regarding ongoing visits to both existing and newly acquired Trust sites. Throughout the meeting, NEDs demonstrated effective independent scrutiny. Executive Directors were constructively challenged on key areas of performance, risk and assurance. The Integrated Performance Report (IPR) and committee

	assurance reports received detailed examination, particularly in relation to areas of identified risk. NED questioning provided assurance that: Key risks are clearly identified and understood: Appropriate escalation processes are in place: Mitigation plans are being actively monitored: Improvement activity is beginning to demonstrate positive outcomes in a number of areas. **3. Focus on assurance rather than operational management.** Discussion remained appropriately focused on assurance and governance rather than operational management. For example, the Board considered the emerging impact of dedicated sepsis teams within the ED. While early indications appeared positive, NEDs sought assurance that future decisions would be supported by robust data demonstrating measurable benefits and any associated risks. NEDs sought evidence that controls were functioning, risks were understood, and planning addressed performance, productivity and financial sustainability. Executives were required to articulate the effectiveness of governance structures, decision-making processes, and oversight arrangements. Assurance was further supported through reports from NED-chaired committees, including: Finance, Sustainability and Performance Committee: Quality Assurance Committee: Strategic People Committee: Audit Committee This reflects appropriate adherence to the defined role and responsibilities of NED oversight. **4. Constructive but direct challenge.** The meeting featured a significant level of constructive challenge from NEDs. Specific questioning focused on Statistical Process Control (SPC) charts relating to pressure ulcers, falls and theatre performance hotspots. NEDs sought assurance regarding trends, variation and underlying causes. There was also discussion regarding how the Trust measures quality. While acknowledging the requirement to report through the Integrated Performance Report, NEDs challenged the organisation to consider what success should look like in terms of delivering safe, effective and caring services. Questions were raised regarding organisational ambitions, key priorities and the level of improvement the Trust seeks to achieve.

	NEDs remained focused on strategic issues and sought assurance wherever proposals carried material risk. **5. Overall Governor Assurance.** Based on the observation of this meeting, I am assured that: · NEDs are actively engaged, well-prepared, asking appropriate questions. The use of SPC data was appropriately challenged, although it was noted that further review of chart presentation and interpretation may be beneficial to support effective oversight. The proposal for a single integrated dashboard received support from the Board, with NEDs appropriately recognising the need to retain access to detailed data for further interrogation where necessary. Discussion also took place regarding future maternity oversight arrangements following the cessation of Local Maternity and Neonatal System (LMNS) reviews. NEDs appropriately explored the implications of the Board assuming greater responsibility for assurance and considered the potential risks associated with increased internal scrutiny. Executives provided assurance that issues are clearly identified and that significant work is underway to mitigate and manage associated risks. The Board also received an update regarding the Patient Advice and Liaison Service (PALS), with NEDs continuing to maintain close scrutiny of service performance and improvement activity. Challenges relating to teamwork and management capability across the organisation were also recognised and discussed appropriately. **6. Assurance on NED Effectiveness.** From an assurance perspective, the level of scrutiny, challenge and engagement demonstrated throughout the meeting provided confidence that matters presented to the Board are subject to effective oversight. NEDs consistently sought assurance that agenda items were being managed in line with the Trust's values, strategic objectives and statutory responsibilities. They demonstrated a clear focus on governance, risk management, quality improvement and organisational performance, while maintaining appropriate independence from operational management.

	Having observed the Board meeting, I am satisfied that the Non-Executive Directors are fulfilling their responsibilities effectively. They demonstrated strong engagement, independent judgement and appropriate challenge of Executive Directors, while maintaining a clear focus on assurance and strategic oversight. The NEDs are operating as an effective component of the Trust's governance framework and provide the Council of Governors with assurance that they are discharging their statutory duties appropriately. Their scrutiny of performance, quality, workforce, financial sustainability and patient safety supports effective decision-making and contributes to the continued strengthening of governance across the Trust.

North Cheshire and Mersey
NHS Foundation Trust

Council of Governors
Committee Observation Report

Agenda reference:	**COG/26/08/026i**
Committee observed:	**Trust Boards**
Date of meeting:	5 August 2026
Author(s):	Sue Fitzpatrick, Lead Governor
Governor Observation Report	**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 Non-Executive Directors (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. **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, with sufficient time devoted to matters of greater strategic importance and organisational risk, suggesting that Board papers had been reviewed in advance and enabling informed discussion and challenge. The meeting opened with a patient story, *David's Story*, which demonstrated the Board's continued commitment to placing the patient voice at the centre of its work. The account highlighted the importance of effective communication between healthcare professionals, primary care, wellbeing services and community support, together with the value of continuity of care in building trust and improving patient outcomes following a diagnosis of ADHD. The subsequent Board discussion provided assurance that members reflected thoughtfully on the learning arising from

	the patient's experience. In particular, there was recognition of the importance of timely follow-up communication, coordinated working across services and the provision of flexible, personalised care. The discussion demonstrated that patient experience continues to inform Board thinking and supports ongoing improvements in the quality and responsiveness of services. **2. High-quality independent scrutiny.** The Chief Executive's report was presented as outlined within the Board papers. The trust continues to embed a unified organisational culture following integration, with a strong focus on its key values of *kind, open, fair and one team* through a new behavioural framework and NCM Campion role. Significant attention is being given to improving patient flow and reducing corridor care via whole system collaboration, enhanced discharge processes and the home first approach. The Chair highlighted his ongoing engagement with external stakeholders, including local Members of Parliament, to support improvements in local healthcare services. It was noted his continued visibility across hospital sites through regular visits to clinical teams and departments, providing assurance that Board leadership remains accessible and engaged with frontline services. Throughout the meeting, NEDs demonstrated effective independent scrutiny. Executive Directors were constructively challenged on key areas of performance, risk and assurance. The Integrated Performance Report (IPR) and committee assurance reports received detailed examination, particularly in relation to areas of identified risk. NED questioning provided assurance that: Key risks are clearly identified and understood: Appropriate escalation processes are in place: Mitigation plans are being actively monitored: Improvement activity is beginning to demonstrate positive outcomes in a number of areas. **3. Focus on assurance rather than operational management.** The Board's discussions remained appropriately focused on strategic oversight, assurance and governance, rather than operational management. This provided assurance that the respective roles of the Board and Executive were clearly understood and appropriately exercised. Throughout the meeting, Non-Executive Directors consistently sought evidence that key controls were operating

	effectively, organisational risks were clearly understood and appropriately managed, and that planning reflected the Trust's strategic priorities for quality, performance, productivity and financial sustainability. Executive Directors were expected to demonstrate not only progress but also the effectiveness of the governance arrangements, decision-making processes and assurance mechanisms supporting delivery. Further assurance was provided through updates from the Board's assurance committees, each chaired by a Non-Executive Director, including the Finance, Sustainability and Performance Committee, the Quality Assurance Committee, the Strategic People Committee and the Audit Committee. These reports demonstrated that detailed scrutiny had taken place outside the Board meeting and that matters requiring escalation had been appropriately reported to the Board for oversight. Overall, the observations provided assurance that the Board maintained an appropriate strategic focus and that the Non-Executive Directors were effectively discharging their responsibilities to provide independent scrutiny, constructive challenge and robust assurance, consistent with the principles of good corporate governance. **4. Constructive but direct challenge.** The meeting demonstrated a strong level of constructive challenge from the Non-Executive Directors, providing assurance that performance information was subject to appropriate scrutiny and not accepted without examination. These discussions provided assurance that the Board is not solely focused on achieving performance targets but is also considering whether the measures reported genuinely reflect improvements in the quality of care and the outcomes that matter to patients, staff and the wider community. NEDs remained focused on strategic issues and sought assurance wherever proposals carried material risk. **5. 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 meeting. The Board sought robust assurance on key issues, including the interpretation of performance data, future maternity governance

	arrangements, the review of an integrated performance dashboard and ongoing improvement activity, 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. **6. 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. Overall, I am assured that the Board is operating effectively and that the Non-Executive Directors are making a significant contribution to the Trust's governance framework and the delivery of effective organisational oversight.

GOVERNORS OBSERVATION PRO-FORMA (Non-Ward Based)

Date: 18/05/2026 Department: HCRU	Department Manager: Tim Furniss Clinical Director	Governors Present: S Fitzpatrick C Hughes L Mills

Number of Patients:	Staff on duty:	Days	Nights (if applicable)	CBU Manager:
Capacity: 3 bays and a waiting area Total on day of visit: I patient attended for a Follow up visit while we were observing	Nurses	2 senior research nurses 4 generic nurses 1 part time midwife 1 part time Paediatric nurse		
	Healthcare Assistants			Matron:
	AHP's			
	Students			Lead Nurse Helen Wittle
	Domestic Assistants			
	Administration			Departmental Manager(s): Lisa Cheng
	Housekeepers			

On dosing days there is always a doctor in attendance. There is also a research fellow (used to be financed by NIHR but now funded by NCM)

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? Upon arrival, several signs directing visitors to the Clinical Research Unit Entrance B were observed at the entrance to the Nightingale Building. These signs led to a locked door. Access was subsequently gained through an alternative internal entrance. It was explained that Entrance B is only used for patients who are suspected of having an infectious illness. The team advised that this issue has previously been reported to Estates; however, the signage remains in place. In addition, Entrance B was intended to be fenced off, although the gate was found to be open at the time of the visit. The unit itself was observed to be clean, organised, and well maintained. The reception area is staffed by two receptionists; One was due in however, she was absent due to sickness on the day of the visit. Access to the unit was controlled, and entry could only be gained when authorised by staff. Overall, the facility was observed to be of a high standard and demonstrates significant potential to support additional research projects.	0 / 1 / 2 /3 3
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? Helen demonstrated a strong awareness and understanding of the unit's data, current studies, and research activity. The unit has successfully secured NIHR funding for vaccine research relating to RSV and Norovirus. In addition, there are a number of potential future studies in development relating to Covid-19, Norovirus, and Influenza, with studies typically running for between one and two years.	3

	Helen spoke positively about the integration of NCM, highlighting the recent addition of a community and dental nurse to the team. It was felt that these developments would support recruitment and engagement within local communities. Current research activity includes approximately 200 patients participating in vaccine studies. The first cohort completed screening, dosing, and follow-up visits at 28 days, 6 months, 12 months, and 18 months. For the second cohort, the 18-month follow-up visit was removed from the study pathway. In addition, 32 patients are currently enrolled in the ANCOR 4 study, which is investigating an antiviral modification intended to improve the longevity of flu vaccine effectiveness in patients with chronic disease. No concerns were identified during the visit to suggest that the department was not well led. Staff feedback and observations during the visit reflected a positive culture with evidence of supportive leadership and ongoing research development.	
SAFETY, CARING and RESPONSIVE	Safety, Caring and Responsive How confident are you that this department is safe and caring?	Confidence Score
	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? Staff advised that studies are conducted on a one study, one clinic basis, ensuring that study participants are not mixed between clinics. For double-blind studies, the onsite pharmacy prepares the investigational medication, with only a limited number of authorised staff and dose checkers aware of which treatment has been administered. During dosing clinics, both a doctor and a senior nurse are available onsite. An emergency trolley is accessible within the unit, and staff confirmed they would escalate via the emergency “2222” call system should an urgent situation arise. Following	3

	administration of study medication, patients remain in Bay C for a minimum of 30 minutes for post-dose observation to ensure there are no immediate adverse reactions or safety concerns. Patients are screened in accordance with individual study protocols, and informed consent is obtained prior to participation. During the visit, discussion took place with a patient participating in the ORION-4 study, which is investigating an anti-cholesterol medication following myocardial infarction. Blood samples were being collected as part of the study requirements. The patient explained that participants may receive either the active drug or a placebo, with the study outcome not expected to be known until 2027. It was also noted that patients are reimbursed for travel expenses and that parking costs are covered by the service.	
EFFECTIVE	**Effective** **How confident are you that the department processes are effective?**	**Confidence Score**
	Does the department appear to be clean and organised? Are patients' appointments managed well? Studies are conducted in accordance with strict protocols, and the unit is organised to ensure all protocol requirements can be met safely and effectively. A hybrid approach is currently used for the management of trial documentation and data. Staff advised that the Lorenzo electronic patient record system is not configured to support clinical trial notes, as there is no facility to restrict access solely to participating patients when Clinical Research Associates are undertaking source data verification. As a result, paper records continue to be used for certain aspects of study documentation. Informed Consent Forms (ICFs) and Investigator Site Files (ISFs) are maintained in paper format. Case Report Forms (CRFs) are generally completed electronically, and patients also utilise electronic patient-reported outcome systems (ePROs) where required as part of study participation.	0 / 1 / 2 /3 3

	Please use this section to record any other observations / interactions.	Confidence Score
		0 / 1 / 2 /3
FURTHER FEEDBACK	The unit has significant potential for future growth and for generating additional income for the organisation through increased research activity. Staff reflected that, prior to the Covid-19 pandemic, limitations in facilities had restricted opportunities for expansion; however, the improved facilities now available have created greater capacity to support research delivery. At present, the main challenge identified is the limited number of Principal Investigators (PIs) available and willing to participate in studies. Lisa and Tim are actively seeking to recruit additional investigators and are holding engagement meetings to encourage involvement. Staff advised that NCM sponsoring their own internally developed studies is still in its early stages but is currently under consideration. While financial investment is recognised as an important factor, it was felt that wider cultural change across NCM would also be required to further embed and support research activity. Examples were provided of the positive impact of research undertaken within the organisation, including rheumatology studies that contributed to the development of medications that are now available for patient treatment. It was noted that the recent acquisition may provide opportunities to increase engagement with community settings and local GP practices. Staff highlighted that there is currently limited participation from Halton patients despite the local population including patients with respiratory conditions who may benefit from research involvement. The unit was felt to benefit from increased visibility and promotion. Suggestions included the development of short informational videos, approximately 20–30 minutes in length, for use on social media platforms and the organisation's website to encourage participation in clinical trials. Staff acknowledged that any such materials would require Independent Ethics Committee (IEC) approval where appropriate. Patient experience videos have already been utilised successfully as part of Trust induction programmes. The team hold regular meetings each Monday to review newly available NIHR studies and identify opportunities that may be suitable for the unit to participate in. In addition, operational meetings are held to review logistics, workforce planning, and training requirements to support ongoing study delivery.	3

LASTING IMPRESSIONS and EEVIDENCE of GOOD PRACTICE	Having carried out this observation, how confident do you now feel about whether patients are experiencing good care in this department?	Confidence Score
	Are there any specific areas of learning identified? The unit was observed to be well managed, organised, and operating effectively, with significant potential for future growth and expansion of research activity. It was identified that further investment in promotional and engagement activities may support the continued development of the service. Internally, increased promotion within NCM could encourage greater recruitment and participation of Principal Investigators (PIs). Externally, enhanced public engagement initiatives may help to increase awareness of research opportunities and encourage patients and members of the public to register their interest via the Pathway database. It was noted that many hospitals actively promote themselves as research institutions, and this may be an approach worth further consideration. The Trust website already identifies North Cheshire and Mersey NHS Foundation Trust as a "research-active hospital," and information is also available through the Pathway database. However, it was suggested that the use of video content and patient experience stories may have greater impact in increasing awareness and engagement with clinical research opportunities. Overall, the visit identified a strong and positive research environment with clear opportunities for continued development and expansion.	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.

Governor Observation Visit

Date / Time: 10.15 18 May 2026 **Ward / Department: HCRU**

Team: S Fitzpatrick, L Mills, C Hughes

First Impression

Positives	Recommendations
The unit is clean, organised, and well maintained	Signs directing visitors to the HCRU Entrance B led to a locked door. Estates have been asked to remove these signs. Recommend chasing up estates
	Keep the gate to access entrance B locked

Well Led

Positives	Recommendations
There is a strong awareness and understanding of the unit's data, current studies, and research activity.	There is a vacancy to be filled due to staff promotion requiring a senior research nurse to be recruited
Successfully secured NIHR funding for vaccine research	
Staff feedback and observations during the visit reflected a positive culture with evidence of supportive leadership	
Staff spoke positively about the integration of NCM, highlighting the recent addition of a community and dental nurse to the team.	

Safe

Positives	Recommendations
During dosing clinics, both a doctor and a senior nurse are available onsite.	Staff confirmed they would escalate via the emergency "2222" call system should an urgent situation arise. Would like to know response times.
Onsite pharmacy prepares the investigational medication, with only a limited number of authorised staff knowing the dose in placebo controlled studies	
An emergency trolley is accessible within the unit	
Patients remain in Bay C for a minimum of 30 minutes for post-dose observation	

Caring

Positives	Recommendations
Patients fully informed of study procedures and knew their possibility of not receiving active study medication. A clear follow up booklet is provided	None

Food and Nutrition

Positives	Recommendations
	None

Responsive

Positives	Recommendations
	None

Effective

Positives	Recommendations
Studies are conducted in accordance with strict protocols, and the unit is organised to ensure all protocol requirements can be met safely and effectively	Recommend that any new EHR system allows for quarantine of data of clinical trial participants so CRAs can have access to study data,
A hybrid approach is currently used for the management of trial documentation	

Further feedback

Positives	Recommendations
Recent acquisition may provide opportunities to increase engagement with community settings and local GP practices.	The unit has significant potential for future growth and for generating additional income for the organisation through increased research activity but require more PIs
	Already holding engagement meetings to encourage involvement. But suggest making short 20 min clips for increasing awareness of CR for PIs but also to help with recruitment of participants
	The unit was felt to benefit from increased visibility and promotion. It was felt that wider cultural change across NCM would also be required to further embed and support research activity.

Lasting impression

Positives	Recommendations
The unit was observed to be well managed, organised, and operating effectively, with significant potential for future growth and expansion of research activity.	Further investment in promotional and engagement activities may support the continued development of the service.
Overall, the visit identified a strong and positive research environment with clear opportunities for continued development and expansion.	

GOVERNORS OBSERVATION PRO-FORMA (Non-Ward Based)

Date: 18/5/26 Department: CSTM Diagnostics Centre	Department Manager: Cheryl Cartwright	Governors Present: Diane Nield Margaret Bamford		
Number of Patients: Capacity: CT and MRI capacity could be higher but dependant on staff numbers available Total on day of visit: CT Appts 25 today MRI appts 27 today	Staff on duty:	Days	Nights (if applicable)	CBU Manager: Unknown to staff
	Nurses			
	Healthcare Assistants	1		Matron:
	Radiographers	4		
	Students			Radiographer – Alison Finn
	Domestic Assistants			
	Reception	1		Departmental Manager(s): Cheryl Cartwright
	Housekeepers			

FIRST IMPRESSIONS	First Impressions	Confidence Score
	Based on your first impressions on entering this department, how confident are you that patients are experiencing good care?	
	Using your senses, what do you hear, see, smell and feel? Why? 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? Extremely clean well-presented facility with plenty of seating for patients. 5-star cleanliness rating sign on wall A hydration station was also available and offered to patients on arrival 3 toilets (inc disabled) available. All clean and inspected at 8am that day 4 patient changing rooms available off the waiting room which led to the scanning facilities, very clean and safe environment Sign outside notifying patients of nearest café for refreshments Happy smiling receptionist greeted us on arrival and gave us lots of information. We also completed visitor medical forms in order to access the scanning areas. Shown appointment system which was fully utilised today (only 1 CT and 1 MRI scanner available due to staffing numbers)	0 / 1 / 2 /3 3
WELL LED	Well Led	Confidence Score
	How confident are you that this department is 'well led'?	
	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? The team manage the unit very efficiently. One member is about to undertake a higher radiographer qualification and felt very supported and developed in role. The receptionist has been in post 18 months and splits her time between Warrington and Halton sites. She is very happy in role and enjoys both sites The team knew their numbers and knew how to escalate issues etc. Staff are aware of the recent integration and were not affected by any changes. Staff do not consistently complete the staff survey and were not 100% sure that feedback is anonymous.	0 / 1 / 2 /3 2/3

SAFETY, CARING and RESPONSIVE	Safety, Caring and Responsive How confident are you that this department is safe and caring?	Confidence Score
	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? The team referred to the high number of elderly, frail patients they see and spoke with compassion about giving patients time to understand instructions and care deeply about patient care. There was 1 HCA working across both CT and MRI today which can be challenging when very frail patients need extra support 95% of patients are booked via appointments, there is the occasional CT required from Nightingale building Patient anecdotal feedback is very positive – encouraged to collate this	0 / 1 / 2 /3 3

EFFECTIVE	Effective How confident are you that the department processes are effective?	Confidence Score
	Does the department appear to be clean and organised? Are patients' appointments managed well? Very clean efficient service that completes more MRI's than other local trusts This morning there were 9 patients booked in for Colon CT scans which are more time consuming and a total of 25 CT appointments today. Last one at 4.05pm. There were 27 MRI's booked for today with the last appointment at 7.20pm which catered well for patients who work Capacity - Staffing levels across 2 sites and Radiographer reporting times both impact the potential to grow the service 2 MSK Radiographers have recently left and recruitment is ongoing. This has impacted on reporting times "creating a bottleneck of reporting" The scanners themselves are highly effective and AI enabled which has reduced scanning times by half – this has been noticed by patients who regularly praise the service and staff. They would like to collate patient feedback but haven't really developed a feedback process to date.	0 / 1 / 2 /3
FURTHER FEEDBACK	Please use this section to record any other observations / interactions.	Confidence Score
	There is a digital sign in the waiting room near the reception desk which states 'connection down' on the screen. Staff are unaware what the sign is for. It's been like this for many months. This needs to be rectified	0 / 1 / 2 /3 N/A

LASTING IMPRESSIONS and EEVIDENCE of GOOD PRACTICE	Having carried out this observation, how confident do you now feel about whether patients are experiencing good care in this department?	Confidence Score
	Are there any specific areas of learning identified?	0 / 1 / 2 /3
	This is an excellent facility with a highly capable engaging team who care passionately about patient care The team need to design a patient feedback process that demonstrates the fantastic service offering and utilise the QI team support	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.

Governor Observation Visit

Date / Time: 18th May 2026 / 10.45am **Department: Diagnostics Centre**

Team: Radiology

First Impression

Positives	Recommendations
Clear signage	Digital sign near reception
Very clean department	
Welcoming staff	

Well Led

Positives	Recommendations
Staff feel proud to work in unit	Encourage to complete staff survey
Staff development	Increase understand of new trust culture

Safe

Positives	Recommendations
Verbal evidence of high patient feedback	Design a patient feedback system which captures the great work you do
Caring staff who address individual needs	

Caring

Positives	Recommendations
Adequate time given to individual patient needs	

Food and Nutrition

Positives	Recommendations
Signage outside the unit for café next door	Staff food provision and availability could be improved as current places are closed when clinic times end

Responsive

Positives	Recommendations
The team are aware how to escalate concerns	

Effective

Positives	Recommendations
Higher than most local trusts on volume of scans	

Further feedback

Positives	Recommendations

Lasting impression

Positives	Recommendations
Very positive visit. The team made time to talk to us and it was evident they took pride in their jobs	The service could take more patients but staffing levels and reporting times prevent expansion

GOVERNORS OBSERVATION PRO-FORMA (Non-Ward Based)

Date: 20/06/26 Department: A & E	Department Manager:	Governors Present: Dorcas Akeju, Sue Fitzpatrick & Suresh K Arni Sukumaran

Number of Patients:	Staff on duty:	Days	Nights (if applicable)	CBU Manager:
Capacity: 33 Cubical	Nurses	21		
	Healthcare Assistants	4		Matron:
Total on day of visit: 59 Total at 10am	AHP's			
	Students			Lead Nurse
	Domestic Assistants			
	Administration			Departmental Manager(s):
	Housekeepers			

	First Impressions	Confidence Score
FIRST IMPRESSIONS	**Based on your first impressions on entering this department, how confident are you that patients are experiencing good care?**	0 / 1 / 2 /3
	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? The department appeared calm at the time of the visit and staff were welcoming and approachable. The general atmosphere was positive and gave a reasonable level of confidence that patients were being supported. The external area immediately outside the department would benefit from improvement, particularly in relation to cigarette ends and general litter, as this affects the first impression for patients, relatives and visitors.	**2**

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? Staff appeared to understand how to raise operational issues and escalate concerns within the department. There was a sense that staff knew where to seek support when required. However, wider visibility of key support routes, including Freedom to Speak Up, could be strengthened. Governors did not observe strong visibility of Freedom to Speak Up information, and staff awareness appeared variable. This should be reinforced through local communication channels and visible information in the department.	0 / 1 / 2 /3 2
SAFETY, CARING and RESPONSIVE	Safety, Caring and Responsive How confident are you that this department is safe and caring?	Confidence Score
	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? Communication between staff and patients was variable. There were positive examples, including clear and professional communication from resident doctor Jasmine, which was noted as good practice. Areas for improvement were also identified. Some patients awaiting beds did not appear clear on likely transfer times, and discharge communication was reported as unclear. Communication between the hospital, GPs, district nurses and patients appeared inconsistent and would benefit from better coordination. Governors also observed that patient names were being called verbally in the waiting area, which may be difficult for patients with hearing impairment or where names are pronounced differently. Consideration should be given to a visible screen or alternative process to support clearer communication.	0 / 1 / 2 /3 2

EFFECTIVE	Effective How confident are you that the department processes are effective?	Confidence Score
	Does the department appear to be clean and organised? Are patients' appointments managed well? Bed availability was identified as a key operational concern. At the time of the visit, there were a significant number of patients awaiting beds, and staff were not always clear when beds would become available. This may contribute to uncertainty for patients and families. Pharmacy turnaround times for non-urgent requests were also highlighted, with reported delays of around 12 hours and potentially longer during weekends. This should be reviewed to understand the impact on patient flow and discharge planning. It was positive to note that ambulance waiting numbers appeared low at the time of the visit, with only a small number of ambulances waiting in the hub. A consultant medic also highlighted concerns that the current national training requirement may not be effective in practice. It was noted that junior doctors are not consistently developing or creating patient management plans themselves, as these are often completed by the consultant. This may limit the intended learning opportunity and could affect junior doctors' ability to develop the necessary skills and confidence to undertake this independently in future.	0 / 1 / 2 /3 2
FURTHER FEEDBACK	Please use this section to record any other observations / interactions.	Confidence Score
	The use of agency staff was noted during the visit. Given the current financial position, consideration could be given to whether a flexible staffing or floating staff model would support safer and more efficient deployment across wards or departments, particularly where short-notice absence occurs. This may help reduce reliance on agency staffing while maintaining the ability to respond to operational pressures across different clinical areas. Governors also observed that seating for family members was limited in some areas. One patient had two family members present but only one chair available, resulting in relatives sharing the chair. Where possible, staff should be supported to identify additional seating for relatives, particularly where patients may be waiting for extended periods.	0 / 1 / 2 /3 2

LASTING IMPRESSIONS and EEVIDENCE of GOOD PRACTICE	Having carried out this observation, how confident do you now feel about whether patients are experiencing good care in this department?	Confidence Score
	Are there any specific areas of learning identified? Following the observation, governors were reasonably confident that patients were experiencing good care, with clear evidence of staff approachability, a calm environment and individual examples of strong patient communication. The main opportunities for improvement relate to communication, patient flow, visibility of support routes, external presentation and efficient use of staffing resources.	0 / 1 / 2 /3 2

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: 10am / 20th Jun 2026 **Ward / Department: A & E**

Team: Dorcas Akeju, Sue Fitzpatrick & Suresh K Arni Sukumaran

First Impression

Positives	Recommendations
Department appeared calm; staff were welcoming and approachable.	Is there any opportunity to improve cleanliness and presentation of the external area, including removal of cigarette ends and general litter?
	Is it possible to improve visibility of appropriate patient and staff information

Well Led

Positives	Recommendations
Staff appeared to know how to escalate concerns and seek support.	Review bed availability communication and ensure patients and families receive clearer updates when awaiting transfer to a bed.

Safe

Positives	Recommendations
Ambulance waiting numbers appeared low at the time of the visit.	Same as Above

Caring

Positives	Recommendations
Good communication was observed from resident doctor Jasmine, who communicated clearly and professionally with patients.	Is it possible to review use of verbal name-calling in the waiting area and consider a visible screen or alternative process to support patients with hearing impairment or name pronunciation difficulties Can the current screens be used to display the patients' names?
	Can we remind staff regarding the use of mobile phones in patient-facing areas to ensure this does not adversely affect patient perception, communication or professional visibility?

Food and Nutrition

Positives	Recommendations
No specific observations recorded.	No specific recommendations identified during this visit.

Responsive

Positives	Recommendations
Staff were approachable and responsive during the observation.	Can we strengthen discharge communication and improve coordination between the hospital, specialties, GPs, district nurses and patients, including during shift changes, to reduce the risk of patients receiving mixed messages between specialties or following handover.

Effective

Positives	Recommendations
Department appeared calm and operationally controlled at the time of the visit.	Can we review non-urgent pharmacy turnaround times, including weekends, due to the impact on patient flow and discharge planning.
	Review national training arrangements for medics, following consultant concern that junior doctors may not be receiving sufficient training

Further feedback

Positives	Recommendations
Governors were able to observe and speak with staff during the visit.	Can we consider whether a flexible staffing or floating staff model could reduce reliance on agency staff
	Ensure relatives have access to appropriate seating where possible
	Clarify the process for informing site managers when governors undertake unannounced visits, while recognising that governors may attend acute sites without prior notice.

Lasting impression

Positives	Recommendations
Overall, governors observed a calm environment, welcoming staff and examples of good patient communication.	Continue to focus on communication, patient flow, and visibility of support routes, external presentation, medical training concerns and efficient use of staffing resources.

North Cheshire and Mersey
NHS Foundation Trust

Council of Governors

Agenda reference:	**COG/26/08/027**			
Subject:	**Membership Strategy Q1**			
Date of meeting:	19 August 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 communications and activities. The report consists of:			

	• Overview of Q1 activity		
Purpose: (please select as appropriate)	**To approve**	**To note** ✓	**Decision**
Recommendation:			
Previously considered by:	**Committee**	Governor Engagement Group	
	Agenda reference	GEG/26/07/18	
	Date of meeting	30 July 2026	
	Summary of outcome	Noted	
Next steps: state whether this report needs to be referred to at another meeting or requires additional monitoring	***none***		
Freedom of information status (foia):	Release Document in Full		
Freedom of information exemptions applied (if relevant):	None		

North Cheshire and Mersey
NHS Foundation Trust

Membership Strategy Update

Q1

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 1	Expected completion
Educate current and prospective members on the membership offer at WHH.	• Members Newsletters – May edition was circulated Tuesday 5 May 2026, with a 43% open rate. Next one w/c 17th August (following CoG meeting) • 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. • 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 4 new members on Tuesday 30 June 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 Monday 3 August 2026 • Experts by Experience (EbyE) programme is promoted via member newsletters. • Governors have participated in the following: **Internal events** International Clinical Trials Day Shared Learning Forum **Community events** Warrington Pride Armed Forces Day **EbyE opportunities** PALS office redesign site visit Pre-op assessment avatar testing Ward A8 privacy measures Living Well Dementia training platform	Ongoing Ongoing

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 1	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. Next visit Thursday 9 July 2026 to Captain Sir Tom Moore Building.	Ongoing
Governors Development Day	Welcome to new governors and an introduction to WHH and the role of governor	Complete

Strategic Objective 2: Inclusivity

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

Priorities	Activities in Quarter 1	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 1	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 • May newsletter achieved an open rate of 43% 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 3,105 active members (a reduction from 9,940 - 31 March 2023). Membership figures alter throughout the year, with new joiners and leavers.	Ongoing

Governors stand, Halton Hospital – 29 April 2026

Warrington PRIDE – 13 June 2026

Clinical Trials Day – 20 May 2026

Armed Forces Day – 27 June 2026

Forthcoming Engagement Events: 2026/2027

Date	Event	Time	Venue	Event Purpose	Governors Attending
30 August 2026	Warrington Mela	11am – 4pm	Queens's Garden, Palmyra Square, Warrington, WA1 1JN	Annual open event supporting cultural diversity and community inclusion within the town.	TBC

North Cheshire and Mersey
NHS Foundation Trust

Council of Governors

Agenda reference:	**COG/26/08/028**			
Subject:	**NCM2030 – Trust Strategy Development Update**			
Date of meeting:	19th August 2026			
Action required:	**To note and provide feedback**			
Author(s):	Carolyne Ward: Trust 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			
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:	Following integration, North Cheshire and Mersey (NCM) has an opportunity to develop a new Trust Strategy that provides a clear direction for the organisation and its clinical services over the coming years, aligned to the NCM2030 ambition. The current Trust strategy was updated from April 2026 to reflect the newly integrated organisation and provides an interim position for 12 months. The development of the new strategy is therefore being undertaken through a structured four-phase approach, combining evidence, leadership insight, stakeholder engagement and clinical involvement before moving to strategic choices and final strategy development. The Trust is currently in **Phase 2 – Structured Insight**, with engagement underway across staff, patients, public, system partners and other stakeholders. Clinical Strategy			

<table>
<tr><td></td><td colspan="3">Engagement Sessions are also planned across 26 speciality groups during September and October.

The programme is designed to ensure that the future strategic direction is informed by the needs of our populations, the challenges facing the Trust, national and system priorities, and the experiences and ambitions of those who use and deliver our services.

The presentation provides the Council of Governors with an update on progress, the context driving the need for strategic change and the emerging direction of travel. Governors are also invited to contribute their views on the priorities that should shape the Trust over the next five years.

A further update will be provided to the Council of Governors following completion of the clinical strategy engagement programme.</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 recommended to:
Note the progress made in development of the new Trust Strategy.
Note the strategic context and drivers for development of a new strategy following integration.
Note that the programme is currently in Phase 2, with staff, patient, public, partner and stakeholder engagement underway.
Provide feedback and insight on the emerging strategic direction and the priorities that should be considered over the next five years.
Support continued engagement with Governors and wider stakeholders throughout the remainder of the strategy development programme.</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: state whether this report needs to be referred to at another meeting</td><td colspan="3">None</td></tr>
</table>

or requires additional monitoring	
Freedom of information status (foia):	Release document in full
Freedom of information exemptions applied: ***(if relevant)***	Choose an item.

1. Background/context

Following the integration of the organisations, the Trust has an opportunity to develop a new strategy that establishes the future direction of North Cheshire and Mersey (NCM) for the next three years and beyond, aligned to the NCM2030 programme.

The current Trust strategy was amended from April 2026 to reflect the newly integrated organisation and provides an interim strategic position for a 12-month period. This creates an opportunity to undertake a more comprehensive strategy development process informed by the Trust's current position, future population needs, national policy, system priorities and the views of patients, public, staff, clinical leaders and partners.

The attached presentation provides the Council of Governors with an update on the strategy development programme, including the context for change, emerging priorities, the development approach and current position within the four-phase programme.

The presentation also provides an opportunity for Governors to contribute their views as part of the wider engagement and co-design process.

2. Key elements

The presentation provides an overview of:

- The Trust's current strategic position following integration.
- The changing health needs and demographics of the Warrington and Halton populations.
- The anticipated growth in demand for health and care services.
- Current challenges relating to quality, access, operational performance, financial sustainability and the way services are delivered.
- The national context, including the NHS 10 Year Health Plan.
- The emerging strategic direction and NCM2030 priorities.
- The proposed future direction for services, including neighbourhood health, prevention, digital enablement and greater partnership working.
- The four-phase approach being used to develop the new Trust Strategy.
- Progress to date and the current position within Phase 2.
- Opportunities for staff, patients, public, stakeholders and Governors to contribute to the strategy.

3. Actions required/responsible officer

The Council of Governors is asked to:

- **Note the progress** made in developing the new Trust Strategy.
- **Provide feedback and insight** on the emerging direction and priorities.
- **Encourage participation** in the wider engagement opportunities where appropriate.

The strategy development programme is project managed by Carolyne Ward, Strategic Project Manager; led by Carl Mackie, Strategy Programme Manager, with Executive sponsorship from Lucy Gardner, Chief Strategy and Partnerships Officer and oversight through the Trust Strategy Task & Finish Group and wider NCM2030 governance arrangements.

4. Measurements/evaluations

Progress will be assessed through delivery against the agreed four-phase Trust Strategy Development Framework and through the breadth and quality of evidence and engagement informing the strategy.

This includes:

- Completion of the planned evidence and benchmarking activity.
- Executive engagement and identification of areas of strategic consensus.
- Staff, patient, public and partner engagement.
- Clinical Strategy Engagement Sessions across the 26 speciality groups.
- Synthesis and triangulation of engagement findings with population, performance, quality, workforce, financial, capacity and demand evidence.
- Development and testing of emerging strategic priorities.
- Executive and Board review and refinement of the draft strategies.

5. Trajectories/objectives agreed

The objective is to develop a clear, evidence-led and deliverable Trust Organisational Strategy and Trust Clinical Strategy that:

- Reflect the needs of the populations served by NCM.
- Respond to changing demand and health inequalities.
- Build on the opportunities created through integration.
- Align with NCM2030 and wider Cheshire & Merseyside system priorities.
- Provide a clear future direction for clinical services and the organisation.
- Are informed by meaningful engagement and co-design.
- Establish a focused set of strategic priorities capable of guiding delivery over the coming years.

6. Monitoring/reporting routes

The strategy development programme is overseen through the Trust Strategy Task and Finish Group, meeting fortnightly, with progress reported through the appropriate NCM2030 governance arrangements.

Progress and emerging findings are also being reported through Executive Management Team and Trust Board routes.

The Council of Governors will continue to have opportunities to receive updates and provide input as the strategy develops.

A further update will be presented to the Council of Governors following completion of the Clinical Strategy Engagement Sessions.

7. Timelines

The strategy development programme is structured across four phases:

Phase 1 – Strategic Foundations

Phase 2 – Structured Insight

Phase 3 – Strategic Choices

Phase 4 – Strategy Development & Approval

The programme is currently in **Phase 2**, with wider engagement underway and Clinical Strategy Engagement Sessions planned across September and October 2026.

The presentation indicates completion of the overall strategy development programme and progression towards final strategy approval in early 2027.

8. Assurance committee

Trust Strategy Task and Finish Group

The Trust Strategy Task and Finish Group provides fortnightly oversight of the strategy development programme, including progress, engagement, emerging findings and key dependencies.

The programme also forms part of the wider NCM2030 governance structure, with appropriate reporting to Executive Management Team and Trust Board.

The Council of Governors is being engaged as part of the wider co-design and assurance approach.

9. Recommendations

The Council of Governors is recommended to:

- **Note** the progress made in development of the new Trust Strategy.
- **Note** the strategic context and drivers for development of a new strategy following integration.
- **Note** the four-phase approach being used to develop the Trust Organisational and Clinical Strategies.
- **Note** that the programme is currently in Phase 2, with staff, patient, public, partner and stakeholder engagement underway.
- **Provide feedback and insight** on the emerging strategic direction and the priorities that should be considered over the next five years.
- **Support continued engagement** with Governors and wider stakeholders throughout the remainder of the strategy development programme.

North Cheshire and Mersey
NHS Foundation Trust

NCM in 2030

Strategy Development Update

Council of Governors

19 August 2026

Home
Community
Hospital

NCM current strategy

• 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

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

- Our Mission, Vision, Aims and Objectives were amended from April 2026 to better represent the newly integrated organisation, alongside our updated values
- Our current strategy is valid for 12 months, giving us an opportunity to further develop our plans for the next 3+ years into a new strategy.

Fair

Kind

Open

One team

Why strategy is important

• Home • Community • Hospital

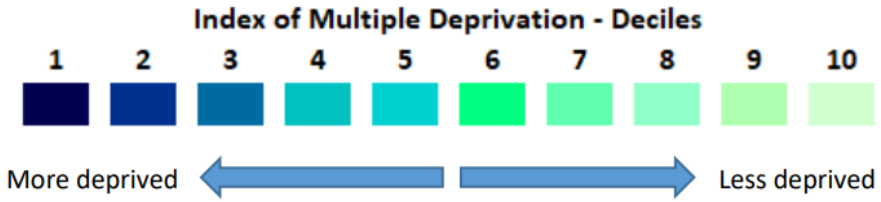
Caring for you

Life expectancy vs healthy life expectancy

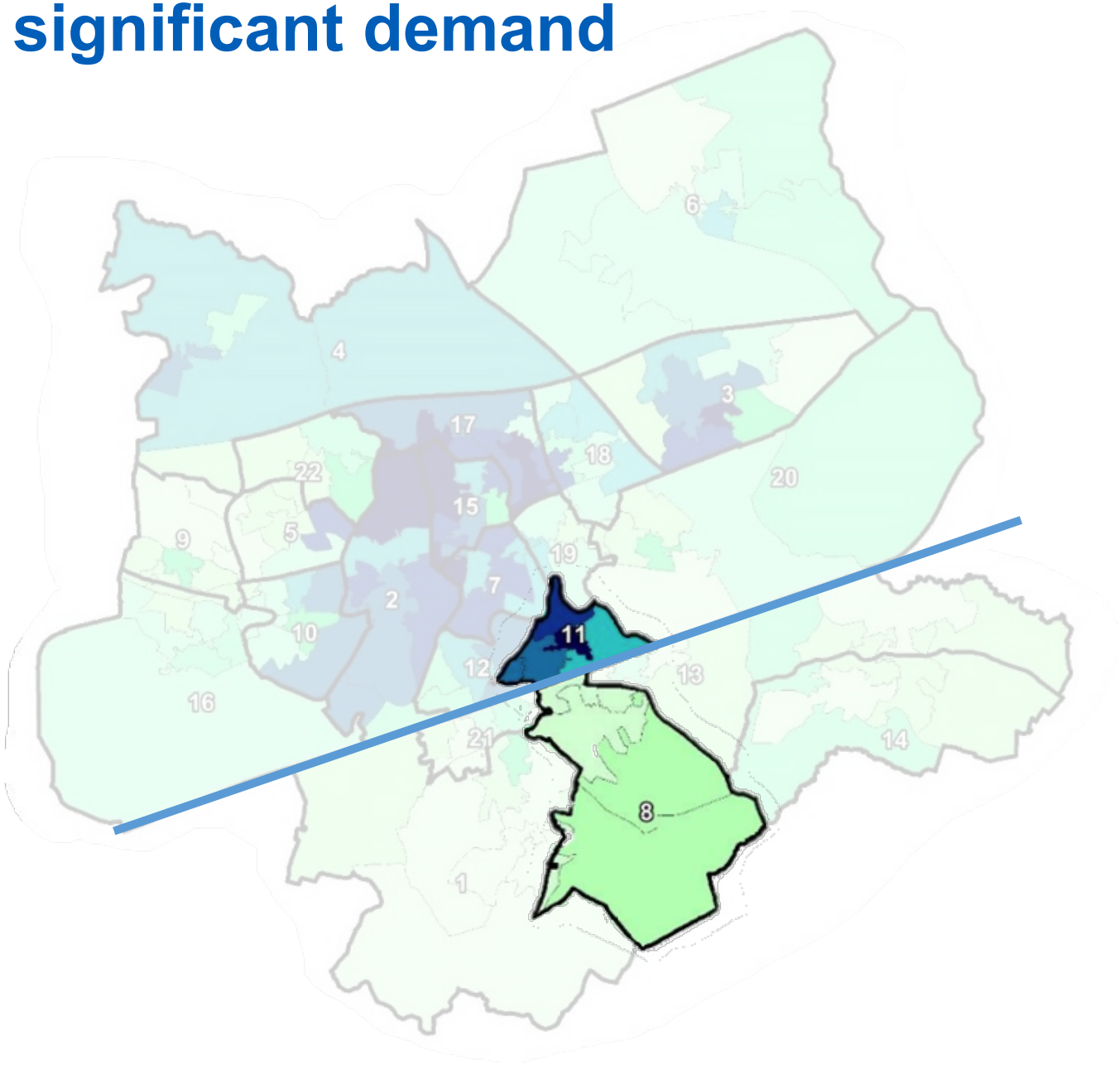
- Life expectancy for a Warrington resident is around 80 years of age, and in Halton that figure is 79.
- *Healthy* life expectancy for a Warrington resident is around 65 years of age, and that figure in Halton is 57.

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

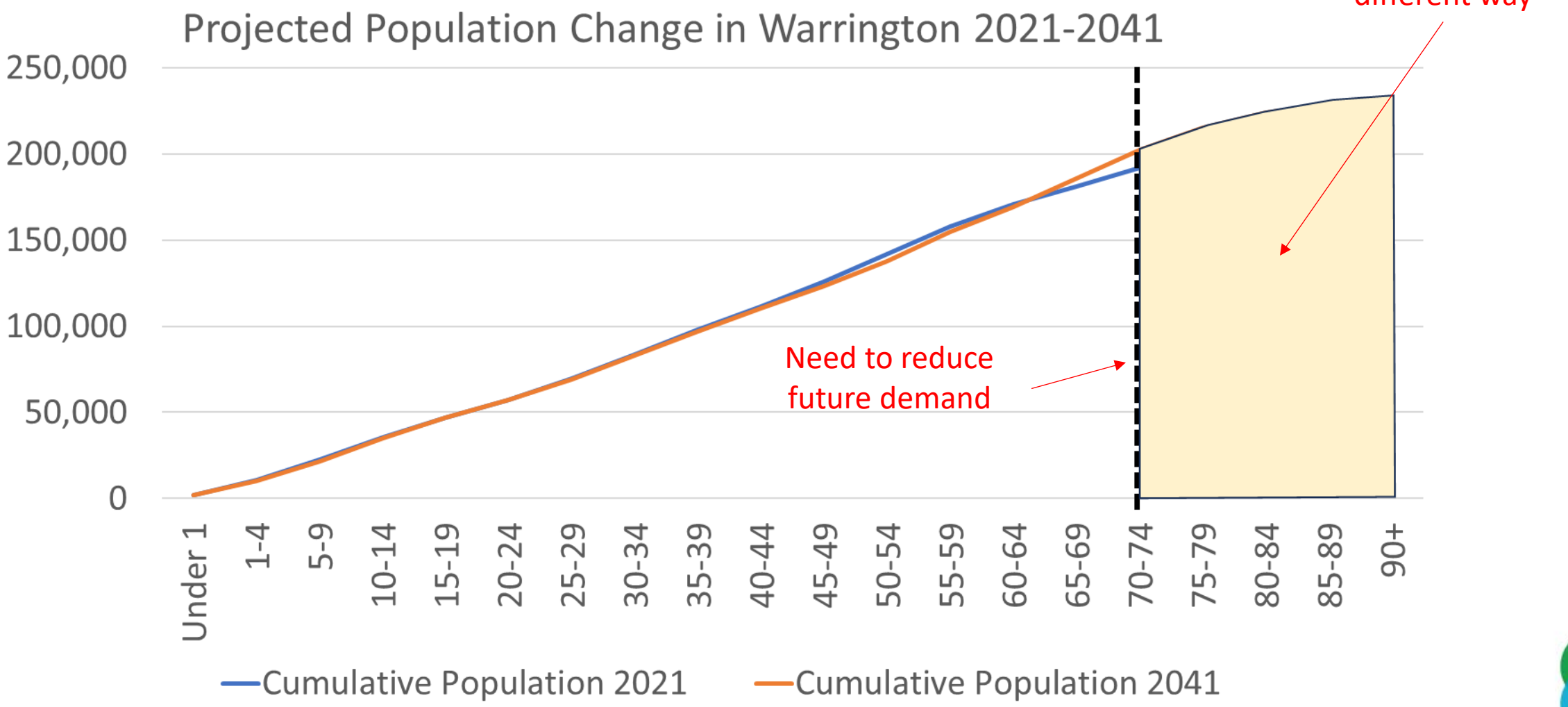
Health inequalities drive significant demand



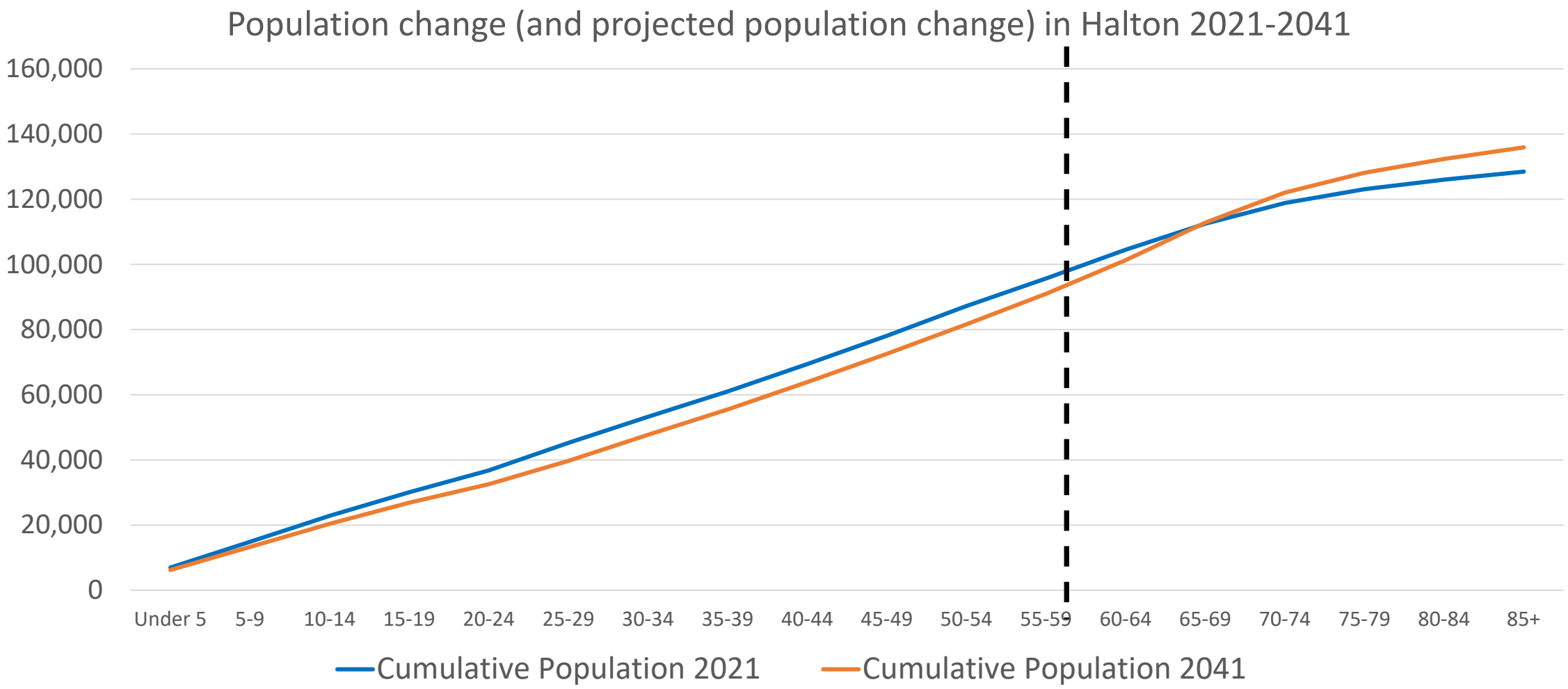
1 Appleton
2 Bewsey & Whitecross
3 Birchwood
4 Burtonwood & Winwick
5 Chapelford & Old Hall
6 Culcheth, Glazebury & Croft
7 Fairfield & Howley
8 Grappenhall
9 Great Sankey North & Whittle
10 Great Sankey South
11 Latchford East
12 Latchford West
13 Lymm North & Thelwall
14 Lymm South
15 Orford
16 Penketh & Cuerdley
17 Poplars & Hulme
18 Poulton North
19 Poulton South
20 Rixton & Woolston
21 Stockton Heath
22 Westbrook



Future demand for health and care services



Future demand for health and care services



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

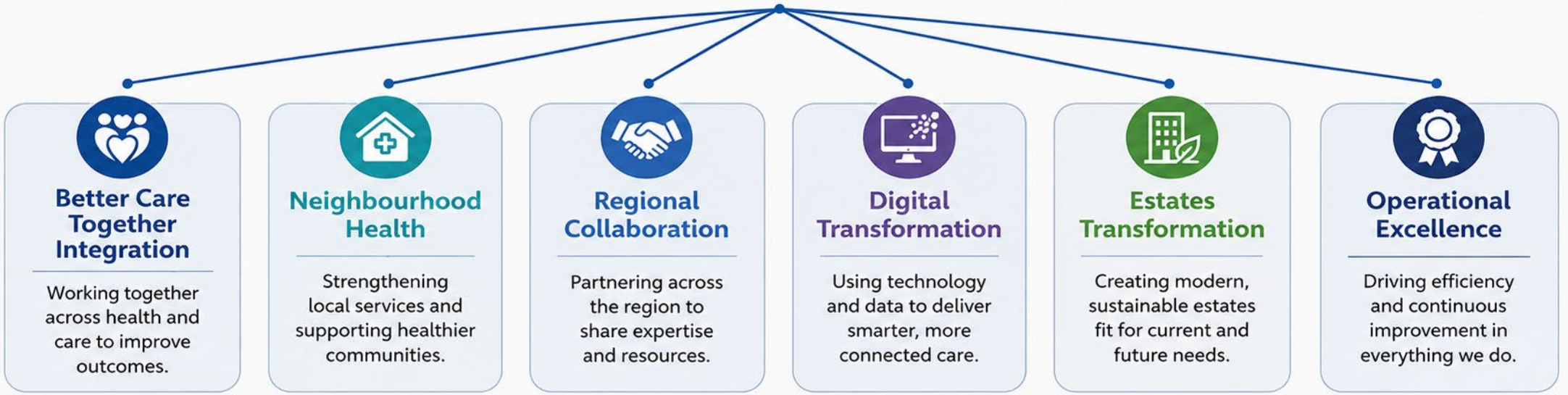
1. Hospital → Community
2. Analogue → Digital
3. Treatment → Prevention

Emerging Priorities

• Home • Community • Hospital

Caring for you

NCM 2030



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

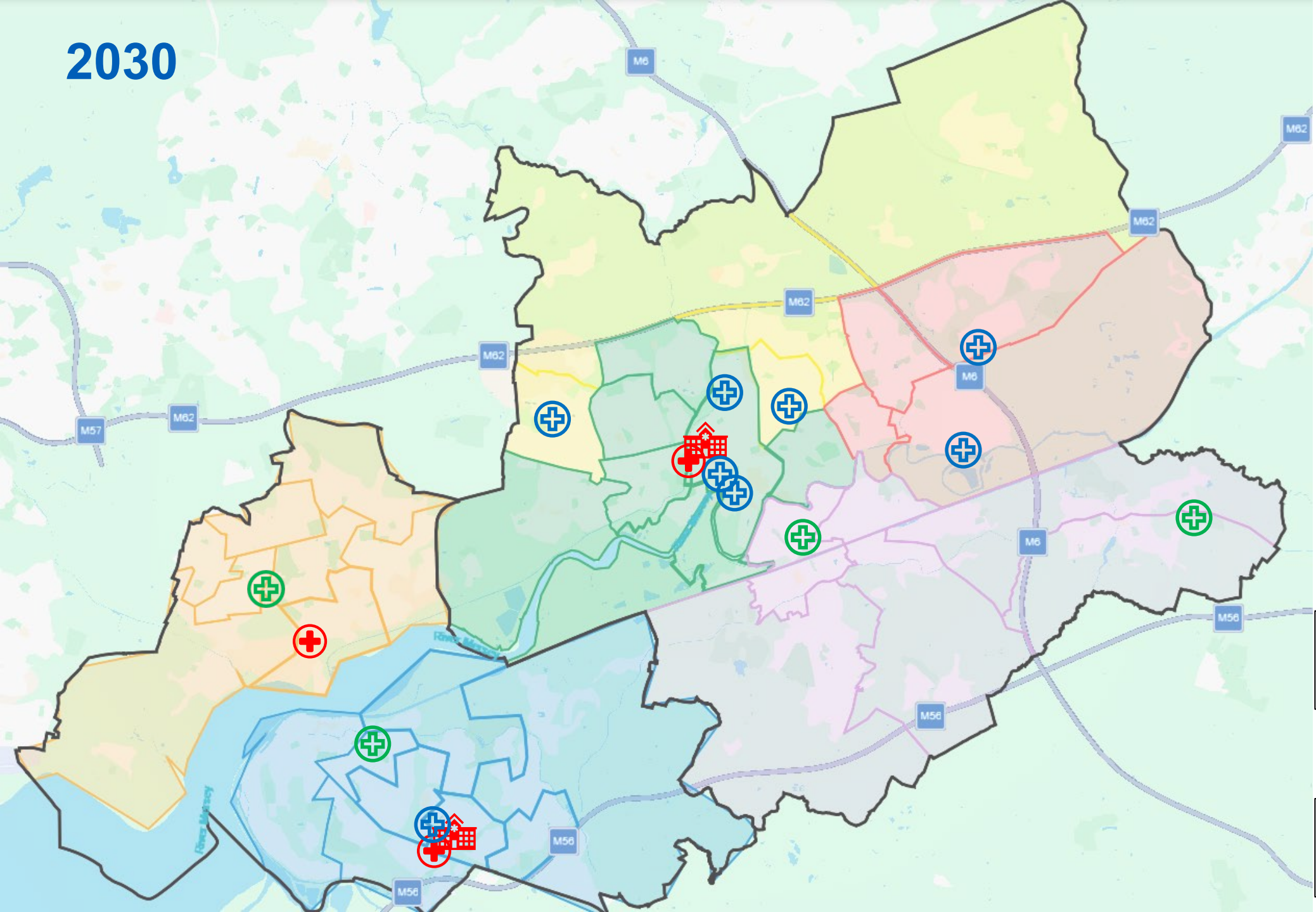
Improving outcomes through data, insight and continuous improvement.

Where next?

• Home • Community • Hospital

Caring for you

2030



Key

- Hospital site
- Urgent Treatment Centre
- Neighbourhood Health Centre/Hub (existing)
- Potential Neighbourhood Health Centre/Hub (new)

Care is digitally-enabled and virtual wherever possible and safe to do so

Services are designed and delivered in collaboration with other partners across our local Places and across Cheshire and Merseyside

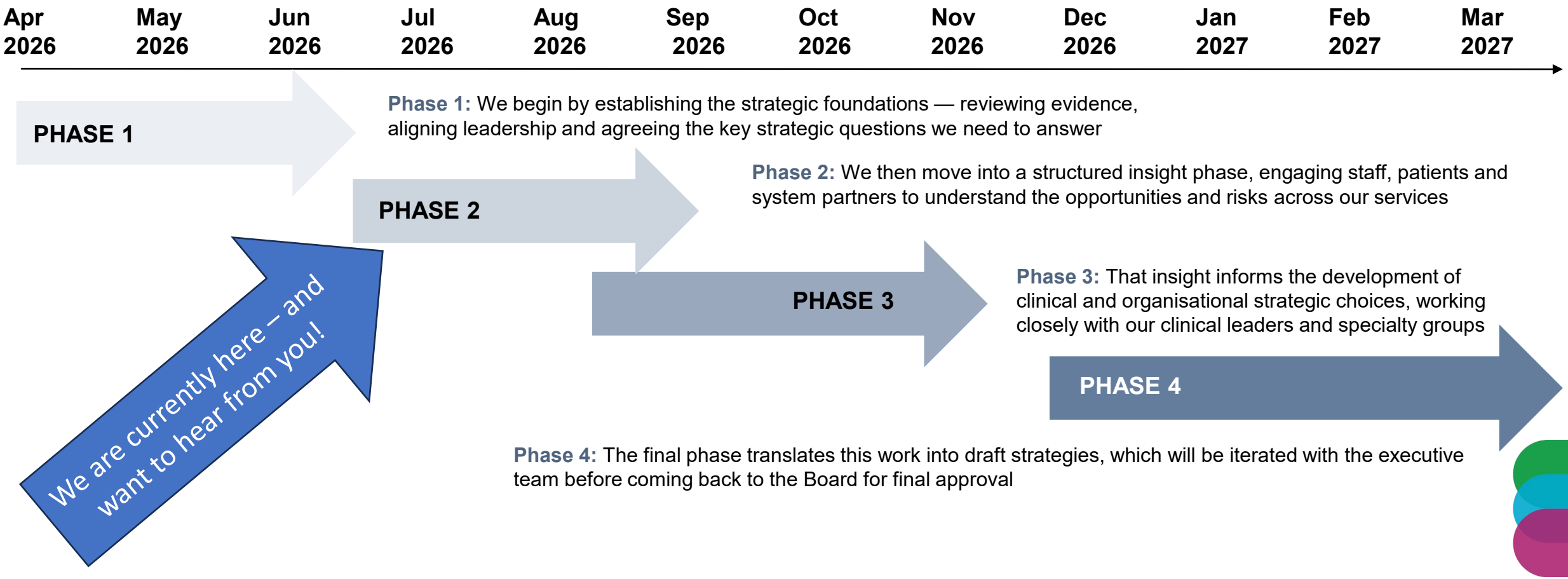
We support and promote early intervention through pro-active, targeted care for those at greatest risk

Engaging with our staff, our stakeholders, our patients and the public

• Home • Community • Hospital

Caring for you

Summary timescales for development of our new strategy



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 move into a structured insight phase, engaging staff, patients and system partners to understand the opportunities and risks across our services

Phase 3: That insight informs the development of clinical and organisational strategic choices, working closely with our clinical leaders and specialty groups

Phase 4: The final phase translates this work into draft strategies, which will be iterated with the executive team before coming back to the Board for final approval

Your voice matters

Help shape our strategy

We would like your views on…

1. What should be our biggest priorities over the next 5 years?

2. What should we protect and build further on?

3. What needs to change if we are to become the Trust we aspire to be?

Microsoft Forms link:

Your feedback will directly inform the development of the Trust Strategy

Survey open until 30th September 2026

A further update will be presented to Council of Governors following the completion of the clinical strategy sessions

North Cheshire and Mersey
NHS Foundation Trust

Council of Governors

Agenda reference:	**COG/26/08/029**			
Subject:	**Council of Governors Elections 2026**			
Date of meeting:	**13 August 2026**			
Action required:	To approve			
Author(s):	Emily Kelso, Head of corporate governance			
Executive director sponsor:	Andy Carter, Chair			
Equality considerations: (please select as appropriate)	Please indicate who is impacted by the equality considerations:	**Patients**	**Workforce**	**Public**
				✓
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	**Yes**	**No**	**N/A**
				✓
	Further Information / Comments:			
Executive summary:	The Governor Working Group met on 9 July 2026 to consider the future role of governors in the context of emerging national NHS governance reforms and to discuss options for the 2026 governor elections. National policy proposals indicate that Councils of Governors will be removed from future Foundation Trust legislation, although no changes are expected in the immediate term and the Council of Governors remains a statutory requirement. Recognising the uncertainty surrounding the future national framework, the Working Group considered three options for the 2026 elections: a full election process, a light-touch election process, or no elections. The Group concluded that not holding elections would not be constitutionally compliant, whilst a full election process may not be proportionate given the likelihood of future governance reform.			

<table>
<tr><td></td><td colspan="3">The Working Group therefore recommends a light-touch election approach for 2026. This approach would maintain constitutional compliance, preserve sufficient governor capacity and quorum, minimise administrative and financial burden, and provide flexibility to respond to any future legislative changes. The proposal is intended as a pragmatic transitional measure and does not diminish the importance of the governor role or the value governors bring to public accountability, engagement and oversight.

The Council of Governors is asked to endorse the Working Group's recommendation and support the development of an election plan aligned with the Trust Constitution and regulatory requirement</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 national policy context and potential future changes to Foundation Trust governance arrangements.
Note the options considered by the Governor Working Group.
Approve the Working Group's recommendation to proceed with a light-touch governor election process for 2026 – Option 1.</td></tr>
<tr><td rowspan="4">Previously considered by:</td><td>Committee</td><td colspan="2">Governor Working Group</td></tr>
<tr><td>Agenda Ref.</td><td colspan="2">1</td></tr>
<tr><td>Date of meeting</td><td colspan="2">9 July 2026</td></tr>
<tr><td>Summary of Outcome</td><td colspan="2">supported</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

On 9 July 2026, the Governor Working Group met to consider the future role of governors within the context of emerging national policy developments, including the NHS 10-Year Health Plan and the NHS Health Bill.

The discussion recognised the continued importance of governors within the Foundation Trust model. Governors provide a formal mechanism for public accountability, represent the interests of members, patients, staff and local communities, contribute to key appointments and hold Non-Executive Directors to account for the performance of the Board.

Whilst the Council of Governors remains a statutory requirement and continues to operate unchanged, national policy proposals indicate that future legislation may remove the requirement for Foundation Trusts to maintain Councils of Governors, whilst retaining expectations around patient, staff and community engagement.

The Working Group therefore considered how the Trust should approach the 2026 governor elections whilst maintaining constitutional compliance and preserving flexibility to respond to any future national reforms.

2. National Context

The NHS 10-Year Health Plan sets out a vision for a reinvigorated Foundation Trust model with greater provider autonomy, stronger local leadership and more flexible governance arrangements. The accompanying Government fact sheet indicates that the statutory requirement for Councils of Governors may be removed through future legislation.

Similarly, the NHS Health Bill, announced through the King's Speech 2026, proposes significant changes to NHS governance arrangements as part of a wider programme of simplification and modernisation. These reforms include consideration of how accountability, oversight and public voice are structured in the future.

Although no immediate changes are expected and the current statutory framework remains in place, there is a reasonable expectation that national arrangements may evolve over the coming years.

3. Consideration of Election Options

The Working Group, comprising four elected Governors (three Public Governors and one Staff Governor), reviewed three potential approaches to the 2026 Governor elections.

Option 1 – Light-Touch Elections
A light-touch election process would focus on maintaining the minimum number of elected governors required to ensure the Council remains quorate and able to discharge its statutory responsibilities. This approach would maintain governance capability whilst reducing the administrative and financial burden associated with a full election process during a period of national uncertainty.

The Working Group acknowledged that this option could be perceived as limiting democratic opportunity and would therefore require clear communication regarding the rationale and temporary nature of the approach.

Option 2 – Full Elections
A full election process would reinforce democratic legitimacy, maintain established arrangements and provide an opportunity to refresh governor membership. However, a full election cycle would require greater resource and may result in governors being elected into a governance model which is subject to significant national reform during their term of office.

Option 3 – No Elections
The Working Group concluded that not holding elections would not be consistent with the Trust Constitution and would result in a reduction in governor numbers when existing terms conclude. This would create risks to quorum, governance capacity and public confidence and was therefore not considered a viable option.

4. Working Group Recommendation

Following discussion, the Working Group supported the principle of a light-touch election process for 2026.

The Working Group considered that this represents the most proportionate and balanced response to the current circumstances because it:

- Maintains constitutional and statutory compliance.
- Preserves sufficient governor capacity to undertake governance responsibilities.
- Minimises administrative and financial burden.
- Avoids recruiting large numbers of governors into a governance framework that may be subject to significant national reform.
- Retains flexibility to respond to future legislative developments.
- Supports continuity and stability during a period of organisational and national transition.

The Working Group was clear that the proposal should not be interpreted as diminishing the value or importance of the governor role. Rather, it represents a pragmatic transitional approach that balances compliance, governance effectiveness and preparedness for future change.

5. Risks and Mitigations

The principal risk associated with a light-touch election process is that it could be perceived as reducing democratic participation or visibility of the governor role.
To mitigate this risk, the Trust will:

- Clearly communicate the rationale for the approach.
- Continue to support active governor engagement and development.
- Maintain all existing statutory duties and responsibilities of the Council of Governors.
- Keep the position under review as national policy develops.
- Ensure future proposals are brought back to governors for consideration through the appropriate governance routes.

6. Next Steps

Subject to Council endorsement, a detailed election plan will be developed, aligned with the Trust Constitution and regulatory requirements. The approach will be kept under review in light of national policy developments and any future legislative changes affecting Foundation Trust governance arrangements.

7. Recommendations

The Council of Governors is asked to:

- Note the national policy context and potential future changes to Foundation Trust governance arrangements.
- Note the options considered by the Governor Working Group.
- Approve the Working Group's recommendation to proceed with a light-touch governor election process for 2026 – **Option 1.**

North Cheshire and Mersey
NHS Foundation Trust

Council of Governors

Agenda reference:	**COG/26/08/031**			
Subject:	**Fit and Proper Persons Test - Annual Report on Board Members**			
Date of meeting:	19 August 2026			
Action required:	**To note the report**			
Author(s):	Emily Kelso, Head of Corporate Governance			
Link to strategic aim:	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.			
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 revised NHS England Fit and Proper Persons Test (FPPT) Framework came into effect on 30 September 2023. The framework strengthened arrangements for retaining individual director records, introduced core competencies for Board directors, strengthened reference requirements for departing directors and extended applicability to additional organisations, including NHS England and the Care Quality Commission. The purpose of this report is to provide assurance to the Council of Governors, for information only, that the annual FPPT process has been completed and that all Board members within scope continue to meet the Fit and Proper Persons requirements. The Audit Committee considered the annual FPPT position on 22 June 2026. The Annual NHS FPPT return was subsequently signed by the Chair and Senior			

	Independent Director and submitted successfully to the Regional Director, NHS England, by the required deadline of 30 June 2026. Governors are not asked to review the supporting assurance appendices; these were considered as part of the Audit Committee reporting process.		
Purpose: (please select as appropriate)	**Approval**	**To note** ✓	**Decision**
Recommendation:	The Council of Governors is asked to note that: • the Fit and Proper Persons Test has been conducted in accordance with the NHS England Fit and Proper Person Framework and the Leadership Competency Framework for Board Members; • the Trust can provide assurance that all current Board members within scope meet the FPPT requirements; and • the Annual NHS FPPT return was submitted to the Regional Director, NHS England, by the required deadline of 30 June 2026, following consideration by the Audit Committee on 22 June 2026.		
Previously considered by:	**Committee**	Audit Committee	
	Agenda Ref.	AC/26/06/038	
	Date of meeting	22 June 2026	
	Summary of Outcome	The Audit Committee reviewed and noted the annual FPPT position and supported submission of the return to NHS England.	
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 'fit and proper persons' test set out in Regulation 5 of the *Health and Social Care Act 2008 (Regulated Activities)* Regulations 2014 (referred to as the 2014 Regulations) came into force on 27 November 2014 and aimed at making sure those individuals who have authority in organisations that deliver care, are responsible for the overall quality and safety of that care, and can be held accountable if standards of care do not meet legal requirements.

In 2019, a government-commissioned review (the Kark Review) of the scope, operation, and purpose of the Fit and Proper Person Test (FPPT) was undertaken. In response to the recommendations in the Kark Review, NHS England developed the Fit and Proper Person Framework for board members to strengthen/reinforce individual accountability and transparency for board members.

The framework has introduced a means of retaining information relating to testing the requirements of the FPPT for individual directors, a set of standard competencies for all board directors, a new way of completing references with additional content whenever a director leaves an NHS board, and extension of the applicability to some other organisations, including NHS England and the CQC. This FPPT Framework came into effect from 30 September 2023.

The FPPT is carried out on an individual board member basis, and in the annual submission to the NHS England regional director, the chair will provide a declaration of the FPPT outcomes for the board using the NHS FPPT submission reporting template – Appendix 6 of the NHS England fit and proper person test framework for board members.

FPPT data fields have been developed in ESR which enables the FPPT assessment elements to be recorded, along with some high-level detail where appropriate.

The purpose of this paper is to provide assurance to the Council of Governors that all directors remain fit and proper for their roles and that the required evidence as per the NHS England Fit and Proper Persons Test Framework was submitted to the Regional Director NHS England, by the required deadline of 30 June 2026.

2. Key elements

The annual FPPT for Board members and their deputies has been undertaken in line with, the:

- Care Quality Commission (CQC) Fit and Proper Person Requirements (FPPR)
- NHS England Fit and Proper Person Test Framework for board members
- NHS Leadership Competency Framework for board members
- NCM Fit and proper persons policy

2.1 Scope

The Fit and Proper Person Framework applies to the board members of NHS organisations. Within the framework the term 'board member' is used to refer to:

- both executive directors and non-executive directors (NEDs), irrespective of voting rights
- interim (all contractual forms) as well as permanent appointments
- those individuals who are called 'directors' within Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 201

The Trusts Fit and Proper Person Policy specifies the scope as, all board appointments i.e., Executive and Non-Executive Directors. It also applies to those in a Deputy Director role, permanent, interim, irrespective of their voting rights and in addition; the Company Secretary and the Freedom to Speak Up Guardian.

2.3 Pre-Employment Checks

To confirm that an individual is of good character, the Trust undertakes pre-employment checks as determined by the NHS employment standards[1]. These include:

- Employment history:*
- Board Member Reference A standardised board member reference process will be followed (as detailed in the NHSE Fit and proper Person Framework and using the Board member Reference Template
- qualification and professional registration checks (the original for inspection and verification)
- right to work check
- proof of identity
- an appropriate DBS check (on a case-by-case basis and if they have a role that falls within the DBS eligibility criteria). Including date DBS received.
- search of insolvency and bankruptcy register
- disqualified directors check
- Disqualification from being a charity trustee check.
- Social Media check
- Medical Clearance Dated (including confirmation of OHA)
- Employment tribunal judgement check
- Disciplinary findings – That is, any upheld finding pursuant to any trust policies or procedures concerning employee behaviour, such as misconduct or mismanagement relevant to FPPT, this includes grievance (upheld) against the board member,

[1] NHS Employers Employment Check Standards, the Rehabilitation of Offenders Act (1974), guidance issued from the Disclosure and Barring Service (DBS), statutory guidance for Regulated Activity and Home Office

- whistleblowing claims against the board member (upheld) and employee behaviour upheld finding.
- Any ongoing and discontinued investigations relating to Disciplinary/ Grievance/Whistleblowing/Employee behaviour should also be recorded.
- Self-attestation form signed
- Sign-off by chair/CEO.
- NHS FPPT letter of confirmation submitted to the Regional Director NHS England (Appendix Five)

* Fields marked with an asterisk (*) – do not require validation as part of the annual FPPT unless a specific reason arises. However, these fields should still be updated in the event of a change to the information held.

2.4 Annual Review of Existing Directors

In line with the Fit and Proper Person Framework, the Trust is required to regularly review the fitness of directors to ensure that they remain fit for the roles they are in. The following processes take place annually:

- An audit of the retained evidence of documentation required as listed above
- Verification of the documentation completed for the director appraisals.
- A completed Declaration of Interest form (via Civica Declare[2])
- Self-attestation form signed to be completed as part of annual appraisal
- Sign-off by chair/CEO.
- An Annual NHS FPPT report will be submitted to the Regional Director NHS England

Each director is responsible for identifying any issues which may affect their ability to meet the statutory requirements and bringing these issues on an ongoing basis and without delay to the attention of the Trust Chair or the Company Secretary.

The above checks are overseen by the Chief People Officer & Company Secretary; evidence of the checks is documented on each of the individual's personal files and saved on ESR.

2.5 Reporting

The Fit and Proper Person's Requirements (FPPR) place ultimate responsibility on the Chair to ensure that all relevant post holders meet the required fitness criteria and do not fall under any of the 'unfit' categories.

[2] Civica Declare is the Trusts fully integrated end-to-end cloud governance software, enabling declarations of interest to be captured and published, Declarations are publicly available on the Trusts Website.

In line with this, the Trust was required to submit its annual NHS FPPR report to the Regional Director of NHS England by 30 June 2026. The report was presented to the Audit Committee on **22 June 2026**, where it received approval for submission.

The final report was duly signed by both the Chair and the Senior Independent Director, confirming that all NCM Board members meet the FPPR standards. It also affirms that supporting evidence has been retained on the Electronic Staff Record (ESR) system.

3. Conclusion

Pre-employment and annual checks have been completed for all Trust Board members and individuals within the scope of the Fit and Proper Persons Policy. These checks were overseen by the Chief People Officer and the Company Secretary.

Evidence of compliance has been documented in each individual's personal file and securely stored on the Electronic Staff Record (ESR) system.

The NHS Fit and Proper Person Test (FPPT) submission template was completed and submitted to the NHSE Regional Director by the 30 June 2026 deadline.

4. Recommendations

The Council of Governors is asked to note that:

- the Fit and Proper Persons Test has been conducted in accordance with the NHS England Fit and Proper Person Framework and the Leadership Competency Framework for Board Members;
- the Trust can provide assurance that all current Board members within scope meet the FPPT requirements; and
- the Annual NHS FPPT return was submitted successfully to the Regional Director, NHS England, by the required deadline of 30 June 2026, following consideration by the Audit Committee on 22 June 2026.

North Cheshire and Mersey
NHS Foundation Trust

Council of Governors

Agenda reference:	**COG/26/08/032**			
Subject:	Annual Reports and Accounts 2025/26 Annual Members Meeting 2026			
Date of meeting:	19 August 2026			
Action required:	**To note the report**			
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 Trust is required under the NHS Act 2006 to hold an Annual Members' Meeting (AMM) within nine months of the financial year end. The 2026 Annual Members' Meeting is proposed to take place on **Wednesday 7 October 2026**, from **3.30pm to 4.30pm**, in the **Education Centre at Halton Hospital**, immediately following the public Trust Board meeting. The meeting will provide an opportunity for the Board of Directors and Council of Governors to present the Annual Report and Accounts, reflect on organisational performance, outline plans for the year ahead, and report on governor and membership activities. Members of the public, Foundation Trust members, governors and staff will be invited to attend and participate in a question-and-answer session.			

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">Notice of the meeting has been published on the Trust website and will be communicated to members through the August edition of Membership Matters, ensuring compliance with the requirements set out within the Trust Constitution.

The Council of Governors is asked to note the proposed arrangements for the 2026 Annual Members' Meeting, which have been supported by the Governor Engagement Group.</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 arrangements for the 2026 Annual Members' Meeting, as supported by the Governor Engagement Group.</td></tr>
<tr><td rowspan="4">Previously considered by:</td><td>Committee</td><td colspan="2">Governor Engagement Group</td></tr>
<tr><td>Agenda Ref.</td><td colspan="2">GEG/26/06/038</td></tr>
<tr><td>Date of meeting</td><td colspan="2">30 July 2026</td></tr>
<tr><td>Summary of Outcome</td><td colspan="2">Supported</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

Under Schedule 7, Paragraph 26 of the NHS Act 2006, NHS foundation trusts are required to prepare an Annual Report.

The Trust has produced its Annual Report in accordance with the NHS Foundation Trust Annual Reporting Manual (FT ARM 2025/26), which sets out the statutory requirements, accounts direction and reporting framework for foundation trusts.

The Warrington and Halton Hospitals NHS Foundation Trust Annual Report and Accounts for 2025/26 was successfully laid before Parliament on 8 July 2026 and is available on the Trust website. HERE

The Trust is also required to hold an Annual Members' Meeting (AMM) within nine months of the end of each financial year. The AMM provides an opportunity for the Board of Directors to present the annual accounts, reflect on organisational performance during the previous year and outline key priorities and plans for the year ahead.

Governors will provide an update on their activities during 2025/26 and present the Membership Report. Members and attendees will have the opportunity to ask questions on the information presented.

2. Key elements

2.1 Venue

The Annual Members' Meeting will be held in the Education Centre at Halton Hospital.

The venue provides suitable facilities for governors, members, patients, staff and members of the public to attend and participate in the meeting.

2.2 Date and Time

The Annual Members' Meeting will take place on **Wednesday 7 October 2026**, from **3.30pm to 4.30pm**, immediately following the public Trust Board meeting.

Scheduling the meeting directly after the Board meeting will maximise the availability of directors and governors and provide members with the opportunity to attend both events, supporting greater engagement with the Trust's governance arrangements.

2.3 Content and Presenters

In accordance with Section 9.5 of the Trust Constitution, presentations will be delivered by the Chair, Chief Executive and Lead Governor on behalf of the Board of Directors and Council of Governors.

The meeting will include:

Chair and Chief Executive - Board of Directors

- Annual Accounts.
- Reports from the external financial auditor and any other external auditors.
- Forward planning information for the forthcoming financial year.

Lead Governor - Council of Governors

- A report on actions taken to ensure the Public and Staff Constituencies remain representative of those eligible for membership.
- Progress against the Membership Strategy.
- Any proposed changes to the composition of the Council of Governors or Non-Executive Directors.

In addition, the results of any governor elections and appointments, together with the appointment of Non-Executive Directors, will be announced.

2.4 Notice of the Annual Members' Meeting

Notice of the Annual Members' Meeting has been published on the Trust website:

North Cheshire and Mersey NHS Foundation Trust - Annual Members' Meeting (AMM) 2026

Members will also be notified through the August edition of the Foundation Trust member newsletter, ***Membership Matters*.**

These arrangements comply with Section 9.6 of the Trust Constitution, which requires notice to be:

- Issued to all members.
- Displayed prominently at the Trust's headquarters and places of business.
- Published on the Trust website.
- Provided to the Council of Governors, Board of Directors and external auditor.

Notice must be given at least 14 clear days before the meeting and include the time, date, venue and business to be conducted.

3. Recommendations

The Council of Governors is asked to note the arrangements for the 2026 Annual Members' Meeting, as supported by the Governor Engagement Group.