

Trust Board Meeting (Public)

To be held at 09.30 on Wednesday 29 April 2026
Boardroom, Level 5, Whiston Hospital / MS Teams Meeting

Time	Reference No	Agenda Item	Paper	Presenter
Preliminary Business				
09.30	1.	Chair's Welcome and Note of Apologies <i>Purpose: To record apologies for absence and confirm the meeting is quorate</i>	Verbal	Chair (5 mins)
09.35	2.	Employee of the Month (April 2026) <i>Purpose: To note the Employee of the Month presentation for April 2026</i>	Presentation	Chair (10 mins)
09.45	3.	Declaration of Interests <i>Purpose: To record any Declarations of Interest relating to items on the agenda</i>	Verbal	Chair (5 mins)
	4.	TB26/025 Minutes of the previous meeting <i>Purpose: To approve the minutes of the meeting held on 25 March 2026</i>	Report	
	5.	TB26/026 Matters Arising and Action Logs <i>Purpose: To consider any matters arising not included anywhere on agenda, review outstanding and approve completed actions</i>	Report	
Performance Reports				
09.50	6.	TB26/027 Integrated Performance Report 6.1. Quality Indicators 6.2. Operational Indicators 6.3. Workforce Indicators 6.4. Financial Indicators <i>Purpose: To note the Integrated Performance Report</i>	Report	S O'Brien / S Dowson G Lawrence obo L Neary M Szpakowska G Lawrence (20 mins)
Committee Assurance Reports				
10.10	7.	TB26/028 Committee Assurance Reports	Report	

		7.1. Executive Committee 7.2. Audit Committee 7.3. Charitable Funds Committee 7.4. Quality Committee 7.5. Strategic People Committee 7.6. Finance and Performance Committee <i>Purpose: To note the Committee Assurance Reports</i>		R Cooper S Connor S Connor G Brown C Spencer obo L Knight C Spencer (35 mins)
Other Board Reports				
10.45	8.	TB26/029 Corporate Risk Register <i>Purpose: To note the Corporate Risk Register</i>	Report	S O'Brien (10 mins)
10.55	9.	TB26/030 Board Assurance Framework <i>Purpose: To approve the Board Assurance Framework</i>	Report	R Cooper (10 mins)
11.05	10.	TB26/031 MWL Health Inequalities Strategy Annual Progress Review <i>Purpose: To note the MWL Health Inequalities Strategy Annual Progress Review</i>	Report	R Cooper (W Longshaw in attendance) (20 mins)
Concluding Business				
11.25	11.	Effectiveness of Meeting	Verbal	Chair (5 mins)
11.30	12.	Any Other Business <i>Purpose: To note any urgent business not included on the agenda</i>	Verbal	Chair (5 mins)
		Date and time of next meeting: Wednesday 27 May 2026 at 09:30		11.35 close
10 minutes break				

Chair: Steve Rumbelow

The Board meeting is held in public and can be attended by members of the public to observe but is not a public meeting. Any questions for the Board may be submitted to Juanita.wallace@merseywestlancs.nhs.uk 48 hrs in advance of the meeting.

Title of Meeting	Trust Board	Date	29 April 2026
Agenda Item	TB26/000		
Report Title	Employee of the Month (April 2026)		
Executive Lead	Steve Rumbelow, Chair		
Presenting Officer	Steve Rumbelow, Chair		
Action Required		To Approve	X To Note
Purpose			
To note the Employee of the Month winner for April 2026.			
Executive Summary			
<p>The Employee of the Month winner for April 2026 is Andrew Healey, Equality, Diversity and Inclusion (EDI) Manager. He was nominated by Lynne Barnes, Deputy Chief Nurse</p> <p>Andrew joined the Trust in 2022 and is described as energetic, passionate, a ‘go to person’ and someone with a real appetite to do more. He plays an important role in shaping and driving MWL’s EDI agenda, ensuring that inclusion is embedded not only in our policies, but in the everyday experiences of our staff and patients.</p> <p>Andrew was nominated following the fantastic success of MWL’s very first LGBT+ Conference, which he led from concept to delivery. The event brought colleagues together to learn, reflect and strengthen how we care for both our staff and patients from the LGBT+ community. The feedback speaks for itself, with attendees describing it as <i>“an excellent and thought-provoking day”</i> and <i>“a powerful and impactful conference with a great mix of patient and workforce focus. The balance between lived experiences and evidence-based data made the event deeply moving”</i>.</p> <p>The conference has already inspired plans for future events across our Building a Multicultural Environment and Abilities@MWL networks, demonstrating the impact of Andrew’s work.</p> <p>Beyond this achievement, Andrew is a key champion for the Trust’s Staff Networks, working closely with colleagues so they feel supported, empowered and able to influence real change. His ability to create safe, inclusive spaces has strengthened our networks and helped build a workplace where everyone feels valued.</p> <p>He has also worked on the creation of our Reasonable Adjustments Passport, giving colleagues a clear and consistent way to record and communicate their requirements. This work has reduced barriers, ensured support follows staff throughout their employment and created a simpler, more holistic approach to accessing the adjustments they need.</p> <p>Thank you Andrew for your passion, leadership and unwavering commitment to inclusion. You make a meaningful difference every day and make MWL a better place for all of us. Please accept your certificate and wear your badge with pride, congratulations!</p>			
Financial Implications			
Not applicable			
Quality and/or Equality Impact			

Not applicable	
Recommendations	
The Board is asked to note the Employee of the Month winner.	
Strategic Objectives	
	SO1 5 Star Patient Care – Care
	SO2 5 Star Patient Care - Safety
	SO3 5 Star Patient Care – Pathways
	SO4 5 Star Patient Care – Communication
	SO5 5 Star Patient Care - Systems
X	SO6 Developing Organisation Culture and Supporting our Workforce
	SO7 Operational Performance
	SO8 Financial Performance, Efficiency and Productivity
	SO9 Strategic Plans

Minutes of the Trust Board Meeting
Boardroom, Level 5, Whiston Hospital / on Microsoft Teams
Wednesday 25 March 2026

(Approved at Trust Board on Wednesday 29 April 2026)

Name	Initials	Title
Steve Rumbelow	SR	Chair
Gill Brown	GB	Non-Executive Director and Deputy Chair
Anne-Marie Stretch	AMS	Deputy Chief Executive
Khalid Anis	KA	Associate Non-Executive Director
Nicola Bunce	NB	Director of Corporate Services
Steve Connor	SC	Non-Executive Director
Neil Fletcher	NF	Associate Non-Executive Director
Neil French	NFr	Non-Executive Director
Malcolm Gandy	MG	Director of Informatics
Lisa Knight	LK	Non-Executive Director
Gareth Lawrence	GL	Chief Finance Officer
Lesley Neary	LN	Chief Operating Officer
Sarah O'Brien	SO	Chief Nursing Officer
Carole Spencer	CS	Non-Executive Director
Malise Szpakowska	MS	Chief People Officer

In Attendance

Name	Initials	Title
Caroline Flynn	CFM	Macmillan Information and Support Service Manager (Agenda Item 2 via MS Teams)
Elsie Hayford	EH	Shadow Non-Executive Director (via MS Teams)
Yvonne Mahambrey	YM	Quality Matron, Patient Experience (Agenda Item 2 via MS Teams)
Simon Regan	SRe	Designate Director of Corporate Services (Observer via MS Teams)
Juanita Wallace	JW	Executive Assistant (Minute Taker via MS Teams)
Richard Weeks	RW	Corporate Governance Manager
Marie Wright	MW	Halton Council Representative (Stakeholder Representative) (via MS Teams)

Apologies

Name	Initials	Title
Rob Cooper	RC	Chief Executive
Simon Dowson	SD	Chief Medical Officer
Mini Singh	MSi	Non-Executive Director

Agenda Item	Description
Preliminary Business	
1.	Employee of the Month
	<p>1.1. The Employee of the Month for March 2026 was Alison Grice (AG), Health Care Assistant, Newton Community Hospital.</p> <p>1.2. SR read out the citation for AG and AMS presented the Employee of the Month certificate and pin badge.</p> <p>RESOLVED: The Board noted Employee of the Month for March 2026 and congratulated the winner.</p>
2.	Patient Story
	<p><i>(YM and CF joined the meeting)</i></p> <p>2.1. SR welcomed YM and CF to the meeting.</p> <p>2.2. YM introduced the Patient Story video which showcased Fatemeh's Story. The video highlighted the experience of family-centred support available at the Trust for patients diagnosed with Cancer. Fatemeh had been diagnosed with cancer in 2025 and had attended the Macmillan Cancer Support Centre at St Helens Hospital. Fatemeh had many anxieties about the impact of her diagnosis including on her family and in particular her two young children, however, being able to talk through these worries had given Fatemeh the confidence to be able to tell her children and support them.</p> <p>2.3. YN reported that following a successful application, the MWL NHS Charity had funded the making of the film about Fatemeh's Story that could be used as an information resource for patients and staff. It was noted that this would also be shared nationally.</p> <p>2.4. SR commented that a film such as this could be incredibly helpful to many other parents in a similar situation. MW also commented that she had found the film very moving and felt it would be helpful to other parents in the same situation.</p> <p>2.5. YM thanked the Trust Media and Communications Team whose efforts had been integral to the success of the project. YM advised that the Trust was collaborating with the Ruth Strauss Foundation, who would be providing training to 40 Clinical Nurse Specialists and Advanced Nurse Practitioners. The Foundation's mission was to help parents have meaningful conversations with their children and to educate staff to better support cancer patients, as well as those facing life-limiting cardiac or respiratory conditions. Plans were underway to host the video on a platform where both patients and</p>

	<p>professionals could easily access it, thereby integrating it effectively into staff training programmes.</p> <p>2.6. SR thanked YM and CF for presenting the Patient Story and commended the approach to sharing information to support patients dealing with difficult circumstances due to medical conditions and illness. CF agreed that parents were understandably anxious about discussing serious illness with their children, as they wanted to protect them, and anything that could be done to provide them with information and support would help lessen these anxieties.</p> <p>RESOLVED: The Board noted the Patient Story <i>(YM and CF left the meeting)</i></p>
<p>3.</p>	<p>Chair's Welcome and Note of Apologies</p>
	<p>3.1. SR welcomed all to the meeting and in particular welcomed SRe who was observing the meeting, ahead of taking up post as the new Director of Corporate Services in June.</p> <p>3.2. SR advised that MSi had been appointed as a Non-Executive Director but unfortunately had to send her apologies for the meeting.</p> <p>3.3. It was noted that RC was attending a national meeting with the Secretary of State for Health and Social Care, which had been arranged at short notice and had also tendered his apologies.</p> <p>3.4. SR reported that MW had extended her gratitude for the care that her sister had received at Whiston Hospital and her praise for the staff on Ward 2D. SR and MW had agreed that her sister's experience should be a future Patient Story. SR, on behalf of the Board, extended best wishes for her ongoing recovery.</p> <p>Apologies for absence were noted as detailed above</p>
<p>4.</p>	<p>Declaration of Interests</p>
	<p>4.1. There were no new declarations of interests made in relation to the meeting agenda items.</p>
<p>5.</p>	<p>TB26/016 Minutes of the previous meeting</p>
	<p>5.1. The meeting reviewed the minutes of the meeting held on 25 February 2026 and approved them as a correct and accurate record of proceedings.</p> <p>RESOLVED:</p>

	The Board approved the minutes from the meeting held on 25 February 2026
6.	TB26/017 Matters Arising and Action Logs
	<p>6.1. The meeting considered the updates to the Action Log, which reflected the progress made in discharging outstanding and agreed actions.</p> <p>6.2. The following actions were closed:</p> <p>6.2.1. Action Log number 26 (TB25/087 Integrated Performance Report 7.1 Quality Indicators) – a high level review of how we learn from incidents had been completed and a summary was to be presented as part of the Patient Safety Incident Investigation report at Closed Board. The embedding of learning was ongoing across Trust. Action closed.</p> <p>6.3. There were no other outstanding actions.</p> <p>RESOLVED: The Board approved the action log</p>
Performance Reports	
7.	TB26/018 Integrated Performance Report
	The Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL) Integrated Performance Report (IPR) for February 2026 was presented.
7.1.	Quality Indicators
	<p>7.1.1. SO presented the Quality Indicators. SO highlighted the following:</p> <ul style="list-style-type: none"> • Infection, Prevention and Control (IPC) continued to be a significant challenge, and the Trust was above the NHS England (NHSE) threshold, however, the Trust was not an outlier in Cheshire and Merseyside (C&M). • There had been seven cases of Clostridioides difficile (C.Diff) (six hospital onset healthcare associated (HOHA) infections and one community onset healthcare associated (COHA) infection) reported in January 2026 with 90 healthcare associated cases year to date (YTD). • One Never Event (wrong size implant used for hip replacement) had been reported in February and SO advised that a deep dive into recent Never Events was being presented to the Quality Committee in July. SO reported that a targeted learning event had been held with the Surgical Division and external support was being considered. SO assured the Board that ongoing efforts remained focused on preventing further Never Events. • Complaints responses within 60 days performance was 63.3% (target 80%) and complaint response times remained a challenge across the organisation and discussions with the Complaints Team would take place to explore different ways to improve it.

	<p>7.1.2. GB asked whether the complaints response times was a national issue and was there any benchmarking against other trusts. SO responded that, whilst she was not aware of any formally reported benchmarking, this could be undertaken informally with local trusts, and anecdotally she was aware that many other trusts also struggled to achieve timely response times.</p> <p>Action: SO to explore the possibility of conducting informal benchmarking of complaint response times against other C&M trusts. BY: April 2026</p>
7.2.	<p>Operational Indicators</p>
	<p>7.2.1. LN presented the operational indicators and highlighted the following:</p> <p><u>Urgent and Emergency Activity</u></p> <p>7.2.2. The Trust 4-hour mapped waiting time performance for February was 77.2% (2025/26 YTD 78.1%) against the 78% interim national target. This compared to 74.1% nationally and 71.6% for C&M. LN advised that the Trust was forecast to achieve the 78% national target for the 2025/26 year.</p> <p>7.2.3. In February 73.1% of ambulance handovers were completed within the 45-minute target compared to 61.6% in January, (target 100% and YTD performance 81.7%).</p> <p>7.2.4. Bed occupancy in February had been 106.6% (equating to an average of an additional 110 patients above the number of available beds). This included patients in General and Accident (GA) beds, escalation areas and those waiting for admission in the Emergency Department (ED).</p> <p>7.2.5. Non Criteria to Reside (NCTR) patients were 22.7% in February (21.7% in January) (YTD 21.2%). This had been highest on the Southport and Ormskirk Hospital sites and had been impacted by the ongoing IPC outbreaks, which meant patients could not be discharged back to nursing and care homes from outbreak wards, even when they were medically fit to do so.</p> <p>7.2.6. LN advised that an action plan, aimed at eliminating corridor care had been developed. LN reported that both she and RC had participated in a system Winter Workshop to review the previous winter's outcomes and to prepare the Trust's response for winter 2026/27. A Trust winter summit had also been held on 13 March, and had included representation from medicine and urgent care, surgical care, therapy teams, diagnostics, radiology, pathology as well as estates and facilities. The inclusion of these departments was essential, as effectively addressing corridor care required a collaborative, Trust-wide strategy. This diverse group had facilitated meaningful discussions, resulting in actionable steps, and this action plan was due to be discussed at the Executive Committee.</p> <p><u>Elective Care</u></p> <p>7.2.7. The 18-week Referral to Treatment (RTT) performance had been 63.4% in February. This compared to 60.8% nationally and 58.8% for C&M.</p>

	<p>7.2.8. There were zero 65-week breaches at the end of February.</p> <p>7.2.9. 52-week breaches had decreased to 1,285 (1,455 in January 2026).</p> <p><u>Cancer Services</u></p> <p>7.2.10. Performance against the 62-day cancer target had deteriorated to 78.4% in January compared to 80.3% in December 2025 (target 85%). This compared to 68.4% nationally and 71.1% for C&M.</p> <p>7.2.11. Performance against the 28-day cancer target had deteriorated to 74.9% in January compared to 77% in December (target 77%). This compared to 72.8% nationally and 71.6% for C&M.</p> <p>7.2.12. Work had been undertaken to recover the position and LN advised that she was assured the improvement trajectory had been restored in February.</p> <p>7.2.13. LN noted that previously there had been significant variation in performance between Trust sites and was able to assure the Board that performance improvements meant that there was now more uniformity across the Trust, which was performing above C&M and national levels.</p> <p>7.2.14. GB reflected on the narrative included in the IPR regarding the closure of beds and wards and commented that it would be helpful to include the reasons for these closures. LN clarified that the bed closures were mainly due to norovirus outbreaks and noted that seven out of nine wards at Southport Hospital had been closed to new admissions. The source had been a community outbreak.</p> <p>7.2.15. SR reflected on the Trust’s approach to the winter review and noted that trusts alone could not eliminate corridor care or the pressures on bed occupancy and this issue needed a whole system approach. SR noted that the use of language played a significant role in shaping perceptions: while national conversations referred to 4-hour and 12-hour waits, treatment in an ED within 4 hours remained the constitutional standard properly called the “4-hour standard of care”, and MWL needed to continue to focus on what was best and safest for patients.</p> <p>7.2.16. AMS reflected on the system winter workshop and asked whether all relevant stakeholders, including primary care, community services and representatives from the local authorities, had attended. LN confirmed that all these stakeholders had been in attendance. LN noted that all parties had recognised that if 20% of acute beds remained occupied by NCTR patients it would be difficult to eliminate corridor care, and that every part of the system would need to play a role in ensuring patients were being cared for or supported in the most appropriate setting for their needs.</p> <p>7.2.17. GB asked whether care homes and nursing homes had been invited to the summit and LN confirmed that this sector was represented by the Local Authorities who commissioned Care Home and Nursing home beds.</p>
7.3.	Workforce Indicators

	<p>7.3.1. MS presented the Workforce Indicators and highlighted the following:</p> <ul style="list-style-type: none"> • The compliance rate for appraisals was 90.2% (target 85%). The new appraisal window for 2026/27 would open in May following the launch of the 2026/27 Trust Objectives at the STAR Leadership Conference on 20 April. MS advised that it was expected there would be a deterioration in performance initially, as the new appraisal year started. • The compliance rate for mandatory training was 89.3% (target 85%). There were some subjects that remained below target compliance, which were the focus of enhanced scrutiny via the Executive Committee monthly reports. • Sickness absence had been 7.1% in February compared to 7.5% in January (target 5%). The three main reasons for sickness absence remained anxiety, stress and depression, coughs, colds and flu, and gastrointestinal illness. An Absence Taskforce had been established in December, to focus on areas with the highest levels of sickness absence. Led by the Assistant Director of Organisational Development and the Assistant Director of Health, Work and Wellbeing (HWWB), the taskforce would take a multidisciplinary team approach. There would be a focus on behaviour support, leadership and ongoing development. Six hotspot areas had been identified which were characterised by high levels of long-term and mental health-related sickness, short-term absences and the inconsistent application of the attendance management processes and staff engagement. A comprehensive action plan had been presented to the Executive Committee, with a commitment that, after the Task Force concluded its work in June, the recommendations would be submitted for rollout across the Trust. • In-month staff turnover had decreased to 0.6% (target 1.1%) and MS noted that this had been incorrectly noted in the report as 0.7%. • The average Time to Hire was 49.4 days in February (target 40 days) which was an improvement from 58.7 days in January. This metric would be included in the 2026/27 IPR. <p>7.3.2. GB commended the deep dive approach into the areas with the highest sickness absence and hoped this would yield valuable insights that could be applied across the Trust.</p>
7.4.	Financial Indicators
	<p>7.4.1. GL presented the financial performance indicators and reminded the Board that the Trust had set a deficit plan of £10.7m for 2025/26, however, this would have been a £41m deficit plan if £30m of deficit support funding was excluded. It was noted that the Trust had now received the deficit support funding for the first time since Q1. The plan had assumed £27m of system led and strategic cost reduction opportunities, as well as a recurrent internal Cost Improvement Programme (CIP) of £48.2m (5%).</p> <p>7.4.2. At month 11, the Trust was reporting a £20.3m deficit and if deficit support funding was excluded the adjusted position was a £48m deficit, which was</p>

	<p>£10.7m ahead of plan. The Trust was forecasting to deliver the 2025/26 financial plan, however, there was significant work to be completed in M12 to address the remaining gap including non-recurrent mitigations to deliver the final year end position.</p> <p>7.4.3. GL highlighted the following:</p> <ul style="list-style-type: none"> • Agency spend had continued to reduce and was 2% of total pay spend. • The Trust had successfully delivered £45.6m of CIP YTD against a full year plan of £48.2m (£1.7m ahead of plan) and was forecasting delivery of the full programme. • The Trust was on target for delivering a capital programme of £64.6m by 31 March 2026. <p>7.4.4. SR commented that despite a challenging operating environment the Trust had delivered on its commitments. SR thanked GL, the finance team and the wider Trust for their commitment to delivering the financial plan.</p> <p>RESOLVED: The Board noted the Integrated Performance Report.</p>
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Committee Assurance Reports

8.	TB26/019 Committee Assurance Reports
8.1.	Executive Committee
	<p>8.1.1. AMS, on behalf of RC, presented the Executive Committee Assurance report for the meetings held in February 2026 and noted that a Board Away Day had taken place on 26 February, which meant there were three meetings reported.</p> <p>8.1.2. Bank or agency staff requests that breached the NHS England (NHSE) cost thresholds were reviewed at each meeting, and the Chief Executive’s authorisation recorded. Reports from the weekly vacancy control panel were also presented at every meeting.</p> <p>8.1.3. The Committee had received the regular monthly assurance reports for:</p> <ul style="list-style-type: none"> • Nurse Safer Staffing • Risk Management Council • Financial Improvement Group <p>8.1.4. AMS highlighted the following items from the report:</p> <ul style="list-style-type: none"> • The Committee had approved the use of resources within budget to address the backlog in scanning health care records into the Electronic Patients Record (EPR) system. The scanning of these records had been prioritised as a temporary measure to ensure that clinicians had timely access to up to date patient information. The backlog was due to staff turnover and the end of fixed term contracts. Additionally, more staff were due to leave the service at the end of the financial year, which was expected to further impact performance, without remedial action.

	<ul style="list-style-type: none"> • The Committee had received an update on the review that had been undertaken by the Surgical Division following a patient incident in Ophthalmology in which a missed follow-up had resulted in patient harm. Following the review, several patients had been identified for further verification regarding their follow-ups and receipt of results. Regular updates would be presented to Executive Committee, and this had also been reported at Quality Committee. Additionally, it had been agreed that the process would be independently audited to provide further assurance that the new pathways would prevent a re-occurrence of the issue. • The Committee had received the Never Events review, and actions had been initiated. These included: <ul style="list-style-type: none"> ○ a review of all current checklists, guidance and pathways for invasive procedures by the newly created Invasive Procedure Group ○ The re-introduction of Stop Before You Block and HALT procedures via awareness raising events ○ The development of a human factors educational package ○ Observational insight visits. <p>Updates on progress in delivering the action plan would be reported on a regular basis.</p> • The date for implementation of Badgernet had been confirmed for 03 November 2026. • The Committee had received the Southport Hospital Bed Reconfiguration report which outlined the final plans to reconfigure the bed base at Southport Hospital to increase surgical beds to create step down capacity at Ormskirk Hospital which would also deliver decant capacity to enable the ward refurbishment programme to start. • The Committee had received the National Training Survey Action Plan which provided an update on the actions taken following the concerns raised by the General Medical Council (GMC) and NHSE about the results of the 2025 GMC National Training Survey for Southport Hospital. Action plans had been developed and submitted to the GMC and NHSE for each speciality where scores had been below the national average. • The Committee had received the Procedural Documents Quarterly report which reported progress in the review and harmonisation of policies and procedures across the legacy organisations. It was noted that, whilst progress had been made, a significant number of documents still needed to be harmonised. SO was reviewing processes used by other trusts to identify alternative approaches that could be adopted. • The Committee had been updated on the NHSE Regional Midwifery Team visit on 18 February which had also been attended by the Local Maternity and Neonatal System (LMNS) and Integrated Care Board (ICB) colleagues. The Regional team would issue a formal feedback letter; however, initial feedback received following the visit had been positive. There had also been support for the on-going work to develop a single MWL maternity service.
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	<p>8.1.5. The Committee had approved the following investments during February 2026:</p> <ul style="list-style-type: none"> • Consultant Paediatrician Business Case – approval for the recruitment of an additional Paediatric Consultant who specialised in cardiology to create additional capacity to reduce waiting lists and waiting times as well as to create more resilience for a historically fragile service. <p>8.1.6. The Committee escalated to the Board that several Never Events had been identified over recent months and assured that work was underway to address any common issues and share learning Trust wide.</p> <p>8.1.7. NF reflected on the backlog in scanning of health care records and asked about the continued use of paper-based record keeping despite the advances in digital systems. MG responded that despite the ongoing efforts to eliminate paper-based processes and transition to an entirely digital workflow, some processes remained paper based and required scanning into the patient record by the Health Records team to make them electronically available to clinicians.</p> <p>8.1.8. SR commented that it would be helpful for the Board to be cited on the programme of work to become paper less and proposed that this information was shared outside of the meeting. MG agreed but also noted the importance of staff consistently adhering to digitised procedures once they were established, instead of reverting to paper processes, for example printing documents for scanning, which increased workload and noted that behavioural change was the main challenge in the adoption of new digital systems. Action: MG to share the Paper Free Work programme. BY: May 2026</p> <p>8.1.9. SR reflected on the importance of investing adequate time, effort and resources to support on an on-going basis staff members adopting new systems and commented that as the Trust prepared for the implementation of a new EPR system, it would be important for the Board to remain focussed on this.</p> <p>8.1.10. NFr reflected on the importance of ensuring that scanned documents were digitally searchable and asked if there were any ongoing initiatives to use Artificial Intelligence (AI) to convert these documents into a more usable format for the electronic document management system. MG responded that the current electronic document management solution provided comprehensive search capabilities. AMS commented that she had observed a demonstration of the system and had found it user-friendly, with the contents of the patient record organised into chapters which improved the ease of use for the clinicians.</p> <p>The remainder of the report was noted.</p>
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8.2.	Quality Committee
	<p>8.2.1. GB presented the Quality Committee Assurance Report for the meeting held on 16 March 2026, noting the key quality performance indicators had already been discussed earlier in the meeting.</p> <p>8.2.2. GB highlighted the following points from the report: <u>Quality Committee Performance Report</u></p> <p>8.2.3. The Committee had discussed the series of Never Events reported during 2025/26 and it was noted that following a deep dive, a report would be presented to the Committee in July to provide assurance of the learning and actions taken to reduce the risk of further never events</p> <p>8.2.4. Complaints performance remained an area of focus.</p> <p>8.2.5. The increase in ventouse and forceps deliveries at Ormskirk Hospital and third degree tears at Whiston Hospital had been highlighted and would be analysed in the Q4 Maternity report.</p> <p><u>Patient Safety Report</u></p> <p>8.2.6. The Committee had noted that there had been a decrease in the number of falls with harm and noted that standardised training was being rolled out across MWL.</p> <p>8.2.7. There had been one incident of severe harm (delay in diagnosis) reported in January, and this was being investigated. A further severe harm incident had been reported in February, involving a missed clinical presentation in Radiology, and this was also in the process of being investigated.</p> <p>8.2.8. The Committee had received an update regarding adherence to the Local Safety Standards for Invasive Procedures (LocSSIP) and National Safety Standards for Invasive Procedures (NatSSIP) and it was noted that due to the series of never events, additional assurance had been sought, which would be included in the report being presented to the Committee in July.</p> <p>8.2.9. The Patient Safety Council assurance report had highlighted an area of concern regarding the recording of patient weight, where it had been found there were different practices across the Trust. Work to introduce a standard recording convention had been initiated and progress would be reviewed to provide assurance that this was being adopted.</p> <p><u>Clinical Effectiveness Report (including Council Chair's report)</u></p> <p>8.2.10. The Council had noted the positive response times from the Medical Emergency Team (MET) and this was reflected in the Trust's strong cardiac arrest survival rates.</p> <p>8.2.11. The Council had noted the good progress on the deployment of the Electronic Prescribing and Medicines Administration (EPMA) system at the Southport and Ormskirk Hospital sites.</p> <p>8.2.12. The East Pathology Hub would commence operations on 01 April following the approval of the business case by both the MWL and Warrington and Halton Hospitals NHSFT Trust Boards and the Council would continue to monitor the implementation.</p> <p>8.2.13. The Council had noted that Conflict Resolution training had been re-established and GB commented that this was an important part of the</p>

	<p>response following the incident at Newton Community Hospital in December.</p> <p>8.2.14. The Council had noted the progress regarding the installation of the replacement pharmacy robot at Southport Hospital.</p> <p>8.2.15. The Quality Committee escalated to the Board the on-going impact of corridor care in the ED, and GB supported the comments made earlier in the Board meeting that eliminating corridor care required a system response and was not the sole responsibility of the Trust.</p> <p>The remainder of the report was noted.</p>
8.3.	Strategic People Committee
	<p>8.3.1. LK presented the Strategic People Committee (SPC) Assurance report for the meeting held on 18 March 2026 and noted that some of the points noted had already been discussed in earlier reports to the Board and would not be repeated.</p> <p>8.3.2. LK highlighted the following:</p> <ul style="list-style-type: none"> • The Committee had received a report on the 2025 Staff Survey results, which were being presented to the Board as a separate agenda item. • The four Resident Doctor Leads had attended the Committee to share their experiences of working with the Trust and involvement in the delivery of the Resident Doctor 10 point action plan at MWL. Feedback had been positive as they had felt heard and actively involved in working with the Trust around the 10 Point Plan. It was noted that most of the actions had been completed or were on track to be completed. • The Committee had received the annual updates on the Trust People Plan as well as the HR Commercial Services objectives and was assured on the progress being made. • The Committee had received the annual update from the Employee Relations Oversight Group (EROG) which had highlighted the increased complexity of employee relations cases and the resulting potential for extended resolution timelines. The HR team continued to mitigate these delays; however, external factors also impacted on the timelines. An internal concern regarding case investigator capacity had been identified previously, however, an additional 56 new case investigators had recently completed training. The implementation of the revised 72-hour review process was also expected to help the timely oversight of new cases. <p>8.3.3. GB commented on the Resident Doctor 10 Point Plan and asked if there were differences between MWL sites. MS responded that the 10 Point Plan was a national initiative and was focused on getting the basics right for these staff, for example paying doctors correctly. The Plan was acknowledged as a starting point because of the disparity in experience nationally. It was a collective action plan for MWL and MS noted that there were two resident</p>

	<p>doctor representatives from both Whiston Hospital and Southport Hospital who were currently engaged in their foundation training. They were working with Resident Doctors at all stages of training to ensure all views and experiences were represented.</p> <p>8.3.4. MS advised that the Trust also received feedback from Resident Doctors via the national education surveys, including those conducted by GMC and National Education and Training Surveys (NETS) and these offered valuable insights into trainee experiences across different sites. These surveys and any resultant action plans were reported and monitored by the SPC, and currently an educational experience dashboard was in development to provide an overview of all the different sources of feedback.</p> <p>8.3.5. LK asked if the educational survey results should be reported at Board. MS felt that the Board would be alerted via the SPC assurance report of any areas of concern. MS agreed that the next report would include any disparities between sites to provide assurance to the SPC and via the Committee to Board.</p> <p>8.3.6. MS reported that the 10 Point Plan had been positioned as a mechanism for enabling government and the Resident Doctors to engage in discussions other than pay. MWL was fortunate to operate in a region with a designated lead employer which ensured continuity of employment, a benefit that not all resident doctors currently experienced and this had been shown as a successful way of addressing many of the frustrations the Resident Doctors experienced. There was ongoing national momentum towards a future centralised lead employer model, and further developments in this area were anticipated over the summer.</p> <p>The remainder of the report was noted.</p>
8.4.	Finance and Performance Committee
	<p>8.4.1. CS presented the Finance and Performance Committee (F&P) Assurance report for the meeting held on 19 March 2026. The Committee had reviewed the Finance and Performance CPR and monthly finance report, and CS noted that items discussed in other Board agenda items would not be repeated.</p> <p>8.4.2. Other points to highlight from the report were:</p> <ul style="list-style-type: none"> • The Committee had received an update on the recently published NHS Oversight Framework results for Q3. The Trust was ranked in the acute and specialist league table as 83/134 and at level 3. It was noted that, whilst the Trust had performed well against several indicators, there were certain indicators, for example NCTR, that remained challenged and had impacted on the overall performance ranking, despite the Trust's limited influence over this. The Committee had discussed the importance of keeping abreast of the relative weighting of the different indicators as the new Oversight Framework evolved and the impact

these could have on the Trust's ranking. It was noted that nearly all of the indicators were already reported in the IPR or CPRs, and the remaining ones would be added for 2026/27.

- The MWL 2026/27 financial plan had been conditionally accepted, however, the current C&M 2026/27 plan did not meet the control total target set by NHSE and discussions were ongoing.
- The Committee had received an update on elective care including surgery and cancer performance. The Committee had recognised the considerable effort required to sustain elective care performance as well as the limited resilience in creating the pipeline of elective throughput to sustain or improve performance each month. It was noted that even minor variations in capacity could impact performance, and the continued achievement was attributable to the dedication of clinicians and managers. It had been encouraging to observe the development of collaboration between clinical staff at Whiston, St Helens and Southport Hospitals, with work sharing and optimising theatre lists.
- The Committee had received the M11 Finance report and CS highlighted to the Board that a concern had been raised regarding the £35m in system-led cost reductions included in the 2025/26 plan that had not been delivered.
- The Committee received the M11 Forecast, which outlined the mitigating actions incorporated in the plan to achieve the 2025/26 outturn plan. It was noted that several of these mitigations were non-recurrent and, whilst it was positive that these had been identified for implementation in M12, they were compensating for the failure in delivery of the system led plans.
- The Committee had received the CIP report which detailed that the Trust remained on track to deliver against the 2025/26 CIP target. It was noted that the Trust had consistently achieved the CIP target over the preceding four years.
- The Committee had received the Surgical Division CIP update and noted the teams commitment and innovative thinking in relation to their CIP plans for 2026/27.
- The Committee had received an update on the 2025/26 Contract Risks and noted that there were still several unresolved issues from the 2025/26 contract negotiations agreements.

8.4.3. The Committee had received Council Assurance Reports from the CIP Council, Capital Planning Council and Estates & Facilities Council with no issues escalated.

The remainder of the report was **noted**

RESOLVED:

The Board **noted** the Committee Assurance Reports

9.	TB26/020 Care Quality Commission (CQC) Compliance and Registration
	<p>9.1. SO presented the Care Quality Commission (CQC) Compliance and Registration report which provided a summary of the policies, processes, and practices across the Trust that demonstrated on-going compliance with the CQC fundamental standards.</p> <p>9.2. The Trust was required to maintain its registration with the CQC and has a legal duty to be compliant with the fundamental standards set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Care Quality Commission (Registration) Regulations 2009.</p> <p>9.3. SO reported that no enforcement actions had been taken by the CQC during 2025/26.</p> <p>9.4. It was noted that the CQC charged all providers an annual registration fee to cover its regulatory activities based on a percentage of the patient care income from the most recent annual accounts and the MWL fee for 2025/26 was £535,246.</p> <p>RESOLVED: The Board approved the CQC Compliance and Registration report</p>
10.	TB26/021 Elimination of Mixed Sex Accommodation Annual Declaration
	<p>10.1. SO presented the report and noted that the Trust was required to make an annual declaration confirming compliance with the guidance in relation to elimination of mixed sex accommodation (MSA) and the provision of appropriate single-sex facilities. The annual declaration had to be available to the public on the Trust website.</p> <p>10.2. SO reported that for the reporting period April 2025 to the end of February 2026, MWL had reported 25 unjustified MSA breaches and a total of zero justified breaches, which was an improvement on the previous year's 92 reported breaches. It was noted that these breaches had been linked to operational pressures and patient flow. SO advised that the approach to breaches was risk based: balancing the need to urgently admit a patient versus tolerating mixed sex accommodation.</p> <p>10.3. SO advised that all incidents of MSA breaches were tracked and investigated and SO and LN received a copy of the declaration that was completed for every breach.</p> <p>10.4. LK reflected on the inconsistent use of the terms 'mixed sex', 'sex' and occasionally 'gender' in the report and suggested that it might be beneficial to standardise the terminology. SO agreed to ensure there was consistency in future reports, to reflect the national guidance.</p>

	<p>10.5. SR commented that historically when these regulations had been introduced, there had been significant challenges in some trusts that had needed to be addressed. However, from the MWL perspective, if occurrences remained limited to instances requiring critical care or were due to capacity pressures, there was assurance that the situation was well managed.</p> <p>RESOLVED: The Board approved the Elimination of Mixed Sex Accommodation Annual Declaration</p>
<p>11.</p>	<p>TB26/022 2026/27 Financial and Operational Plan</p>
	<p>11.1. GL presented the final Financial and Operational Plan for 2026-29 which had been submitted to NHSE on 12 February, following discussion at the Extra-Ordinary Closed Board meeting. GL highlighted the following:</p> <ul style="list-style-type: none"> • Since 12 February the only change to the plan had been in the profiling of CIP delivery across the year. • The Trust had submitted a £16.8m deficit plan which was in line with the 'control total' received from NHSE. • The plan has been approved by NHSE, subject to conditions, but these had been responded to by RC and SR and no further feedback had been received. • The plan was still subject to the formal sign-off of contracts with Commissioners and it was noted that there were still risks including the transaction agreement funding and national Public Finance Initiative (PFI) support, as well as several growth aspects. Discussions with the C&M ICB were on-going. <p>11.2. GL noted that there was an expectation to continue to reduce non-clinical posts, but this was complicated for MWL as several service transfers were due to take place, such as the Plastics service and the East Pathology Hub, which would increase the baseline. Therefore, it would be important to be able to track these variations, as part of external reporting.</p> <p>11.3. The size of the waiting list would also be subject to variation due to these service changes, for example, the opening of gynae and ophthalmology services for Southport and Ormskirk. This meant there would not be a straight line trajectory to achieving the national targets.</p> <p>11.4. LN noted that the submitted plan had confirmed that the Trust would deliver all of the relevant national operational performance targets. LN highlighted the following risks and caveats to the plan:</p> <ul style="list-style-type: none"> • To achieve the 82% 4-hour A&E performance target would require a system-wide response. • The plans to achieve the elective recovery target was based on referral rates over the last three years but could be impacted if there was an increase in new referrals to services being re-opened.

	<ul style="list-style-type: none"> The cancer performance also assumed the same level of referrals, however in 2025/26 there had been a 2.5% increase in two week urgent referrals. There were plans to continue to deliver if this increase continued but it would be challenging. <p>11.5. GL noted that the recent approval of the merger of Bridgewater Community Healthcare and Warrington and Halton Hospitals NHS Foundation Trust (WHH) to form the North Cheshire and Merseyside NHS Foundation Trust (NC&M NHSFT) might impact MWL, as currently the Urgent Treatment Centre community activity was split between MWL and WHH based on their catchment footprints, but from 01 April all the activity would be “owned” by NC&M NHSFT.</p> <p>11.6. SR asked if the Board could be confident in approving the plan, with discussions with the ICB on-going. SR reflected that the Board’s position had consistently been that the transaction support funding and national PFI support were “red lines”. GL responded that the negotiations should be concluded by 31 March 2026 and if agreement was not reached the next stage would be arbitration, as outlined in the NHS standard contract.</p> <p>11.7. GB agreed that the “red lines” should continue to be maintained as part of a legal agreement signed by the Trust, ICBs, and NHSE at the time of the transaction and should not be reneged on.</p> <p>11.8. GB asked if the submission had included details of the risks to delivery, and GL confirmed that these had been included in the narrative and via the Board Assurance statements.</p> <p>11.9. GL noted that it was equally important to align the interpretation of key risk factors, for example the adjustments to operational data and the Q4 sprint on RTT activity which would impact the 2026/27 baseline position.</p> <p>11.10. CS referred to section 5.11 (Activity / Performance specific assumptions / risks) of the report and suggested that there needed to be a clear and shared understanding of the definitions and monitoring arrangements with the ICB and NHSE, especially where the percentage improvements were based on an aggregate throughout the year. GL agreed with CS’s suggestion and highlighted that the contracting expectation of 52-week waits should not exceed 1% had not been included in the original planning guidance assumptions but had been subsequently added and now formed part of the contracting assumptions.</p> <p>11.11. SR summarised the position and confirmed it was important for MWL to start 2026/27 with an agreed financial plan and operating budgets.</p> <p>RESOLVED:</p>
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	The Board approved the 2026/27 Financial and Operational Plan
12.	TB26/023 2025 Staff Survey Report and Action Plan
	<p>12.1. MS presented the 2025 Survey Report and Action Plan which provided an overview of the results and identified the key outcomes and supporting actions that the Trust would be focusing on during 2026/27.</p> <p>12.2. MS advised that the survey had been conducted between October and November 2025. There had been a response rate of 35% at MWL and MS noted that this was slightly lower than the response rate of 37% in 2024, but this reflected the trend of a consistent decline in response rates.</p> <p>12.3. MS advised that the staff survey provided extensive data and this would continue to be analysed by the Learning & Organisational Development team. The results, broken down by team/site would also be available on the Trust's intranet and would be used by Divisional and Service leads.</p> <p>12.4. MS highlighted the following key results for the Trust:</p> <p>12.4.1. MWL had scored above the national average in four of the People Promise themes namely:</p> <ul style="list-style-type: none"> • Equality & Diversity (ED&I) • Advocacy • Negative Experiences – the Trust had fewer reports of bullying, harassment and discrimination compared to national benchmarks • Compassionate Culture <p>12.4.2. Staff were extremely positive about the standard of care provided by the Trust and the Trust was ranked the top Acute Trust in the Northwest (NW) on this measure. Additionally, staff had indicated that they would recommend MWL as a place to work.</p> <p>12.4.3. The Trust was the best performing Trust in C&M for the sub theme 'work pressure'.</p> <p>12.4.4. The Trust had scored below the national average in the following areas:</p> <ul style="list-style-type: none"> • Work–Life Balance • Appraisals • Flexible Working • Line Management <p>12.4.5. Work-life balance and flexible working remained a consistent outlier for the Trust and additional work was needed to understand what was driving the continued dissatisfaction.</p> <p>12.4.6. There had been a decline in morale and staff engagement since 2024, however, this also reflected the national trend and MS noted that it was important to view the MWL results in the context of the national picture.</p> <p>12.5. MS reported that a more detailed report had been presented at SPC and an improvement plan (Appendix 1) had been created using the “theory of change” methodology which was designed to support behavioural changes.</p>

	<p>12.6. Assurance on the delivery of the action plan would be reported to the SPC throughout the year, including a key Staff Survey indicators dashboard covering the Divisions and Corporate Services.</p> <p>12.7. MS highlighted the following priority actions for 2026:</p> <ul style="list-style-type: none"> • Strengthening flexible working, appraisals, and access to development • Embedding a new MWL Behavioural Framework • Enhancing staff voice and involvement • Improving leadership visibility and compassionate behaviours • Targeted 90-day improvement plans focussing on Freedom to Speak Up (FTSU), behaviours, development and advocacy. <p>12.8. MS reported that, following the analysis of the free text comments, which had been received after the Board report had been distributed, any additional actions or themes would be considered by the Executive Committee and reported to the SPC.</p> <p>12.9. A review of the flexible working processes would be undertaken to gain an understanding of the challenges and to identify staff expectations for improvement. This would include working with teams who had found this area challenging. Additionally, a detailed analysis of flexible working was required after the ED&I metrics had indicated outliers among a specific age group expressing dissatisfaction with access to flexible working arrangements. A review of management training and appropriate consistency would also be undertaken, as the feedback had indicated a need for this.</p> <p>12.10. MS reported that, whilst the Trust continued to perform well on appraisal compliance, the feedback from the staff survey had indicated that additional work on appraisals was required to better support career development and job performance. A number of career development pathways were being formalised to support managers guide staff in the upcoming appraisal window. Appraisals would also be linked to the new MWL Behavioural Framework, which was due to be launched at the Senior Leadership Conference in April 2026. The Behavioural Framework would support both individual and team behavioural standards for interactions with each other and with patients. It also set out the standards of behaviour that staff could reasonably expect from patients. There would also be closer integration between recruitment, appraisals and leadership development programmes.</p> <p>12.11. MS noted that there would be an increased focus on staff engagement, to ensure staff felt their voice was heard and they had the opportunity to contribute towards the smooth running of the organisation. The new ED&I Council had been launched and would work with the FTSU team and staff networks. A recurring theme from the staff survey and other engagement channels was feedback when concerns had been raised, even when this had been done anonymously through FTSU. It was important that changes made as a result of FTSU concerns were communicated across the Trust.</p>
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	<p>12.12. MS noted that an initial 90-day targeted improvement plan would be launched at the Southport and Ormskirk Hospital services, followed by Whiston, St Helens and Newton Hospital services.</p> <p>12.13. GB reflected on the Results by Staff Group (Table 4) and asked whether it had been possible to drill down into the reasons why certain staff groups, such as the Scientific and Technical staff group, continued to score below average for several metrics. MS confirmed that these deep dives were ongoing and that the ED&I Team had been working with the Divisional leadership teams to develop a divisional overview and local action plans for specific areas.</p> <p>12.14. GB asked for further information about any differences in results between sites. MS reported that the results for staff working in the acute setting had been lower than those based in other locations.</p> <p>12.15. SO commented that sometimes some of the smaller professional groups could feel that they were overlooked compared to some of the larger professional groups such as Nurses/ Midwives or Medics. GB reflected on a presentation to the Quality Committee by the Pharmacy Team at Southport Hospital, prior to the transaction, who had welcomed the opportunity to present their issues to the Committee.</p> <p>12.16. SC noted that flexible working remained an ongoing challenge and recalled a recent Teams Talk where this had been raised and the perception that flexible working equated to working from home. There had been an example given where a proposal had been submitted but there had been no response from the service manager. MS commented that flexible working needed to constantly evolve to meet the needs of staff, and the services they delivered, and it was important to help managers understand the potential solutions that could help meet their team members changing needs. There has already been a lot of work done in this area and many flexible working requests were being approved, so it was disappointing that the Trust remained an outlier in the staff survey results. MS advised that agile working had been adopted across many of the corporate services, and clinical teams were starting to pilot self-rostering, which would allow staff to have more choice about when they worked and to manage the required staffing levels as a team.</p> <p>12.17. SC asked what support was being offered to managers to help improve future staff survey results, as much of their focus was on performance and finance in the current climate. MS responded that the Learning and Organisational Development team was supporting the divisions to develop and monitor the delivery of local action plans. However, it had been recognised that many services already had multiple staff engagement action plans so these were being consolidated, to remove duplication of monitoring and reporting. Additionally, the Operational Leadership Programme, would include elements to support effective staff engagement. This programme would form</p>
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	<p>the blueprint for other leadership programmes at MWL for other staff groups. and MS noted that SO had requested that this programme was also rolled out to include the nursing profession as well.</p> <p>12.18. AMS reflected on the positive increase in the number of staff who had identified as having a disability and were comfortable to share this information and commented that the challenges in the difference of experience for disabled staff had existed for an extended period.</p> <p>12.19. AMS also reflected on Table 6 (Age) of the report which highlighted the different results for staff at different stages of their career, indicating different solutions may be needed for different cohorts of the workforce. AMS suggested that three key areas for improvement were identified so that staff could see tangible outcomes which reflected their staff survey feedback.</p> <p>12.20. NB commented that it would also be beneficial to analyse the data according to staff grade, as staff at certain grades had less autonomy in their roles. MS agreed that there was further opportunities to analyse the data in many different ways to better understand where targeted action was required.</p> <p>RESOLVED: The Board noted the Staff Survey Report and Action Plan</p>
13.	TB26/024 Trust Objectives 2026/27
	<p>13.1. AMS, on behalf of RC, introduced the Trust Objectives for 2026/27 and noted that there were 29 proposed objectives in total. AMS reported that, if the objectives were approved, these would be launched at the Senior Leadership Conference in April. AMS asked NB to present the detail of the proposed objectives.</p> <p>13.2. NB highlighted the following:</p> <ul style="list-style-type: none"> • The proposed objectives were aligned to the Trust’s vision to deliver 5-Star Patient Care • The Trust objectives flowed through to the personal objectives of each Executive. • Some of the objectives had been adapted or rolled over from 2025/26 objectives where it had been identified that they would not be fully delivered by the end of 2025/26. • Where possible objective measures had been included for each objective, however, there were of necessity some subjective measures. Wherever possible the measures would become key performance indicators (KPIs) in the 2026/27 IPR. <p>13.3. GB commented that the proposed quality objectives accurately reflected the concerns and issues discussed at the Quality Committee, which was pleasing.</p>

	<p>13.4. NF asked how the proposed objectives would be reported, measured and assurance provided to the Board that they were being achieved. NB responded that a mid-year review would be presented to Board in November and the full year review of the 2025/26 Trust Objectives would be presented to the Board in May. Additionally, the IPR and the Committee Performance Reports (CPRs) would be updated to include the proposed objectives. However, where this was not possible, for example the staff survey results, proxies would be included. Additionally, Quality Committee and SPC received quarterly updates on the objectives aligned to these committees as part of their annual workplans, and any concerns would be escalated to the Board as part of the assurance reports from these committees. In relation to finance and operational performance the metrics were reported every month to the F&P committee.</p> <p>RESOLVED: The Board approved the Trust Objectives 2026/27</p>
<p>14.</p>	<p>TB26/025 MWL Strategy 2026 - 2031</p>
	<p>14.1. AMS, on behalf of RC, presented the MWL Strategy for 2026 – 2031 and noted that as it would be necessary to communicate the Trust’s strategic aims to a diverse range of stakeholders, the strategy would need to be presented in different forms and formats for these different audiences. A succinct "plan on a page" was also being developed to deliver the key messages and direction of travel.</p> <p>14.2. AMS highlighted the following:</p> <ul style="list-style-type: none"> • The Trust would retain its long-standing commitment to 5-Star Patient Care as the core vision statement. This had been agreed at the time of the transaction because it was an integral part of the former STHK culture and was understood and embraced by staff. It remained important for staff from all roles to be able to clearly express the organisation’s focus on delivering exceptional patient care. • To deliver its vision of 5-Star Patient Care there were six strategic aims to deliver between 2026 and 2031. These strategic aims had been reviewed and agreed by the Board at a time out session in June 2025. The six strategic aims continued to reflect the Trust’s aspirations and were aligned with <i>Fit for the Future: the 10 Year Health Plan for England</i> and incorporated the three key shifts for the NHS. • The MWL 5-Star Patient Care framework continued to reflect the organisation’s values and priorities. The framework had been updated to include the improvement methodology which linked in with the Trust’s Improvement Strategy. • The Trust’s strategy would be delivered through five strategic change programmes which will guide activities over the next five years. These were: <ul style="list-style-type: none"> ○ Providing responsive services closer to the population ○ Providing community services with seamless care

	<ul style="list-style-type: none"> ○ Providing services that support prevention of illness and maintain wellness ○ Providing services using technology ○ Providing staff with the right training and skills. ● A five year Transformation Map 2026-2031 illustrated the planned progression in annual segments and this would be reflected in the Trusts annual objectives each year. The strategy also introduced the 5-Star Pledge, which embodied the core principles of MWL and clarified the meaning of 5-Star Patient Care. <p>14.3. AMS advised that if the strategy was approved, it would be formally launched at the Star Leadership Conference on 20 April 2026.</p> <p>14.4. SC commented that the document was well written, easy to read and adaptable for different audiences. Using a presentation format rather than a lengthy document made the strategy more accessible.</p> <p>14.5. GB supported the continuity of continuing to focus on 5-Star patient care, but also felt the strategy was fit for the future as it aligned to the NHS 10 Year Plan.</p> <p>RESOLVED: The Board approved the MWL Strategy 2026 – 2031</p>
Concluding Business	
15.	Effectiveness of Meeting
	15.1. Board members agreed that meeting had been effective.
16.	Any Other Business
	<p>16.1. SR noted that he had omitted to acknowledge the following awards and recognition earlier in the meeting. The following were noted:</p> <p>16.1.1. St Helens Community Diagnostic Centre (CDC) had been awarded the highest possible ‘Thriving’ rating and the top score across the C&M region. The assessment, carried out by Attain, an independent health advisory and delivery organisation, recognised excellence across several core areas such as quality, infrastructure, workforce, service optimisation and patient pathways.</p> <p>16.1.2. MWL was named the ‘Best in the North West’ in the latest Patient-Led Assessments of the Care Environment (PLACE) results. MWL also celebrated being the best NHS Trust in the North West and nationally for the quality and standard of our food and for being the second highest performing NHS Trust nationally overall.</p> <p>16.1.3. Whiston Hospital Emergency Department Domestic Team were crowned winners at the recent MyCleaning Awards for Healthcare Cleaning Team of the Year.</p>

	<p>16.1.4. Carol Sutton, Healthcare Assistant on Ward 1D, has been named Riverside College Health & Social Care Apprentice of the Year after completing a Senior Healthcare Support Worker Level 3 apprenticeship, over a two year programme.</p> <p>16.1.5. Building on his earlier success of winning MWL's Apprentice of the Year, Matthew Purcell, Physiotherapy Apprentice, Seddon Suite, has been awarded the University of Salford's Apprentice of the Year in the Allied Health Professional category. He was currently carrying out a Physiotherapist Level 6 (integrated degree), over a four year programme</p> <p>16.2. There being no other business, the Chair thanked all for attending and brought the meeting to a close at 12.13.</p> <p>The next Board meeting would be held on Wednesday 29 April 2026 at 09:30</p>
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Meeting Attendance 2025/26												
Members	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Steve Rumbelow		✓	✓	✓		✓	✓	✓		✓	✓	✓
Richard Fraser (Chair)	✓											
Anne-Marie Stretch	✓	✓	✓	✓		✓	✓	✓		✓	✓	✓
Khalid Anis										✓	✓	✓
Ash Bassi						A	✓					
Lynne Barnes	✓	✓	✓									
Gill Brown	✓	✓	✓	✓		A	✓	✓		✓	✓	✓
Nicola Bunce	✓	✓	✓	✓		✓	✓	✓		✓	✓	✓
Steve Connor	✓	✓	A	✓		✓	✓	✓		✓	✓	✓
Rob Cooper	✓	✓	✓	✓		✓	✓	✓		✓	✓	A
Simon Downson								✓		✓	✓	A
Claudette Elliott	✓	✓	✓	✓		A	✓	✓				
Neil Fletcher	✓	✓	✓	✓		✓	✓	✓		✓	✓	✓
Malcolm Gandy	✓	✓	✓	✓		✓	✓	✓		✓	✓	✓
Elsie Hayford								✓		A	✓	✓
Lisa Knight	✓	✓	✓	A		✓	✓	✓		✓	✓	✓
Gareth Lawrence	✓	✓	✓	✓		✓	✓	✓		✓	✓	✓
Lesley Neary	✓	✓	✓	✓		✓	✓	✓		✓	✓	✓
Sarah O'Brien				A		✓	A	✓		✓	✓	✓
Mini Singh												A
Hazel Scott	✓	✓	✓	A		✓						
Carole Spencer	✓	✓	✓	✓		A	✓	✓		✓	✓	✓
Malise Szpakowska	✓	A	✓	✓		✓		✓		✓	✓	✓
Rani Thind	✓	✓	✓	A		✓						
Peter Williams	✓	✓	✓	✓								
In Attendance	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Angela Ball	✓											
Richard Weeks	✓	✓	✓	✓		✓	✓	✓		✓	✓	✓
Marie Wright			✓	✓		A	✓	A		✓	✓	✓

✓ = In attendance A = Apologies

Trust Board (Public)
Matters Arising Action Log (updated 24 April 2026)

Status	
Yellow	On Agenda for this Meeting
Red	Overdue
Green	Not yet due
Blue	Completed

Action Log Number	Meeting Date	Agenda Item	Action	Lead	Deadline	Forecast Completion (for overdue actions)	Status
21	24/09/2025	TB25/072 Statutory Pay Gap Annual Declaration 2024/25	<p>MS and the CMO to review the current medical leadership structure to better understand if roles were more attractive to male gendered staff.</p> <p><u>Update 20/02/2026</u> The medical leadership structure recruitment is underway and an update will be presented to SPC in April.</p> <p><u>Update (23/01/2026)</u> The CMO is about to commence recruitment to the new integrated medical leadership structure, and as part of this work the Trust had considered whether aspects of the current medical leadership structure or role design may be perceived as more attractive to male colleagues. This has included reviewing role expectations, the recruitment approach and any potential barriers or unintended impacts to ensure that our leadership opportunities are equitable, inclusive, and accessible to all. A further update once the process has concluded and if any recommendations have been identified will be shared with the Strategic People Committee (SPC).</p> <p><u>Updated (24/04/2026)</u> Recruitment was ongoing and planned into May 2026. An updated would be provided at the Strategic People Committee in June 2026.</p>	MS / SD	Jan-26 Apr-26 June-26		Delegated to Strategic People Committee
29	26/11/2025	TB25/093 Research and Development Annual Report and Capability Statement	SD to develop a new MWL Research Strategy.	SD	Jun-26		

Action Log Number	Meeting Date	Agenda Item	Action	Lead	Deadline	Forecast Completion (for overdue actions)	Status
30	25/03/2026	TB26/018 Integrated Performance Report 7.1 Quality Indicators	SO to explore the possibility of conducting informal benchmarking of complaint response times against other C&M trusts. <u>Update (24/04/2026)</u> SO advised that the availability of informal benchmarking of response times had been explored, however this data was not readily available and would require scrutiny of individual Board papers for similar trusts. Action completed	SO	Apr-26		Completed
31	25/03/2026	TB26/019 Committee Assurance Reports 8.1 Executive Committee	MG to circulate the Paper Free Work Programme that was in place for Board to be cited on the scope of work to reduce paper processes.	MG	May-26		

Completed Actions

Action Log Number	Meeting Date	Agenda Item	Agreed Action	Lead	Deadline	Outcome	Status
26	26/11/2025	TB25/087 Integrated Performance Report 7.1 Quality Indicators	A review of learning from incidents investigations to be undertaken to ensure that learning was being embedded.	SO	Mar-26	20/03/2026 - a high level review of how we learn from incidents had been completed and a summary was to be presented as part of the Patient Safety Incident Investigation report at Closed Board. The embedding of learning was ongoing across Trust.	Closed

Title of Meeting	Trust Board	Date	29 April 2026
Agenda Item	TB26/027		
Report Title	Integrated Performance Report		
Executive Lead	Gareth Lawrence, Chief Finance Officer		
Presenting Officer	Gareth Lawrence, Chief Finance Officer		
Action Required		To Approve	X To Note
Purpose			
<p>The Integrated Performance Report provides an overview of performance for MWL across four key areas:</p> <ol style="list-style-type: none"> 1. Quality 2. Operations 3. Workforce 4. Finance 			
Executive Summary			
Performance for MWL is summarised across 29 key metrics. Quality has 11 metrics, Operations 11 metrics, Workforce 4 metrics and Finance 3 metrics.			
Financial Implications			
The forecast for 2024/25 financial outturn will have implications for the finances of the Trust.			
Quality and/or Equality Impact			
The 11 metrics for Quality provide an overview for summary across MWL.			
Recommendations			
The Trust Board is asked to note the Integrated Performance Report.			
Strategic Objectives			
X	SO1 5 Star Patient Care – Care		
X	SO2 5 Star Patient Care – Safety		
X	SO3 5 Star Patient Care – Pathways		
X	SO4 5 Star Patient Care – Communication		
X	SO5 5 Star Patient Care – Systems		
X	SO6 Developing Organisation Culture and Supporting our Workforce		
X	SO7 Operational Performance		
X	SO8 Financial Performance, Efficiency and Productivity		
X	SO9 Strategic Plans		

Board Summary

Overview

Mersey and West Lancashire Teaching Hospitals ("The Trust") has in place effective arrangements for the purpose of maintaining and continually improving the quality of healthcare provided to its patients.

The Trust has an unconditional CQC registration which means that overall its services are considered of a good standard and that its position against national targets and standards is relatively strong.

The Trust has in place a financial plan that will enable the key fundamentals of clinical quality, good patient experience and the delivery of national and local standards and targets to be achieved. The Trust continues to work with its main commissioners to ensure there is a robust whole systems winter plan and delivery of national and local performance standards whilst ensuring affordability across the whole health economy.

Quality	Period	Score	Target	YTD	Benchmark
Mortality - HSMR	Oct-25	93.1	100	90.1	Best 30%
FFT - Inpatients % Recommended	Mar-26	93.9%	90.0%	94.0%	Worst 40%
Nurse Fill Rates	Mar-26	94.5%	90.0%	96.1%	
C.difficile	Mar-26	12	97	109	
E.coli	Mar-26	19	151	163	
Hospital Acq Pressure Ulcers per 1000 bed days	Jan-26	0.08	0.00	0.10	
Falls ≥ moderate harm per 1000 bed days	Mar-26	0.11	0.00	0.12	
Stillbirths (intrapartum)	Mar-26	0	0	1	
Neonatal Deaths	Mar-26	0	0	6	
Never Events	Mar-26	0	0	4	
Complaints Responded In 60 Days	Mar-26	75.5%	80.0%	57.9%	

Operations	Period	Score	Target	YTD	Benchmark
Cancer Faster Diagnosis Standard	Feb-26	81.3%	77.0%	70.3%	Worst 20%
Cancer 62 Days	Feb-26	80.4%	85.0%	78.6%	Best 20%
Ambulance Arrival to Vehicle Handover: % <45 mins	Mar-26	75.1%	100.0%	81.1%	
A&E Standard (Mapped)	Mar-26	79.5%	78.0%	78.2%	Best 30%
Average NEL LoS (excl Well Babies)	Mar-26	3.9	4.0	3.9	Best 20%
% of Patients With No Criteria to Reside	Mar-26	20.4%	10.0%	21.1%	
Discharges Before Noon	Mar-26	20.8%	20.0%	19.1%	
G&A Bed Occupancy	Mar-26	96.9%	92.0%	97.7%	Worst 10%
Patients Whose Operation Was Cancelled	Mar-26	0.9%	0.8%	1.0%	
RTT % less than 18 weeks	Feb-26	63.4%	92.0%	63.4%	Best 40%
18 weeks: % 52+ RTT waits	Feb-26	1.7%	1.0%	1.7%	Worst 40%

Workforce	Period	Score	Target	YTD	Benchmark
Appraisals	Mar-26	90.1%	85.0%	90.1%	
Mandatory Training	Mar-26	89.5%	85.0%	89.5%	
Sickness: All Staff Sickness Rate	Mar-26	6.6%	5.0%	6.8%	
Staffing: Turnover rate	Mar-26	1.0%	1.1%	0.9%	

Finance	Period	Score	Target	YTD	Benchmark
Capital Spend £ 000's	Feb-26		58,256	38,638	
Cash Balances - Days to Cover Operating Expenses	Feb-26	0.9	10		
Reported Surplus/Deficit (000's)	Feb-26		-33,459	-20,306	

Board Summary - Quality

Quality

HSMR

The HSMR for period Apr-25 to Oct-25 (latest data available) was 90.1 for MWL (88.8 for STHK and 93.5 for S&O). All individual diagnosis groups with an HSMR alert for this period have had patient details sent to be reviewed. The latest SHMI data for Oct-25 is 0.99.

Clostridium difficile infection

There were 7 cases in March, with 109 healthcare-associated cases in year. This is a reduction of 5 cases compared to 24/25. MWL is 12 cases above NHSE threshold but remains below the Cheshire and Merseyside rate when compared to peers. Learning from IPLR reviews indicates that antibiotic prescribing and diarrhoea management (timely testing and isolation) are the most common themes requiring further improvement.

Gram-negative bloodstream infections, E coli

There were 19 healthcare-associated E coli cases. YTD there has been 163 cases against a threshold of no more than 151 cases. MWL has remained below the Cheshire and Merseyside rate for E coli BSIs throughout this FY.

Pressure Ulcers

There were 3 validated category 2 pressure ulcers with lapses in care identified in January 2026. An MWL wound care formulary is currently being launched across all sites with staff engagement sessions. There are also plans to review appliance use across sites in the quarter to ensure consistency of approach and to promote wound prevention.

Falls

In February 2026, there were 6 falls with harm, and in March 2026 there were 4 falls with harm. Falls learning reviews are currently underway for all falls with harm with no new themes identified and a focus on the use of supplementary care and the use of bay tagging when caring for multiple 121 patients. Work continues to support the management of at-risk patients in emergency departments given operational pressures.

Neonatal Deaths

There were no Neonatal deaths in March 2026.

Never Events

There were no Never Events reported in March 2026.

Complaints

In March there were 36 new first stage complaints received and in February there were 61. 53 complaints were closed in March 2026 and within the agreed Trust 60 working day target resulting in an improved compliance of 75% for March. Of the 53 closed in total, 40 were closed in time and 13 were closed out of time. This demonstrates an improving position against February 2026 which was 62%.

Board Summary - Quality

Quality	Period	Score	Target	YTD	Benchmark	Trend
Mortality - HSMR	Oct-25	93.1	100	90.1	Best 30%	
FFT - Inpatients % Recommended	Mar-26	93.9%	90.0%	94.0%	Worst 40%	
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Never Events	Mar-26	0	0	4		
Complaints Responded In 60 Days	Mar-26	75.5%	80.0%	57.9%		

Board Summary - Operations

Operations

Urgent Care Pressures A&E

4-Hour performance increased in March, achieving 74.7% (all types). Trust performance is below National (77.1%) but is above C&M (73.8%). The Trusts mapped 4-Hour performance achieved 79.5%.

Patient Flow

Bed occupancy across MWL averaged 105.8% in March equating to 105.8 patients - an ongoing trend of high occupancy. There was a peak of 151 patients (65 at S&O, 86 at StHK), which includes patients in G&A beds, escalation areas and those waiting for admission in ED. Admissions were 4% lower than last March, driven by an 7% reduction in 1+ day LOS activity, 0 day LOS activity was also 2% lower than last year. St Helens had a 8.2% decrease in 1+ day LOS from March 25 to March 26. Average length of stay for emergency admissions remains high, at 10.1 at S&O and 7.8 at StHK, with an overall average of 8.4 days, the impact of non CTR patients being 20.4% at Organisation level, however, 2.3% lower than February and 3.4% lower than March 25 (29.6% S&O and 20.5% StHK).

Elective Activity

RTT Validation is still being under taken for year-end position.

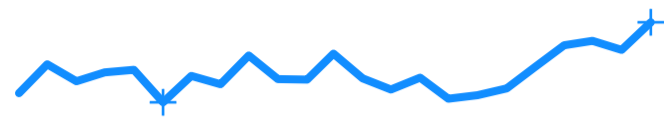
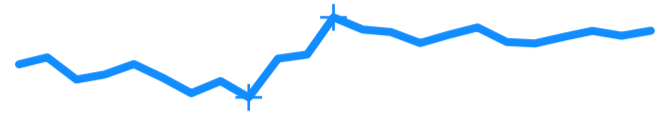

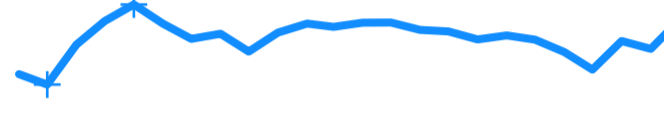







Cancer

Cancer performance for MWL in February improved to 81.3% for the 28 day standard (target 77%), with Southport achieving 77.1% and St Helens performance being 83.9%. Latest published data (February) shows national performance of 80.7% and C&M regional performance of 80.5%. Performance for 62-day also improved, achieving 80.4% (target 85%), with Southport achieving 78.5% and St Helens 81.3%. C&M performance was 68.6% and National 73.5%. Tumour site specific improvement plans are in place which set out the key actions being taken to achieve the 28 day and 62 day standards for 2025/26.

Diagnostics

Diagnostic performance in March deteriorated to 86.6% for MWL, failing to achieve the 95% target, with S&O achieving 78.4% and StHK 95.5%. MWL performance is ahead of national performance (latest month February) of 79.8% and below C&M regional performance of 92.9%.

Board Summary - Operations

Operations	Period	Score	Target	YTD	Benchmark	Trend
Cancer Faster Diagnosis Standard	Feb-26	81.3%	77.0%	70.3%	Worst 20%	
Cancer 62 Days	Feb-26	80.4%	85.0%	78.6%	Best 20%	
Ambulance Arrival to Vehicle Handover: % <45 mins	Mar-26	75.1%	100.0%	81.1%		
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Average NEL LoS (excl Well Babies)	Mar-26	3.9	4.0	3.9	Best 20%	
% of Patients With No Criteria to Reside	Mar-26	20.4%	10.0%	21.1%		
Discharges Before Noon	Mar-26	20.8%	20.0%	19.1%		
G&A Bed Occupancy	Mar-26	96.9%	92.0%	97.7%	Worst 10%	
Patients Whose Operation Was Cancelled	Mar-26	0.9%	0.8%	1.0%		
RTT % less than 18 weeks	Feb-26	63.4%	92.0%	63.4%	Best 40%	
18 weeks: % 52+ RTT waits	Feb-26	1.7%	1.0%	1.7%	Worst 40%	

Board Summary - Workforce

Workforce

Mandatory Training

The Trust continues to exceed its mandatory training target, maintaining performance at 89.5% in March 2026 against a target of 85%. Targeted support remains in place to enable front-line clinical staff to access training, ensuring continued compliance and improvement.

Appraisals

Appraisal compliance is positively exceeding the 85% target at 90.1% in March 26. There is an expected downturn prior to this year's Appraisal Window which opens on 1st May 2026. Appraisal forms will be uploaded to the intranet by 1st May – pending the launch of the new Trust objectives at the STAR Conference in April. Supportive toolkits and training will be available for managers to ensure staff are getting the most out of their appraisals, which will hopefully support the feedback from staff survey on the quality of appraisals.

Sickness Absence

Sickness absence reduced to 6.6% in March 2026 from 7.1% in February. March 2026 absence rate % is similar to March 2025 – but does remain above target of 5%. There's been a positive reduction since December 2025 (from 7.8%).

This continues to be a key priority area for the HR Team and for MWL.

Top 3 reasons for sickness absence:

Anxiety/stress/depression/other psychiatric illnesses

Cough/cold/flu

Gastro related

A comprehensive sickness absence improvement plan is in place, with progress monitored through the People Performance Council and Strategic People Committee. Targeted initiatives under the Looking After Our People pillar of the Trust People Plan are being implemented, and the Absence Support Team continues to provide focused support to teams with the highest levels of absence.

A deep dive into absence data has taken place, and a Taskforce Group started in early in January 26 to further consider the data and where we may need to focus efforts in areas of high need - the six areas identified as high risk for initial focused action are Surgery Medical Secretaries, Spinal Injuries Team, Ward 1B AMU, and Ward 1C AMU, Bevan 1 & 2. The group is meeting on a weekly basis to report on progress. Strong leadership and an organisational approach to holistic wellbeing is required to ensure we Look After Our People in a way that helps them to stay in work. This group is led by the AD of HR for LOD and HWWB and is reporting via People Performance Council for monitoring and Strategic People Committee by exception. Overall there has been a reduction in absence in all six areas since December when the Task Force was initially set up, with four areas showing a significant improvement. Full details are presented in a separate report to Strategic People Committee.

Turnover

In-month turnover for March 26 is 1% against a target of 1.1%.

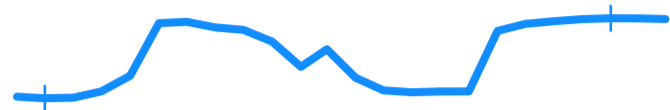

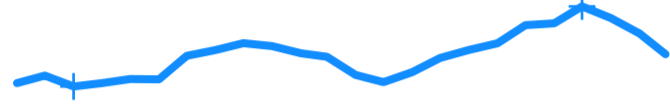

Time to Hire

Time to hire has been a particular challenge for us since the summer months, reporting 100.2 days in July 25. A recovery plan has been in place in recruitment and HWWB to drive it down.

In March 26, time to hire increased from 49 to 51 days, exceeding the recovery plan target. This metric includes from advertising start date to checks complete which includes time spent with Recruiting managers for shortlisting, interview etc. The increase is attributed to exceptionally high volumes, including transition to an internal bank, TUPE transfers, and FY1 intake. Nearly 500 active vacancies and 845 active candidates, with the majority in pre-employment checks (3x usual volumes). Despite this, offers made in-month remain within target at 34 days against a 40-day target. The national average for TTH is 50 days.

Weekly (with higher frequency if required) meetings are taking place between Recruitment and HWWB, particularly as both teams are entering their busiest period of the year, to keep track of time to hire. Any concerns will be escalated through to the AD of HR team.

Board Summary - Workforce

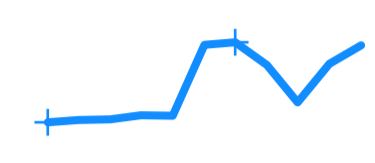
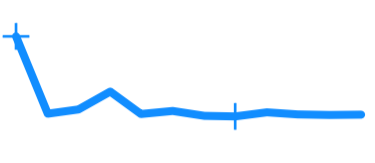
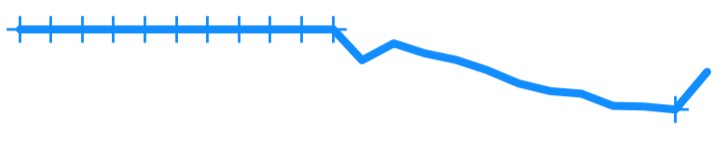
Workforce	Period	Score	Target	YTD	Benchmark	Trend
Appraisals	Mar-26	90.1%	85.0%	90.1%		
Mandatory Training	Mar-26	89.5%	85.0%	89.5%		
Sickness: All Staff Sickness Rate	Mar-26	6.6%	5.0%	6.8%		
Staffing: Turnover rate	Mar-26	1.0%	1.1%	0.9%		

Board Summary - Finance

Finance

The Trust is currently in the process of preparing the annual accounts ready for the draft submission of the 2025/26 financial position to NHSE on 27th April. The figures will be subject to finalising the submission and subsequent matters arising from the audit.

Board Summary - Finance

Finance	Period	Score	Target	YTD	Benchmark	Trend
Capital Spend £ 000's	Feb-26		58,256	38,638		
Cash Balances - Days to Cover Operating Expenses	Feb-26	0.9	10			
Reported Surplus/Deficit (000's)	Feb-26		-33,4...	-20,3...		

How to Interpret - Summary Table

Quality	Period	Score	Target	YTD	Benchmark
Mortality - HSMR	May-22	81.6	100	88.2	Top 20%
Friends and Family Test: % Recommended	Sep-22	93.9%	90.0%	94.8%	Bottom 50%
Nurse Fill Rates	Sep-22	93.7%		93.7%	
C.difficile	Sep-22	2	6	33	Bottom 50%
E.coli	Sep-22	10		38	Top 40%
Pressure Ulcers (Avoidable level 2+)	Aug-22	6		21	
Falls With Harm	Aug-22	4		23	
Stillbirths	Sep-22	0	0	0	
Hospital Associated Thrombosis (HAT)					
Complaints Responded In Agreed Timescale %	Sep-22	66.7%		71.6%	
Operations	Period	Score	Target	YTD	Benchmark
Cancer Faster Diagnosis Standard	Aug-22	70.4%	75.0%	73.7%	Top 50%
Cancer 62 Days	Aug-22	76.0%	85.0%	82.4%	Top 10%
30 Minute Ambulance Breaches	Sep-22	418	0	2,200	
A&E Standard	Sep-22	47.3%	95.0%	47.3%	Top 30%
Average NEL LoS (excl Well Babies)	Sep-22	3.6		3.6	Top 20%
Average Number of Super Stranded Patients	Sep-22	155		135	
Discharges Before Noon	Sep-22	22.9%	33.0%	21.9%	
G&A Bed Occupancy	Sep-22	97.3%		97.3%	Bottom 10%
Patients Whose Operation Was Cancelled	Sep-22	1.1%	0.8%	1.0%	
RTT 18+	Sep-22	14,455	0	14,455	Top 50%
RTT 52+	Sep-22	2,424	0	2,424	Bottom 40%
% of E-discharge Summaries Sent Within 24 Hours	Sep-22	63.4%	90.0%	62.4%	
OP Letters to GP Within 7 Days	Sep-22	19.7%		19.6%	
Workforce	Period	Score	Target	YTD	Benchmark
Appraisals	Sep-22	83.5%	85.0%	64.7%	
Mandatory Training	Sep-22	78.7%	85.0%	77.8%	
Sickness: All Staff Sickness Rate	Sep-22	5.9%	4.3%	6.4%	Top 10%
Staffing: Turnover rate	Sep-22	0.8%		1.1%	
Finance	Period	Score	Target	YTD	Benchmark
Capital Spend £ m YTD	Sep-22	500	26,100	4,300	
Cash Balances - Days to Cover Operating Expenses	Sep-22	28	10	28	
Reported Surplus/Deficit (000's)	Sep-22	-2,188	-4,949	-2,188	

The IPR is broken into four sections: **Quality, Operations, Workforce** and **Finance**.

Each section has a number of metrics underpinning it. In addition to the metric name, the summary table has the following columns:

- **Period** – this is the latest complete months data available for that metric
- **Score** – this is the performance for the month as defined by the 'Period'
- **Target** – this is the target, where applicable
- **YTD** – this is the performance for the Financial Year to Date (Apr to latest month as defined by the 'Period')
- **Benchmark** – where available this makes use of national YTD data to benchmark against other Trusts. For some metrics a low value is good (eg C.Difficile) and for others a high value is good (e.g. 62 day cancer %). Regardless of whether a low metric value is good or bad, the Top 10% represents where STHK are in the top 10% best performing Trusts for a given metric. The bottom 10% represents where STHK are in the 10% worst performing Trusts.

Metric Category Description - Quality

Quality Metrics

Mortality – HSMR (low score is good)

Hospital Standardised Mortality Ratio (HSMR) is a ratio of observed deaths to expected deaths. HSMR uses a basket of 56 diagnosis groups that nationally account for circa 80% of in-hospital deaths. A score of 100 means that the Trust has the same number of deaths as expected. A score of less than 100 means the Trust has less deaths than expected and a score of greater than 100 means STHK had more deaths than expected. Where the HSMR is greater than 100 but RAG rated amber – this means that although there were more deaths than expected it is not statistically. If HSMR is RAG rated red, this means that there is a statically significant higher number of deaths compared to expected levels.

FFT – Inpatients % Recommended (high score is good)

The Percentage of Acute Inpatients that rate the service as Very Good or Good from the Friends and Family Test

Nurse Fill Rates (high score is good)

Safe Staffing: The Registered Nurse/Midwife Overall (combined day and night) Fill Rate

Number of Healthcare Associated C.Difficile (low is good)

The number of Hospital Onset Hospital Acquired (HOHA) and Community Onset Hospital Acquired (COHA) Clostridium Difficile cases.

Number of Healthcare Associated E.Coli (low is good)

The number of Hospital Onset Hospital Acquired (HOHA) and Community Onset Hospital Acquired (COHA) Escherichia coli cases.

Hospital Acquired Pressure Ulcers per 1,000 bed days (low is good)

Validated Hospital Acquired pressure ulcers (Categories 2-4) with lapse in care rate per 1,000 bed days

Falls ≥ moderate harm per 1,000 bed days (low is good)

Number of falls in hospital (Inpatients only excluding Maternity) resulting in either moderate harm, severe harm or death, per 1,000 bed days

Stillbirths (intrapartum) (low is good)

Number of Stillbirths (death occurring during labour - intrapartum)

Never Events (low is good)

The number of never events

Complaints Resolved in 60 working Days (high is good)

The percentage of new (Stage 1) complaints resolved in month within 60 working days

Metric Category Description - Operations

Operational Metrics

Cancer Faster Diagnosis Standard (high is good)

Percentage of patients having either cancer ruled out or diagnosis informed within 28 days of being referred urgently by their GP for suspected cancer.

Cancer 62 days (high is good)

Percentage of patients that have first treatment within 62 days of being referred urgently by their GP for suspected cancer.

Ambulance Arrival to Vehicle Handover: % <45 mins (high is good)

Number of ambulances waiting less than 45 minutes from arrival to vehicle handover as a percentage of ambulance arrivals with a 'measurable' vehicle handover time.

A&E Standard (Mapped) (high is good)

Mapped Footprint A&E attendances: The percentage of attendances whose total time in ED was under 4 hours.

Average NEL LOS (excluding well babies) (low is good)

Average Non-Elective length of stay (excluding well babies)

% of Patients with No Criteria to Reside (low is good)

Number of patients who do not meet the criteria to reside on the last day of the month as a percentage of adult G&A beds available on the last day of the month

Discharges Before Noon (high is good)

The percentage of patients either discharged from the ward or transferred to the discharge lounge between 7am and noon. Please note this is only for patients with a length of stay of 1 day or more

G&A Bed Occupancy (low is good)

The percentage of General and Acute beds occupied

Patients Whose Operation Was Cancelled (low is good)

Percentage of operations cancelled at the last minute for non-clinical reasons. Last minute means on the day the patient was due to arrive, after the patient has arrived in hospital or on the day of the operation or surgery

RTT % less than 18 weeks (high is good)

The percentage of patients waiting less than 18 weeks for treatment to commence from referral.

18 weeks: % 52+ RTT waits (low is good)

The percentage of patients waiting 52 weeks or more for treatment to commence from referral.

Metric Category Description - Workforce

Workforce Metrics

Appraisals (high is good)

Percentage of staff that have a valid appraisal

Mandatory Training (high is good)

Percentage of staff that are compliant with mandatory training

Sickness: All Staff Sickness Rate (low is good)

Percentage of WTE calendar days lost due to sickness

Staffing: Turnover Rate (low is good)

The in-month staff turnover rate

Metric Category Description - Finance

Finance Metrics

Capital Spend £M

Capital Spend £M

Cash Balances – Days to Cover Operating Expenses

Cash Balances – Days to Cover Operating Expenses

Reported Surplus/Deficit (000's)

Reported Surplus/Deficit (000's)

Board Summary

Legacy STHK

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The Trust has in place a financial plan that will enable the key fundamentals of clinical quality, good patient experience and the delivery of national and local standards and targets to be achieved. The Trust continues to work with its main commissioners to ensure there is a robust whole systems winter plan and delivery of national and local performance standards whilst ensuring affordability across the whole health economy.

Quality	Period	Score	Target	YTD	Benchmark
Mortality - HSMR	Oct-25	99.8	100	88.8	
FFT - Inpatients % Recommended	Mar-26	93.2%	94.0%	93.6%	
Nurse Fill Rates	Mar-26	94.4%	90.0%	95.9%	
C.difficile	Mar-26	10		71	
E.coli	Mar-26	12		106	
Hospital Acq Pressure Ulcers per 1000 bed days	Jan-26	0.08	0.00	0.08	
Falls ≥ moderate harm per 1000 bed days	Mar-26	0.12	0.00	0.13	
Stillbirths (intrapartum)	Mar-26	0	0	0	
Neonatal Deaths	Mar-26	0	0	6	
Never Events	Mar-26	0	0	2	
Complaints Responded In 60 Days	Mar-26	69.6%	80.0%	55.5%	

Operations	Period	Score	Target	YTD	Benchmark
Cancer Faster Diagnosis Standard	Feb-26	83.9%	77.0%	77.6%	
Cancer 62 Days	Feb-26	81.3%	85.0%	83.8%	
Ambulance Arrival to Vehicle Handover: % <45 mins	Mar-26	69.8%	100.0%	75.8%	
A&E Standard (Mapped)	Mar-26				
Average NEL LoS (excl Well Babies)	Mar-26	3.9	4.0	3.9	
% of Patients With No Criteria to Reside	Mar-26	20.0%	10.0%	19.7%	
Discharges Before Noon	Mar-26	21.2%	20.0%	19.9%	
G&A Bed Occupancy	Mar-26	98.6%	92.0%	98.2%	
Patients Whose Operation Was Cancelled	Mar-26	1.0%	0.8%	1.0%	
RTT % less than 18 weeks	Feb-26	62.9%	92.0%	62.9%	
18 weeks: % 52+ RTT waits	Feb-26	1.9%	1.0%	1.9%	

Workforce	Period	Score	Target	YTD	Benchmark
Appraisals	Mar-26	90.8%	85.0%	90.8%	
Mandatory Training	Mar-26	89.7%	85.0%	89.7%	
Sickness: All Staff Sickness Rate	Mar-26	6.5%	5.0%	6.8%	
Staffing: Turnover rate	Mar-26	0.6%	1.1%	0.9%	

Finance	Period	Score	Target	YTD	Benchmark
Capital Spend £ 000's	Feb-26				
Cash Balances - Days to Cover Operating Expenses	Feb-26				
Reported Surplus/Deficit (000's)	Feb-26				

Board Summary

Legacy S&O

Mersey and West Lancashire Teaching Hospitals ("The Trust") has in place effective arrangements for the purpose of maintaining and continually improving the quality of healthcare provided to its patients.

The Trust has an unconditional CQC registration which means that overall its services are considered of a good standard and that its position against national targets and standards is relatively strong.

The Trust has in place a financial plan that will enable the key fundamentals of clinical quality, good patient experience and the delivery of national and local standards and targets to be achieved. The Trust continues to work with its main commissioners to ensure there is a robust whole systems winter plan and delivery of national and local performance standards whilst ensuring affordability across the whole health economy.

Quality	Period	Score	Target	YTD	Benchmark
Mortality - HSMR	Oct-25	77.1	100	93.5	
FFT - Inpatients % Recommended	Mar-26	95.5%	90.0%	95.1%	
Nurse Fill Rates	Mar-26	94.6%	90.0%	96.3%	
C.difficile	Mar-26	2		38	
E.coli	Mar-26	7		57	
Hospital Acq Pressure Ulcers per 1000 bed days	Jan-26	0.08	0.00	0.13	
Falls ≥ moderate harm per 1000 bed days	Mar-26	0.08	0.00	0.09	
Stillbirths (intrapartum)	Mar-26	0	0	1	
Neonatal Deaths	Mar-26	0	0	0	
Never Events	Mar-26	0	0	2	
Complaints Responded In 60 Days	Mar-26	80.0%	80.0%	60.7%	

Operations	Period	Score	Target	YTD	Benchmark
Cancer Faster Diagnosis Standard	Feb-26	77.1%	77.0%	59.2%	
Cancer 62 Days	Feb-26	78.5%	85.0%	66.7%	
Ambulance Arrival to Vehicle Handover: % <45 mins	Mar-26	84.4%	100.0%	90.4%	
A&E Standard (Mapped)	Mar-26				
Average NEL LoS (excl Well Babies)	Mar-26	4.0	4.0	4.0	
% of Patients With No Criteria to Reside	Mar-26	21.1%	10.0%	23.7%	
Discharges Before Noon	Mar-26	20.4%	20.0%	18.3%	
G&A Bed Occupancy	Mar-26	93.6%	92.0%	96.6%	
Patients Whose Operation Was Cancelled	Mar-26	0.8%	0.8%	1.0%	
RTT % less than 18 weeks	Feb-26	64.8%	92.0%	64.8%	
18 weeks: % 52+ RTT waits	Feb-26	1.3%	1.0%	1.3%	

Workforce	Period	Score	Target	YTD	Benchmark
Appraisals	Mar-26	88.5%	85.0%	88.5%	
Mandatory Training	Mar-26	88.9%	85.0%	88.9%	
Sickness: All Staff Sickness Rate	Mar-26	6.8%	5.0%	6.8%	
Staffing: Turnover rate	Mar-26	1.9%	1.1%	0.8%	

Finance	Period	Score	Target	YTD	Benchmark
Reported Surplus/Deficit (000's)	Feb-26				

Committee Assurance Report			
Title of Meeting	Trust Board	Date	29 April 2026
Agenda Item	TB26/028 (7.1)		
Committee being reported	Executive Committee		
Date of Meeting	This report covers the three Executive Committee meetings held in March 2026		
Committee Chair	Rob Cooper, Chief Executive Officer		
Was the meeting quorate?	Yes		
Agenda items			
Title	Description	Purpose	
<p>There were three Executive Committee meetings held during March 2026. No meeting was held on Thursday 12 March due to the Executive Team development programme.</p> <p>At each meeting bank or agency staff requests that breached the NHS England (NHSE) cost thresholds were reviewed, and the Chief Executive's authorisation recorded.</p> <p>The weekly vacancy control panel decisions were also reported.</p>			
05 March 2026			
DRAFT Future Surgery Strategy for MWL	<ul style="list-style-type: none"> The Chief Operating Officer introduced the presentation from the Surgical Division leadership team, which set out options for surgical specialities, across the four MWL hospitals delivering surgical care. This had been developed with a view to optimising the use of resources across the Trust to reduce waiting times and waiting lists. Committee discussed the potential impact of the proposal on other services, and the capital investment that would be required. Committee were supportive of the proposed direction of travel and agreed the Divisional Team should continue to work on developing the detail of the plans and the benefits that could be delivered, with clinical and service leads. 	Assurance	
Patient Safety Incident - Ophthalmology	<ul style="list-style-type: none"> The Chief Operating Officer introduced the update from the Surgical Division, which detailed the review process of all patients on the waiting list, following an incident where follow-up had been missed which had resulted in patient harm. In January a further 303 case notes had been reviewed, with no patient harm identified. 	Assurance	

	<ul style="list-style-type: none"> • The plan remained to complete all reviews by 31 March 2026. • Committee discussed the different priority categories and agreed to focus on those patients whose clinical condition would be more likely to require a further appointment. 	
Review of Specialist Cancer Nurse Workforce	<ul style="list-style-type: none"> • The Chief Nursing Officer presented the paper which detailed the current cancer nurse posts funded non-recurrently by the Cancer Alliance or the Macmillan Cancer Support Charity, where the funding had been withdrawn for 2026/27. Non-recurrent funding allocations for some other parts of the cancer workforce would continue in 2026/27. • If the Trust retained the posts, there was a cost pressure of £1.14m per annum, unless substantive funding could be added to the commissioned baseline. • The value of the support for cancer patients, in line with national guidance was acknowledged, as was the impact of the uncertainty of fixed term contracts for the staff. • It was agreed to extend the current contracts for six months, to allow a business case for recurrent funding for presentation to commissioners, to be developed. 	Approval
Outpatient Transformation Programme - Update	<ul style="list-style-type: none"> • The Chief Operating Officer presented the report. • Work continued to refine the booking horizons and clinic template validation, which was due to be completed by 31 March 2026. • Workshops were also taking place during March to identify the priorities for digital transformation of outpatient pathways. • Committee discussed support to key transformation programmes to ensure the required pace of progress was achieved and maintained. 	Assurance
Knowsley Urgent Community Response (UCR) Team	<ul style="list-style-type: none"> • The Chief Operating Officer presented the update on the plans to transfer the Knowsley UCR team to MWL. • The planned transfer date was now 01 May 2026 to allow completion of due diligence and negotiations with Mersey Care NHS Foundation Trust (NHSFT) to be concluded. • The transfer date was approved. 	Approval
Community Nursing Activity	<ul style="list-style-type: none"> • The Chief Nursing Officer presented the paper which detailed the workforce pressures in 	Approval

	<p>community nursing, due to vacancies, sickness absence levels, the increased demand and complexity of patients and historic commissioned levels of staffing, which did not include any allowance for “headroom”.</p> <ul style="list-style-type: none"> • It was agreed that Commissioners should be engaged in relation to changes in demand and activity, as additional funding had been allocated to the Integrated Care Board (ICB) to support the development of community services (in line with the NHS 10 Year Plan). • New national guidance was expected in relation to community nursing “headroom” expectations, but this was not yet published. • The Committee approved recruitment to five additional substantive community nurse posts, to help alleviate the immediate pressures. 	
One Bank Model	<ul style="list-style-type: none"> • The Chief People Officer provided an update on the implementation of the one bank model, including the contractual position with the current provider for the Southport and Ormskirk Hospitals sites, and the onboarding of bank staff transferring to the single MWL temporary staffing service. 	Assurance
Staff Car Parking Charges 2026/27	<ul style="list-style-type: none"> • The Director of Corporate Services presented the proposal in line with the previously agreed policy, to uplift staff car parking charges in line with the annual Agenda for Change pay award which had been confirmed at 3.3%. This would help pay for the increased costs of managing and maintaining the staff car parks. 	Approval
Premises Security Review	<ul style="list-style-type: none"> • The Director of Corporate Services presented the review of current community sites that had been undertaken following the recent attack at Newton Hospital, and made recommendations that would enhance the physical security in these premises (within the demise of the Trust, for leased premises) • Proposals including reception desk design, additional CCTV monitors and increased swipe access doors to aid invacuation, were approved from the 2026/27 capital programme. • Funding was also approved to ensure all staff undertaking security duties as part of their role were trained to recognised security industry standards. • Although these measures would not have prevented the recent incident, they would ensure 	Approval

	the standardisation of physical security provision across all the community premises currently occupied by the Trust and set the standard for any new/additional premises.	
Nurse Safer Staffing Report – January 2026	<ul style="list-style-type: none"> Total Registered Nurse (RN) staffing in January was 94.79% and total Health Care Assistant (HCA) staffing was 107.18% (including supplementary care shifts) Total Care Hours Per Patient Day (CHPPD) were 7.8 The greatest challenge to maintaining safe staffing levels on all shifts and reducing bank and agency usage remained the high levels of sickness absence. 	Assurance
Trust Board Agenda - March	<ul style="list-style-type: none"> The Director of Corporate Services presented the draft March Trust Board agenda for review The Committee selected the Employee of the Month for March from the nominations received during February 	Assurance
Cyber Report	<ul style="list-style-type: none"> The Director of Informatics presented the quarterly Cyber report, which was due to be presented at the March Trust Board. The report provided assurance that the Trust continued to proactively manage cyber threats. 	Assurance
19 March 2026		
MWL Five Year Strategy	<ul style="list-style-type: none"> The Director of Strategy presented the Draft MWL Strategy for final review before presentation to the Board. The Committee agreed the final presentation for Board and discussed the range of other formats that would be required for different stakeholders. 	Assurance
Draft Trust Objectives 2026/27	<ul style="list-style-type: none"> The Director of Corporate Services presented the draft 2026/27 Trust Objectives for final review prior presentation to the Trust Board for approval. Some changes were agreed to remove duplication and align the objectives to the domains of Five Star Patient Care. 	Assurance
Sickness Absence Taskforce	<ul style="list-style-type: none"> The Chief People Officer presented the first report from the Sickness Absence Taskforce that had been established in December 2025. Five teams had been identified for targeted intensive support due to the high rates of both long and short term sickness absence. The sickness absence rates were being triangulated with the staff survey results for these areas (where numbers allowed) and additional training and support was being provided for 	Assurance

	<p>managers in the application of the Managing Attendance Policy.</p> <ul style="list-style-type: none"> • A further update would be presented in three months. 	
Month 11 financial position and 2026/27 Financial and Operational Plan	<ul style="list-style-type: none"> • The Chief Finance Officer introduced the report, which detailed the progress in achieving the 2025/26 forecast outturn, developments in contract negotiations and Cheshire and Merseyside system planning for 2026/27. • Committee discussed the remaining risks to the 2025/26 position and how these could impact the next financial year. • Cost Improvement Plan (CIP) delivery had been profiled across the year from April, however there was a risk of not delivering 1/12 of the CIP in Month 1, and further reviews were on-going to assess which schemes could be brought forward. 	Assurance
Staff Survey Results - 2025	<ul style="list-style-type: none"> • The Chief People Officer presented the results of the 2025 staff survey. • There had been a decline in scores across the NHS, and this had also been seen in the MWL results, but the Trust remained above average across several of the People Promise domains. • The results were analysed by Division, Staff Group and age. • In addition to local plans a Trust wide action plan was proposed to address the issues where the Trust wide score had reduced compared to previous years. • The Committee discussed the results and proposed action plan and supported the report for presentation to the Trust Board. 	Assurance
Mass Organisational Change Process (MOCP) - Phase 2	<ul style="list-style-type: none"> • The Chief People Officer confirmed that Phase 2 of the MOCP to move commercial services and hosted staff to ESR 096 would take place on 01 April. 	Assurance
MWL Dementia Service	<ul style="list-style-type: none"> • The Chief Nursing Officer presented a business case detailing proposals to create a single Dementia Team for MWL. • The current legacy teams were increasingly fragile due to staff turnover and there would be a cost pressure in 2026/27 • Committee agreed that this was a valuable service and it would be important to articulate the quality impacts of not having dementia and delirium support for the inpatient wards, to make the case for additional investment. 	Assurance

	<ul style="list-style-type: none"> • A business case would be developed on this basis and brought back to the Committee. 	
Senior Nurse Weekend Staff Cover	<ul style="list-style-type: none"> • The Chief Nursing Officer presented options for senior nurse cover at the weekends, so this was standardised across the MWL acute sites. • Committee felt additional impact assessments were required on the preferred options, for other groups of staff and the tactical on call team, and it was therefore agreed that a decision would be deferred until this information was available 	Assurance
Sexual Health Service – St Helens	<ul style="list-style-type: none"> • The Chief Medical Officer presented a request from St Helens Council to extend the current Sexual Health Contract for three months, while they undertook a further procurement exercise for an alternative provider. • It was agreed that more information was required about the terms of this offer but accepted that the service could not be suspended for three months while the new procurement was progressed. • The service was currently provided at a loss, so there is a risk of an additional cost pressure in Q1 if the funding isn't rectified within the forthcoming tender process. 	Approval
East Pathology Hub - Update	<ul style="list-style-type: none"> • The Director of Strategy briefed the Committee on the final preparations for the Transfer of Undertakings (Protection of Employment) (TUPE) of the Pathology Staff from Warrington and Halton Hospitals NHSFT and the contract negotiations. • In Phase 1, while the services have two different Laboratory Information Systems (LIMS), a risk and gain share arrangement is more appropriate. • In Phase 2, when there is a single LIMS, MWL will take full responsibility for delivering the Pathology Service to WHH on a tariff bases. • Committee were assured that daily meetings were taking place to ensure these arrangements were fully agreed before 01 April. 	Assurance
Risk Management Council (RMC) Assurance Report - March	<ul style="list-style-type: none"> • The Director of Corporate Services presented the RMC assurance report. • There were 1,050 risks on the Trust Risk Register with 23 escalated to the Corporate Risk Register. • The Committee reviewed and approved the revised Risk Management Framework • The RMC received assurance reports from the Claims Governance Group meetings in January and February, and an update on the CIP Quality Impact Assurance process. 	Assurance

Finance Improvement Group	<ul style="list-style-type: none"> The Chief People Officer reported on the meeting with the Medical and Urgent Care Division which had focused on the band 7 nursing establishment for the Emergency Departments. 	Assurance
26 March 2026		
Hillsborough Law Briefing	<ul style="list-style-type: none"> The Chief Nursing Officer introduced the briefing which detailed the implications of the Hillsborough Law for the NHS. Duty of Candour was already enshrined in NHS regulations and complied with by the Trust, but parity of representation could result in NHS bodies needing to have legal representation at more inquests, which could result in additional costs Committee agreed to review the Duty of Candour Policy to ensure it would remain fit for purpose under this new legal framework, when it becomes law. 	Assurance
Plastic Surgery Referrals – Wrightington, Wigan and Leigh (WWL)	<ul style="list-style-type: none"> The Chief Operating Officer introduced the report which confirmed that WWL had withdrawn from providing a plastic surgery service and MWL was now the nearest alternative provider with capacity to take the referrals. Discussions had taken place with both WWL and Greater Manchester ICB about future commissioning arrangements. The report detailed how this additional activity could be accommodated, including an initial waiting list transferred from WWL, and the financial implications of taking on this service. Committee discussed the implications for support services, such as patient booking, and how the initial backlog would need to be handled. The Committee supported the proposed management arrangements and agreed to review progress and the impact of this additional activity in June 2026. 	Assurance
Patient Safety Incident – Ophthalmology (Update)_	<ul style="list-style-type: none"> The Chief Operating Officer introduced the progress report. 1,002 clinical reviews had now been completed (of 1,609). No harms had been identified, but 17 patients had been invited for a further outpatient appointment. The plan to complete all the remaining clinical reviews was a little behind trajectory but with mitigation plans in place to get back on track. The legacy process from the S&O sites had now been aligned to the legacy STHK process to 	Assurance

	ensure consistency across MWL and that a similar incident could not happen again.	
Governance Mapping and Effectiveness Reviews – Councils and Groups	<ul style="list-style-type: none"> The Director of Corporate Services introduced the review that had been undertaken to ensure standardised governance processes across, Board, Committees, Councils and Groups. The governance map provided a visual representation of the Trust's full corporate governance structure. A similar price of work was being undertaken to map the Divisional performance and accountability meetings 	Assurance
Nursing, Allied Health Professional (AHP) and Midwifery Vision 2026-2029	<ul style="list-style-type: none"> The Chief Nursing Officer presented the draft Nursing, AHP and Midwifery vision. This has been developed with input from all the professional groups and support from the Innovation Agency. The aim was to launch the new vision at the Star conference in April. The Committee endorsed the Nursing, AHP and Midwifery Vision. 	Assurance
Draft Trust Board Agendas – April and May	<ul style="list-style-type: none"> The Director of Corporate Services presented the draft Trust Board agendas for the April and May Board meetings based on the proposed 2026/27 Workplan. The Committee selected the employee of the month for April from the nominations received in March. 	Assurance

Alerts:

None

Decisions and Recommendations:

New investment decisions taken by the Committee during March 2026 were:

- Cancer Nurse Specialist Post – six months temporary funding
- Community Nurse limited recruitment, pending contract activity and acuity negotiations
- Community premises security enhancements and additional training

Committee/ Assurance Report			
Title of Meeting	Trust Board	Date	29 April 2026
Agenda Item	TB26/026 (7.2)		
Committee being reported	Audit Committee		
Date of Meeting	08 April 2026		
Committee Chair	Steve Connor, Non-Executive Director		
Was the meeting quorate?	Yes		
Agenda items			
Title	Description	Purpose	
External Audit Progress Update	Grant Thornton (GT) provided a verbal update on their approach to the external audit exercise for 2025/26, including progress on audit planning and the shared learning session with key contacts in the finance department.	Assurance	
Internal Audit Report	MIAA summarised the internal audit progress reports key messages section. MIAA confirmed five reports had been issued and three reports were at various stages of progress.	Assurance	
Internal Audit Plan (including approval of annual fees)	MIAA presented the draft internal audit plan for 2026/27, which included each of the reviews that will be covered during the year. Fees for 2026/27 are yet to be confirmed, but will be based on 2025/26 uplifted for inflation in line with the NHS pay award.	Assurance	
Head of Internal Audit Opinion	Verbal update by MIAA that everything is on track for final report in June 2026	Assurance	
MWL Audit Log	Committee received the audit log report which highlighted key movements on the audit log, both in relation to internal and external audit recommendations.	Assurance	
Anti-Fraud Annual Workplan (including approval of annual fees)	MIAA presented the anti-fraud workplan for 2026/27. MIAA propose to deliver 130 anti-fraud plan days.	Assurance	

	Fees for 2026/27 are yet to be confirmed, but will be based on 2025/26 uplifted for inflation in line with the NHS pay award.	
Audit Committee Annual Effectiveness Review	<p>The Chief Finance Officer summarised the review of the audit committee for 2025/26, highlighting that the standard of committee documentation was of a generally high standard.</p> <p>The conclusion of the 2025/26 review was that the purpose and remit of the Audit Committee remains appropriate, and meetings are judged to be effective.</p>	Assurance
Trust Accounts Preparation	<p>The Assistant Director of Finance outlined key changes to the DH Group Accounting Manual (DH GAM) for 2025/26 and their impact on the Trust's accounting policies for the year. The impact on the Trust in 2025/26 from these changes are considered minimal.</p> <p>Key deadlines for submission of the draft and audited annual accounts were identified as the 27 April and 26 June 2026 respectively.</p>	Assurance
Financial Reports	<p>The Losses and Special Payments report was presented. Total losses identified as at 30 March was approximately £359k. £372k in total was recorded in 2024/25.</p> <p>The Aged Debt report was presented. Specific attention was paid towards the age and value of aged debt in the >90 day category, and what actions would be needed to help reduce these values down going forward.</p> <p>The Tenders and Quotation Waivers report was presented and its contents noted.</p>	Assurance
Alerts:		
None		
Decisions and Recommendation(s):		
None		

Committee Assurance Report			
Title of Meeting	Charitable Funds Committee	Date	29 April 2026
Agenda Item	TB26/028 (7.3)		
Committee being reported	Charitable Funds Committee		
Date of Meeting	23 March 2026		
Committee Chair	Steve Connor, Non-Executive Director		
Was the meeting quorate?	Yes		
Agenda items			
Title	Description	Purpose	
Head of Charity Report	<p>Updates were provided on the Charity teams activity between November 2025 and March 2026 key points included:</p> <ul style="list-style-type: none"> • Review of year one of the MWL NHS Charity Strategy • NHS Charities Together grant – upgrade to Whiston Emergency Department (ED) staffroom and changing facilities • 2026 event calendar including the Southport 10k charity event 	Assurance	
Finance Report (including Treasury Matters)	<p>An update of MWL NHS Charity's financial performance and financial position (fund balances) as at 30 January 2026.</p> <p>MWL NHS Charity balance was £1,483m at 30 January 2026.</p>	Assurance	
Review of Charity Risk Register	No risks were presented to committee.	Assurance	
Legacies Update and Processes	<p>Charitable Funds Committee was asked to approve the rental of the property included as part of the large legacy for the Spinal Unit to generate future income for the Spinal fund.</p> <p>The Committee agreed to further investigate the costs and returns of renting the property.</p>	Approval	
Review of Policies	The Treasury Management Policy, Reserves Policy, Expenditure Policy, Fundraising and Income Policy were presented with only minor changes made to	Assurance	

	reflect the staff wellbeing fund made to the Expenditure and Fundraising and income policies.	
Annual Committee Effectiveness Review (including Committee Terms of Reference and Workplan	The Committee undertook its annual effectiveness review during the year to assess how well it has operated and fulfilled its responsibilities. The review concluded that the Committee continues to operate effectively and in accordance with its Terms of Reference.	Assurance
Summary of Applications received since November 2025	A list of all applications MWL NHS Charity has received since November 2025 was presented A total of ten projects has been granted with a total value of £45,812	Assurance
Alerts:		
None.		
Decisions and Recommendation(s):		
The Charitable Funds Committee agreed to further investigate the renting of the property included in the legacy for the Spinal Fund.		

Committee Assurance Report

Title of Meeting	Trust Board	Date	29 April 2026
Agenda Item	TB26/028 (7.4)		
Committee being reported	Quality Committee		
Date of Meeting	21 April 2026		
Committee Chair	Gill Brown, Non-Executive Director		
Was the meeting quorate?	Yes		
Agenda items			
Title	Description	Purpose	
Annual Meeting Effectiveness	<ul style="list-style-type: none"> Assurances received regarding the quality of the papers. Timeliness of papers distribution improving. Minor changes in Terms of Reference and Workplan approved. Suggestion from Committee Chair to adopt a secure portal in the future. 	Assurance	
Quality Committee Corporate Performance Report (CPR).	<ul style="list-style-type: none"> Zero Never Event reported for March 2026. Theatre safety work continues. Timely observations in Emergency Departments (ED) - improvements noted. Complaints performance - resolution within 60-day target remains a key focus. March performance improved at 75%, aim is to sustain this. Mortality - latest data October 2025. November not sufficiently coded at time of reporting. Southport and Ormskirk data requires additional scrutiny and validation by Chief Medical Officer (CMO). 	Assurance	
Draft Quality Account	<ul style="list-style-type: none"> Evolving document with some data still to be finalised for Q4. Due for submission to Integrated Care Board (ICB) end of April 2026. To be reported at Trust Board in May 2026. Final report to be uploaded to website in June 2026. Final comments to the author during Committee. Thanks to all involved noted at the Committee. 	Assurance	

Patient Experience Report (inc. Chair's Assurance Report)	<ul style="list-style-type: none"> • Ward based local audits demonstrating assurance regarding pain and kindness. Focus needed re waiting for beds and discharge booklets. • Maternity local audits reporting overall good performance noting further improvements to be made regarding birth choices and birthing partners option to stay overnight. Robust solution required for chairs/beds at Whiston site. Committee requested more detail in Q4 Maternity and Neonatal Services Report regarding post-natal pain relief. • NHS England (NHSE) Medium Term Planning Framework (Delivering Change Together 2026/27 - 2028/29) - update presented noting survey completed for the waiting list patients in January 2026 and further survey engagement for discharge processes. 	Assurance
Care Quality Commission (CQC) Quarterly Report	<ul style="list-style-type: none"> • No alerts for the Committee. • No inspections since the last report. • One engagement meeting at Whiston Hospital. Next meeting in June to be arranged. • Changes to CQC representatives for MWL. • 11 CQC enquiries received and all responded to. • Further focus needed for Well Led for NEDs • Updated Staff Handbook to be uploaded to staff intranet. 	Assurance
Quality Ward Rounds and Clinical Service Rounds	<ul style="list-style-type: none"> • Updates noted by the Committee to include clinical services as well as wards going forward. • Support services to be considered such as theatres, mortuary, Radiology, Pharmacy and Clinical Laboratory Services. 	Assurance
5 Star Accreditation	<ul style="list-style-type: none"> • Summary and overview presented for 2025/26. • Assurances received regarding validity and objectivity. • Subject Matter Experts (SMEs) to offer cross site assessments to enhance robustness of methodology • Focus required for documentation, falls and Infection, Prevention and Control (IPC). Trust wide documentation group being developed by Chief Nursing Officer (CNO). • Most improved wards – SIU, 3Alpha, 5A and Ward 1. 	Assurance

	<ul style="list-style-type: none"> • 5 Star Wards – 14A, E ward, 15B, 4D, Paediatrics (Ormskirk), SIU, 2C, Ward 1 and 7B. 	
Antimicrobial Stewardship	<ul style="list-style-type: none"> • Progress presented against ‘Act Now: Protect our Present, Secure our Future’. • Action plan in place. • Priorities in place - intravenous to oral switch (IVOS) when clinically appropriate, time to culture and penicillin allergy relabelling. • Executive and Board oversight in place. • Future updates to be included on the Quality Committee agenda. 	Assurance
Patient Safety Report (Inc. Chair’s Assurance Report)	<ul style="list-style-type: none"> • One Never Event reported in February 2026. • Total number of incidents reduced in February 2026. • Falls – training in EDs ongoing. • Pressure Ulcers – Tissue Viability Improvement Group being introduced. • High priority for safety agenda are Never Events. Audit day in March 2026 successful – outputs regarding checks and human factors. Robust plans in place and evolving with the learning. 	Assurance
Clinical Effectiveness Report (including Council Chair’s report)	<ul style="list-style-type: none"> • AAA reports received from Division of Surgery and Clinical Support and Community Services. • Maternity pathways update provided for both high and low risk pathways to be site specific. • Health Service Journal (HSJ) Awards – Pharmacy shortlisted for three awards (Ward dashboard, Homecare Prescriptions, AI Automation). • Non-medical Prescribing (NMP) – currently 547 practitioners, further 100 being trained, further staff to be Transfer of Undertakings (Protection of Employment) (TUPED) into MWL. CNO to bring update in three months regarding leadership for NMP. • Anaesthetic rotas at Southport and Ormskirk – options appraisal to be tabled at Executive Committee • Committee requested additional assurances suggested for future reports. 	Assurance
Effectiveness of the Meeting	<ul style="list-style-type: none"> • Provided by incoming Director of Corporate Services – good discussion, detailed papers, appropriate challenge. 	Assurance

Any other Business – Eradication of Corridor Care	<ul style="list-style-type: none"> Corridor Care data to be reported monthly at Quality Committee with quarterly updates. Non-Executive Directors to be invited to ED visits. 	Assurance
Alerts:		
<ul style="list-style-type: none"> Clinical Coding delays continue to be a challenge, risk mitigations in place. 		
Decisions and Recommendation(s):		
The Trust Board is asked to note the report.		

Committee Assurance Report

Title of Meeting	Trust Board	Date	29 April 2026
Agenda Item	TB26/028 (7.5)		
Committee being reported	Strategic People Committee		
Date of Meeting	22 April 2026		
Committee Chair	Lisa Knight, Non-Executive Director		
Was the meeting quorate?	Yes		
Agenda items			
Title	Description	Purpose	
Committee Performance Report (CPR)	<p>Core Mandatory Training compliance is above the 85% target at 89.5% for March 2026.</p> <p>Appraisals - appraisal compliance is at 90% for March 2026 against the 85% target. The appraisal form will be uploaded to the intranet by 01 May following the STAR Conference and will be updated to include the new Trust objectives. Supportive toolkits and training are available for managers.</p> <p>Sickness Absence - sickness absence reduced to 6.6% in March 2026 from 7.1% in February.</p> <p>Vacancy Rate and Time to Hire (TTH) - vacancy rate continues to report below the Trust target of 8% and is reporting at an overall rate of 7.4% in Feb 2026.</p> <p>Vacancy rate for Healthcare Support Workers continues to be validated following the amendments to the nursing establishment.</p> <p>Time to hire increased from 49 to 51 days, exceeding the recovery plan target.</p> <p>The increase is attributed to exceptionally high volumes, including transition to an internal bank, Transfer of Undertakings (Protection of Employment) (TUPE) transfers and FY1 intake. Nearly 500 active vacancies and 845 active candidates, with the majority in pre-employment checks (three times usual volumes). Despite this, offers made in-month remain within target at 34 days against a 40-day target. The national average for TTH is 50 days.</p> <p>Turnover - staff turnover this month has increased to 1% against a target of 1.1% notably due to Mutually Agreed Resignation</p>	Assurance	

	<p>Scheme (MARS) terminations and a transfer of HR Commercial workforce from ESR 409 to ESR 096.</p> <p>Health, Work & Wellbeing (HWWB) - Pre-Employment screening days received to clear is three days within tolerated thresholds.</p>	
Workforce Operations Plan M12	<p>The Committee received an update on the M12 workforce plan. The report highlighted the following:</p> <ul style="list-style-type: none"> • As at M12 MWL are reporting a total workforce of 10,332.6 whole-time equivalent (WTE) which is 40.7 WTE above plan. This is a 0.4% variance to plan. • Increased bank usage relates to vacancies, sickness, demand (extra activity, escalation and Emergency Department (ED) seeing power), supplementary care as well as a spike in pre-booked / new starter annual leave and rota gaps. <p>The report also provided assurance regarding the operational plans for 2026-27 to 2028-29 outlined the actions being undertaken to support the divisions to have robust workforce plans to meet the necessary headcount reductions.</p> <p>The Committee noted the update.</p>	Assurance
Absence Taskforce Action Plan	<p>The Committee received a report detailing the work undertaken by the Absence Taskforce (ATF) and the associated action plan. The report highlighted that since June 2025 sickness continued to increase with the M10 sickness position being 7.48%. The Executive Committee received a deep dive into sickness absence and the drivers and themes where it was acknowledged that further work to improve attendance was necessary.</p> <p>Since intervention of the ATF, absence has shown a continuous improvement in four of the six areas currently targeted. An end-to-end action plan has been developed, designed to be practical, measurable, scalable, and aligned to best practice in workforce wellbeing, HR operations, organisational development, and cultural change. In addition a Manager Toolkit: "Values-based attendance recognition programme" and a What 'Good' looks like for managers in managing sickness absence guide have been developed.</p> <p>The Committee noted the update.</p>	Assurance

<p>Violence Prevention and Reduction Standard - Sexual Safety Charter Update</p>	<p>The Committee received an update regarding the Sexual Safety Charter noting the key achievements since the last update: -</p> <ul style="list-style-type: none"> • The establishment of an internal process for concerns about sexual misconduct considered by a review groups, supported by appropriate safeguarding advice. • All cases relating to sexual safety having oversight by the Chief People Officer, Chief Nursing Officer and Chief Medical Officer (as appropriate). • Enhanced reporting and monitoring of sexual safety cases to the Employee Relations Oversight Group. • Approval of the Sexual Safety policy. • Plans in place for the communication and awareness of the policy to Trust staff, Lead Employer colleagues in training and other Lead Employer stakeholders. • Completion of the NHS England (NHSE) Improving Sexual Safety (ISSG) Regional Case Data Return - Q4 2025/26. <p>Further actions following the publication of NHSE guidance include: -</p> <ul style="list-style-type: none"> • Two people professions to take part in national training on sexual misconduct investigations. • Train the trainer rollout on sexual misconduct investigations. • The provision of specialist training in sexual misconduct allegations for investigators in the national sexual misconduct policy framework. <p>The Committee noted the update.</p>	<p>Assurance</p>
<p>Annual Update on the Lead Employer People Plan 2025/26</p>	<p>The Committee received an annual update on the delivery of the People Plan for Lead Employer 2025-28. Progress was noted across all the year one areas.</p> <p>The Committee noted the update.</p>	<p>Assurance</p>
<p>Lead Employer Annual Staff Survey 2025/26</p>	<p>The Committee received a report setting out the results of the 2025/26 annual staff survey the Lead Employer undertake with resident doctors and colleagues in training.</p> <p>The Lead Employer has been undertaking the survey since 2022 due to this cohort of workforce not being included in the national NHS staff survey.</p> <p>The report and presentation detailed the positive feedback from the survey recipients, noting a year-on-year improvement in satisfaction levels with the lead employer service from both</p>	<p>Assurance</p>

	<p>resident doctors and colleagues in training and their host placement providers.</p> <p>A detailed action plan for 2026 will be presented to the next HR Commercial Services Council in May 2026 addressing the key themes arising from the 2025 survey.</p> <p>The Committee noted the update.</p>	
<p>Monitoring of Trust Objectives aligned to the Strategic People Committee 2025/26.</p>	<p>The Committee received an update outlining the progress made against the 2025–26 Trust Objective of “Developing organisational culture and supporting our workforce.”</p> <p>It is recognised that we have not seen year-on-year improvement across all objectives measured through the NHS Staff Survey, a position that reflects the wider national picture. However, the Committee noted significant progress has been made in delivering the 2025/26 objectives overall, with strong progress against individual actions, many of which will continue into 2026/27.</p> <p>The Committee noted the update.</p>	Assurance
<p>Assurance Reports from Subgroup(s)</p>	<p>The following assurance reports were received and noted:</p> <ul style="list-style-type: none"> • People Performance Council • Valuing Our People Council • Employee Relations Oversight Group 	Assurance
<p>Annual Effectiveness Review 2025/26 to include approval of the Annual Work Schedule</p>	<p>A paper summarising the annual effectiveness review of the Strategic People Committee for 2025/26 was presented.</p> <p>It was noted that there was a 91% satisfaction with the Committee, noting that the Committee documentation was of a generally high standard, with only minor areas identified for further improvement that would enhance the effectiveness of the meeting.</p> <p>The conclusion of the 2025/26 review is that the purpose and the remit of the Strategic People Committee remains appropriate, and meetings are judged as effective.</p> <p>The Committee approved the work plan for the 2026/27 Committee meetings and noted the report.</p>	Assurance

Approval of the Terms of Reference and Annual Workplans of Councils/Groups reporting to the Strategic People Committee	The terms of reference for the People Performance Council, the Valuing our People Council, the HR Commercial Services Council and the Employee Relations Oversight Group were reviewed and approved. Annual workplans for the HR Commercial Services Council and the Employee Relations Oversight Group were also approved.	Approval
Items for Escalation to Trust Board	None	Assurance
Any Other Business	None	Assurance

Alerts:

None

Decisions and Recommendation(s):

Decisions:

The following terms of reference were approved by the Strategic People Committee

- People Performance Council
- Valuing our People Council
- HR Commercial Services Council
- Employee Relations Oversight Group

The following workplans for 2026/27 approved by the Strategic People Committee

- Strategic People Committee
- HR Commercial Services Council
- Employee Relations Oversight Group

Recommendations:

The Strategic People Committee Terms of Reference and annual workplan 2026/27 were agreed for approval by the Trust Board

Committee Assurance Report			
Title of Meeting	Trust Board Meeting	Date	29 April 2026
Agenda Item	TB26/028 (7.6)		
Committee being reported	Finance and Performance Committee		
Date of Meeting	23 April 2026		
Committee Chair	Carole Spencer, Non-Executive Director		
Was the meeting quorate?	Yes		
Agenda items			
Title	Description	Purpose	
Chief Financial Officer (CFO) narrative Update on emerging news.	<ul style="list-style-type: none"> NHS England (NHSE) Payment Scheme published and confirmed items as described in annual plan including blended payment for urgent care. Update on national performance for 2025/26. 	Assurance	
Committee Performance Report Month 12 2025/26	<p>Urgent care</p> <ul style="list-style-type: none"> Accident and Emergency (A&E) performance was 74.7% in March, below the national (77.1%), and ahead of C&M at 73.8%. Long waits in emergency department continued to be a challenge – 18.5% waited over 12 hours in March. Ambulance Handover 45 – improvement in performance to 75.1% of patients arriving by ambulance being handed over within 45 minutes. No Criteria to Reside (NCTR) patients accounted for 20.4% of inpatients <p>Elective</p> <p>The Trust undertook an elective sprint exercise in Q4. This has resulted in an improved position. The Committee received draft figures as below as validation work is still underway:</p> <p>Data:</p> <ul style="list-style-type: none"> 18 Week performance in March was 66.5%. The Trust had 1,062 52-week waiters at the end of March; 0 65-week waiters. Diagnostic 6-week performance for March was 86.6% which remained ahead of national performance at 79.8% and below Cheshire and 	Assurance	

	<p>Merseyside (C&M) performance at 92.9%. The target remains at 95%.</p> <ul style="list-style-type: none"> • Cancer performance in February improved to 81.3% for the 28-day standard (target 77%) and 80.4% for the 62-day standard (target 85%). • Bed occupancy averaged 96.9% 	
Finance report Month 12	<ul style="list-style-type: none"> • The Committee received an update on the draft financial position which is expected to be in line with plan. • At M12 agency costs equate to £12.4m (1.8% of total pay costs), which is a significant improvement on prior year. • The Trust had a closing cash balance of £22.8m due to increased capital creditors and receipt of deficit support funding. • The revised capital delivered in year totals £54.6m which includes Public Finance Initiative (PFI) Lifecycle and IFRS16 Lease Remeasurement. 	Assurance
2025/26 Contract Risks	<ul style="list-style-type: none"> • The Committee was given insight into the detailed and focussed approach the Trust takes to managing contracts and the risks thereto • The Committee reviewed the status of all current contract challenges alongside the terms and conditions driving the current Trust position. • Discussion had regarding ongoing discussions with Commissioners and appropriate next steps as set out in the paper. 	Assurance
Planning: 2026/27 Contract Risk Update	<ul style="list-style-type: none"> • The Trust received confirmation via letter that the plan has been accepted. • The current contract gap has reduced to £29m with and this position has been shared with NHSE. • NHSE to support in reaching a conclusion. 	Assurance
Planning: 2026/27 Cost Improvement Programme (CIP) Update	<ul style="list-style-type: none"> • Trust CIP target for 2026/27 is £49.7m. To date £52m schemes have been identified with £44m fully developed or plans in progress. • Trust is developing a Project Management Office (PMO) to support further delivery of targets. 	Assurance

Urgent Care Performance Delivery Review	<ul style="list-style-type: none"> • The Committee received a presentation on urgent care at the Trust and the actions ongoing to improve care against the key performance indicators. • The Committee discussed the development of key milestones that will be tracked through the monthly performance report to ensure progress is tracked. 	Assurance
Productivity: Measures and Uses	<ul style="list-style-type: none"> • Committee received briefing paper on productivity metrics. • Trust to enhance approach to sharing productivity information at specialty level 	Assurance
NHS Oversight Framework	<ul style="list-style-type: none"> • Q3 NHS Operating Framework results shared and a discussion had on the movements. 	Assurance
Finance & Performance Committee Effectiveness Review	<ul style="list-style-type: none"> • Review shared along with updated workplan. 	Assurance
Clinical Support Services (CSS) and Community	<ul style="list-style-type: none"> • CSS & Community reported their progress on CIP delivery in 2025/26 and progress on 2026/27 schemes. The Division have identified £5.7m of recurrent schemes for 2026/27. 	Assurance
Assurance Reports from Subgroups:	<ul style="list-style-type: none"> • Procurement Council • CIP Council • Estates & Facilities Management Council 	Assurance
Alerts		
None		
Decisions and Recommendation(s):		
The Board is asked to note the report.		

Title of Meeting	Trust Board	Date	29 April 2026
Agenda Item	TB26/029		
Report Title	Corporate Risk Register – April 2026		
Executive Lead	Sarah O'Brien, Chief Nursing Officer		
Presenting Officer	Sarah O'Brien, Chief Nursing Officer		
Action Required		To Approve	X To Note
Purpose			
To provide an overview of the Trust's risk profile and the risks that have been escalated to the Corporate Risk Register (CRR) via the Trust's risk management systems.			
Executive Summary			
1. Risk Management Systems			
Following the introduction of a single electronic system for managing risks, incidents, claims and complaints that was implemented in March 2025 (InPhase), the Trust Risk Management Framework has been reviewed, and the updated version was approved by the Executive Committee in March 2026.			
Work is on-going to support the consistent description, scoring and reporting of risks and the systems and processes in each Division/Service to maintain effective risk management.			
This report provides an overview of the risks reported across MWL, and those risks that have been escalated to the Corporate Risk Register (CRR).			
The CRR is reported to the Board four times a year to provide assurance that the Trust is operating an effective risk management system, and that risks identified and raised by front line services can be escalated to the Executive and Board, if necessary. The risk management process is overseen by the Risk Management Council, which reports to the Executive Committee providing assurance that risks -			
<ul style="list-style-type: none"> • have been identified and reported • have been scored in accordance with the standard risk grading matrix. • initially rated as high or extreme have been reviewed and approved by the relevant divisional triumvirate and lead director. • have an identified target risk score, which captures the level of risk appetite and has a mitigation plan that will realistically bring the risk to the target level. 			
2. Risk Registers and Corporate Risk Registers			
This report is a snapshot of the risk registers on 06 April 2026 and reflects risks reported and reviewed during March 2026.			
Risk Register Summary (Appendix 1)			
The total number of risks on the MWL risk register was 1,015 compared to 1,067 in January 2026.			
23 risks are escalated to the CRR compared to 20 in January. Of the 23 risks escalated to the CRR, all are within review date for April.			

Seven new escalated risks are reported on the CRR in April compared to January and four risks have been closed or de-escalated from the CRR.

Financial Implications

None as a direct result of this report.

Quality and/or Equality Impact

Not applicable

Recommendations

The Board is asked to note the Corporate Risk Register.

Strategic Objectives

X	SO1 5 Star Patient Care – Care
X	SO2 5 Star Patient Care - Safety
X	SO3 5 Star Patient Care – Pathways
	SO4 5 Star Patient Care – Communication
	SO5 5 Star Patient Care - Systems
X	SO6 Developing Organisation Culture and Supporting our Workforce
X	SO7 Operational Performance
X	SO8 Financial Performance, Efficiency and Productivity
X	SO9 Strategic Plans

MARCH 2026 – Corporate Risk Register Report

1. Risk Register Summary for the Reporting Period

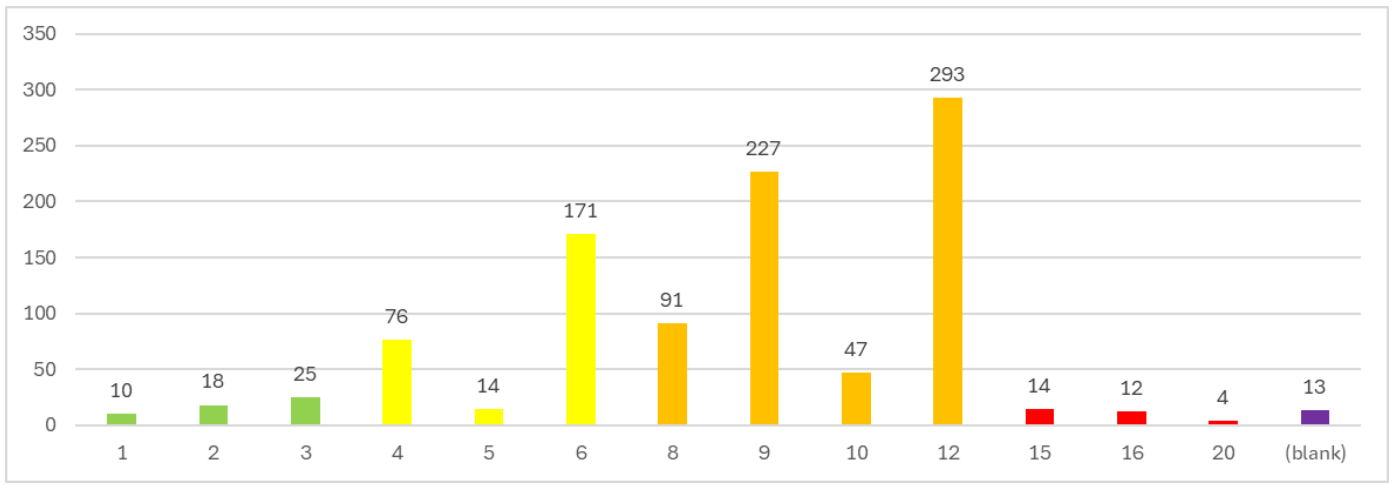
This table provides a high-level overview of the “turnover” in the risk profile of the **MWL** sites compared to previous reporting periods.

RISK REGISTER MWL SITES	Current Reporting Period (April 2026)	Previous Reporting Period (March 2026)	Previous Reporting Period (February 2026)
Number of new risks reported	36	29	30
Number of risks closed or removed	70	47	27
Number of risks overdue for review	122	230	171
Total Number of InPhase risks	1015	1050	1065

**includes new risks, not yet scored (13)*

2. Risk Profiles

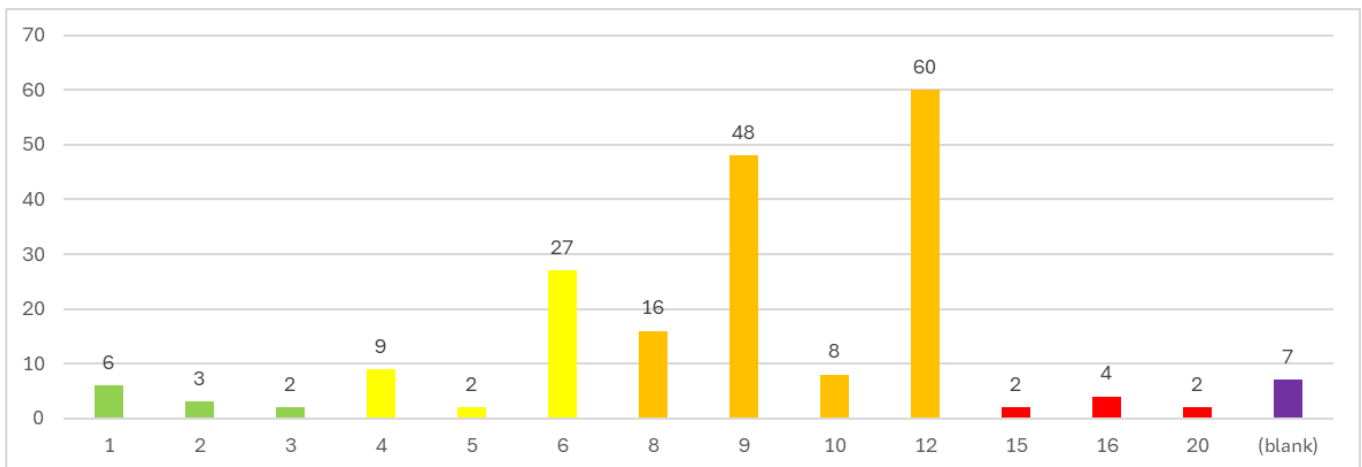
MWL Risk Profile



* 13 new risks awaiting review and control

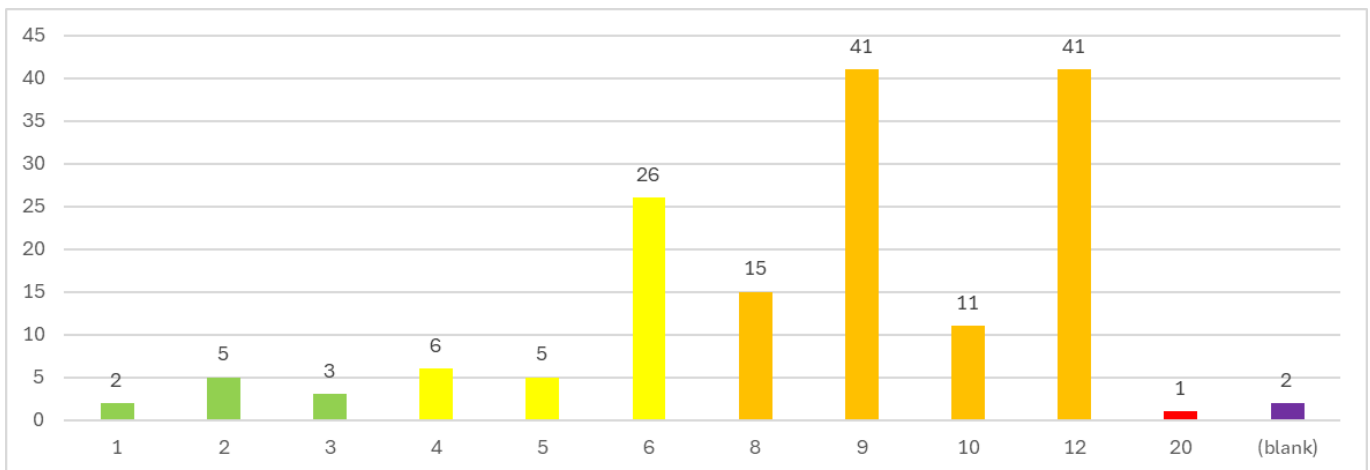
The risk profiles for each of the Trusts Clinical Divisions and for the collective Corporate Services are:

Surgical Division (196)



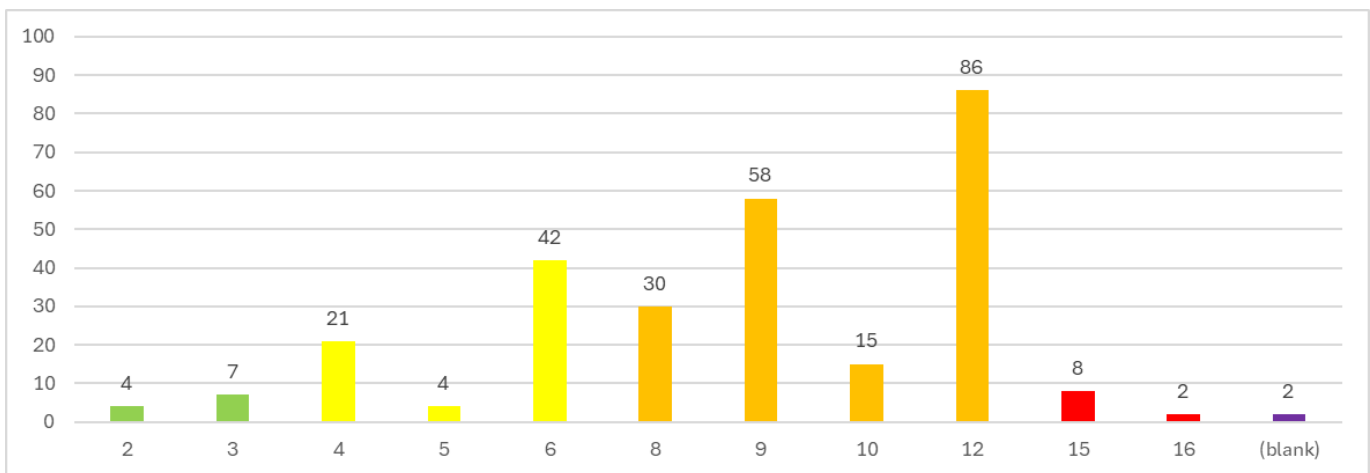
* 7 new risks awaiting review and control

Medicine & Urgent Care Division (158)



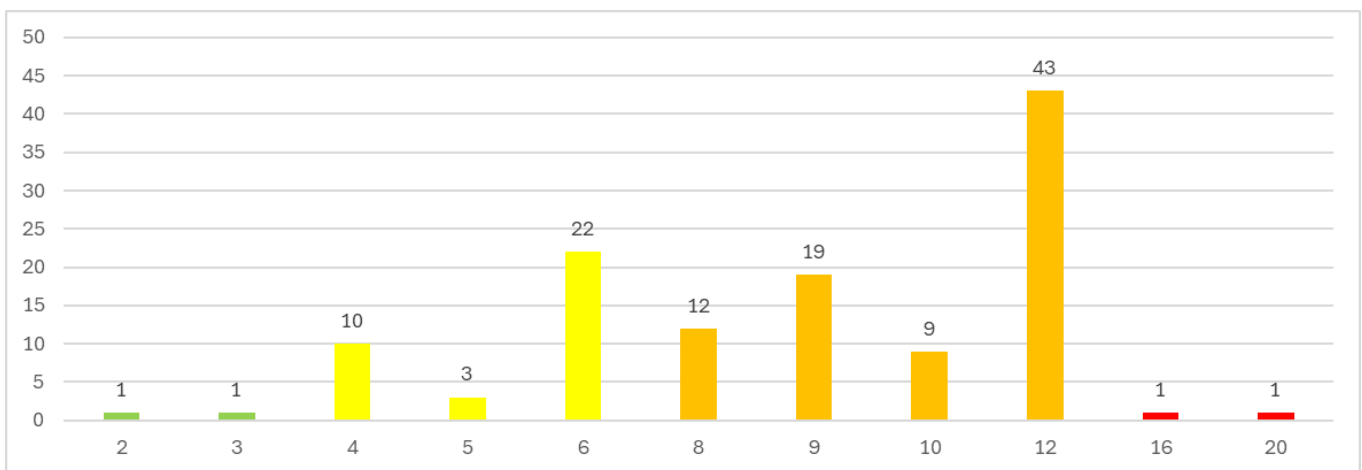
* 2 new risk awaiting review and control

Community & Clinical Support Services Division (279)

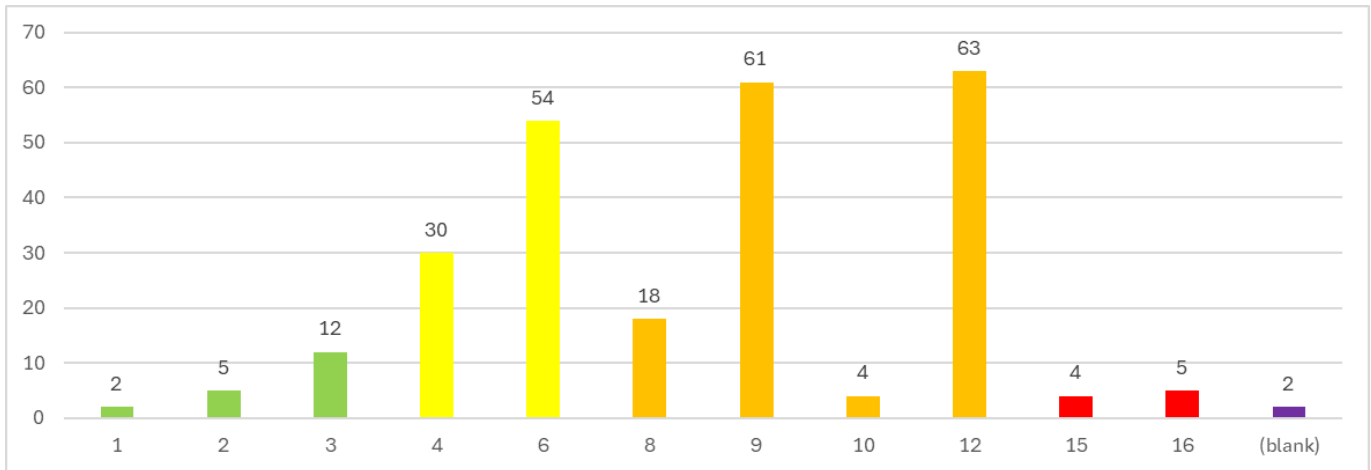


* 2 new risks awaiting review and control

Women & Children's Division (122)

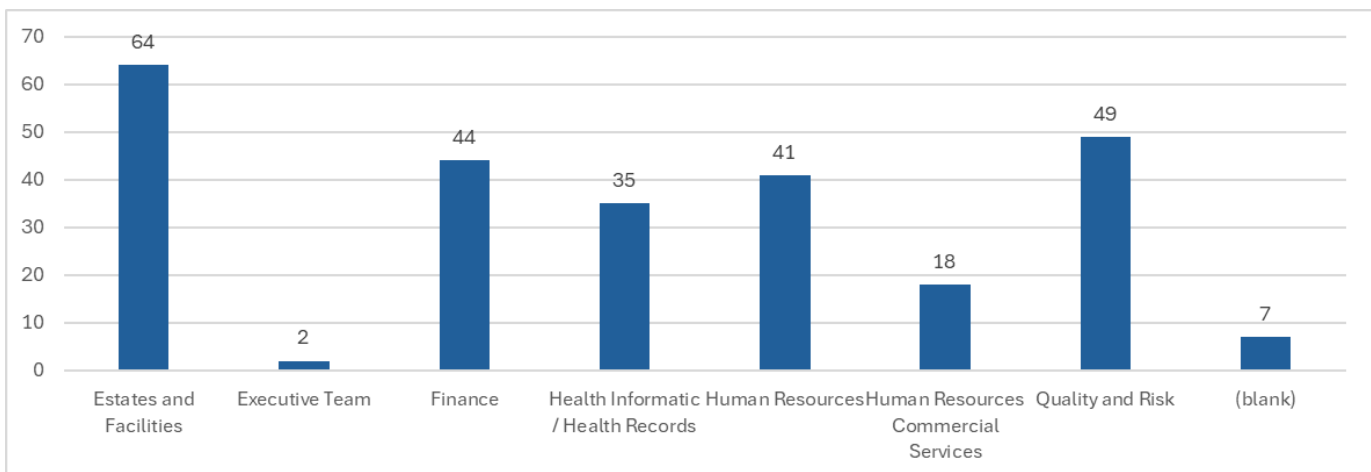


Corporate (260)

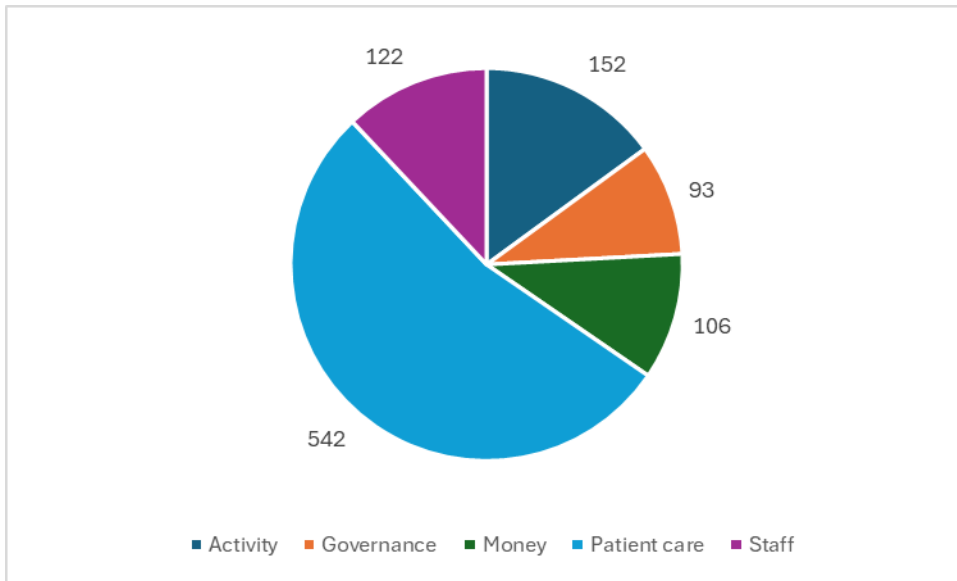


* 2 new risks awaiting review and control

The split of the risks across the corporate departments is:



3. Risk Type



4. Corporate Risk Register (risks approved as scoring 15 or above)

	Risk ID	Title	Risk Owner	Opened	Next Deview date	Grade	Division
1	30	If the Trust relies on bank and agency staffing then there is a risk to the quality of care, contract delivery and finance performance	Malise Szpakowska	29/03/2022	30/05/2026	16	Human Resources
2	47	If the trust cannot recruit and retain sufficient skilled staff, then there is a risk to safe staffing	Malise Szpakowska	07/05/2013	30/05/2026	16	Human Resources
3	80	If the critical estates infrastructure at the S&O hospital site fail, then there is a risk to delivery of services and the safety of staff and patients	Rob Cooper	25/03/2025	27/06/2026	15	Estates and Facilities
4	319	If the trust cannot secure a sustainable interventional radiology service, then there is a risk of patient harm	Simon Dowson	11/04/2025	15/05/2026	16	CSS and Community
5	361	If there is a malicious cyber-attack that the Trust cannot block, then there is a risk to the delivery of services and patient / staff information	Malcolm Gandy	12/10/2016	31/08/2026	15	Health Informatics
6	400	If obsolete audiology equipment is not replaced at Ormskirk Hospital, then there is a risk to continued service provision	Lesley Neary	04/12/2023	07/05/2026	15	Surgery
7	510	If obsolete and non-compliant HSDU equipment is not replaced, then there is a risk to the safe and sustainable delivery of the endoscopy service and elective programme	Rob Cooper	21/07/2017	06/07/2026	16	Surgery
8	521	If the Trust cannot delivery sufficient out of hours anaesthetic support, then there is a risk to patients in a 2nd time critical maternity emergency at ODGH	Simon Dowson	25/05/2023	04/05/2026	20	Women and Children
9	587	If the Trust cannot recruit and retain Consultant ENT staff, then it would not be able to deliver the commissioned service	Lesley Neary	02/11/2023	04/05/2026	16	Surgery
10	591	If the Trust does not have effective booking and patient tracking systems in ophthalmology, then there is a risk of increased waiting times and patient harm	Lesley Neary	28/04/2025	04/05/2026	20	Surgery
11	630	If the Trust cannot move to a single EPR then there is a risk of duplication of effort, barriers to integrating clinical services and suboptimal use of available facilities	Malcolm Gandy	30/04/2025	30/09/2026	15	Health Informatics

	Risk ID	Title	Risk Owner	Opened	Next Deview date	Grade	Division
12	648	If the Trust under performs against the 2025/26 activity plan because of industrial action by the BMA, then it will not generate the expected income to deliver the agreed financial plan	Gareth Lawrence	24/07/2024	30/04/2026	16	Finance
13	663	If the Trust under performs against the 2025/26 variable activity plan, then it will not generate the expected income to deliver the agreed financial plan	Gareth Lawrence	17/10/2024	30/04/2026	16	Finance
14	758	If the Trust cannot achieve sustainable solutions for the clinical services assessed as fragile, then patient access and safety will be at risk	Kate Clark	07/02/2025	30/06/2026	16	Trust Wide
15	791	If the Trust cannot agree a service specification with commissioners, then there is a risk to the delivery of a quality dietetic service for children and young people	Sarah O'Brien	06/05/2025	22/06/2026	15	CSS and Community
16	914	If the Trust experiences increase demand and bed occupancy above planned capacity, then there will be reduced patient flow	Lesley Neary	13/04/2015	28/06/2026	20	Medicine and Urgent Care
17	978	If there is insufficient funding from NHS Wales, then there is a risk to the level of care MWL can deliver for plastic surgery patients in North Wales	Lesley Neary	15/09/2022	03/06/2026	16	Surgery
18	1008	If commissioners do not agree contracts for 2025/26 then there is a risk to Trust income	Gareth Lawrence	13/05/2025	30/04/2026	20	Finance
19	1125	If there are data quality errors and patient number mismatches due to legacy IT systems, then there is a risk to patient harm	Malcolm Gandy	04/09/2019	30/04/2026	15	Health Informatics
20	1301	If there is a Lack of on-site clinical services at MWL Ormskirk site, then this will impact on the maternity service	Kate Clark	28/09/2025	19/06/2026	20	Women and Children
21	1351	If the existing MES contract for the Whiston and St Helens sites expires on 30/06/2026 with no agreement to extend or programme of re-procurement, then there would be a risk to the timely servicing and replacement of Radiology equipment at these sites	Rob Cooper	22/10/2025	16/06/2026	16	CSS and Community

Risk ID	Title	Risk Owner	Opened	Next Deview date	Grade	Division
22 218	If there is a Lack of available systemic anti cancer treatment (SACT) treatment appointments then there is a risk of requiring double booking of appointments.	Sarah O'Brien	02/04/2025	15/05/26	15	CSS and Community
23 1513	If there is insufficient administration staffing levels then there would be a risk of supporting the Radiology Service adequately	Sarah O'Brien	09/02/06	17/05/26	15	CSS and Community

5. Risks de-escalated or closed from the CRR since January

MWL Risk ID	Title	Director Lead
33	If the end-of-life ADS (Automatic Dispensing System) Pharmacy Robot at Southport Hospital malfunctions or fails before replacement, then there is a risk to the efficient delivery of the service	Lesley Neary
263	If patients have duplicate hospital numbers, then there is a risk of causing patient harm.	Malcolm Gandy
1355	If the Trust cannot recruit, then there is a risk to the safe delivery of the paediatric cardiology service	Simon Dowson
1118	If the 2025/26 Financial plan system-wide CIP schemes and risk share opportunities do not materialise, then the Trust will not be able to deliver the agreed financial plan.	Gareth Lawrence

Title of Meeting	Trust Board		Date	29 April 2026
Agenda Item	TB26/030			
Report Title	Board Assurance Framework – April 2026			
Executive Lead	Rob Cooper, Chief Executive			
Presenting Officer	Rob Cooper, Chief Executive			
Action Required	X	To Approve		To Note
Purpose				
For the Board to review and approve the proposed changes to the Board Assurance Framework (BAF).				
Executive Summary				
<p>The MWL BAF is reviewed four times a year, the last review was in January 2026, and this review captures the changes that have occurred during Q4 (2025/26).</p> <p>The BAF is the mechanism used by the Board to ensure it has sufficient controls in place and is receiving the appropriate level of assurance in relation to the delivery of its statutory duties, strategic plans and long term objectives.</p> <p>Each BAF risk is assigned a lead Executive, who is responsible for ensuring the risk is updated at each quarterly review.</p> <p>The Executive Committee then review the proposed changes to the BAF in advance of its presentation to the Trust Board and proposes changes to ensure that the BAF remains current, that the appropriate strategic risks are captured, and that the planned actions and additional controls are sufficient to mitigate the risks being managed by the Board, in accordance with the agreed risk appetite.</p> <p>Key to proposed changes (appendix 1): Score through = proposed deletions/completed actions Blue Text = proposed additions Red = overdue actions</p> <p>Proposed changes to risk scores. BAF 2 reduce risk score to 15 reflecting the positive end to 2025/26 and having a substantive and compliant plan for 2026/27.</p> <p>BAF 3 reduce risk score to 16 reflecting the positive end of year performance and confidence in delivering the 2026/27 operational performance targets.</p> <p>BAF 7 reduce risk score to 8 reflecting the near completion of the estate’s infrastructure works at Southport and Ormskirk hospitals that have substantially reduced the risk of a major and sustained failure of the estate on these sites.</p>				
Financial Implications				
None directly because of this report				

Quality and/or Equality Impact	
Not applicable	
Recommendations	
The Board is asked to approve the proposed changes to the Board Assurance Framework.	
Strategic Objectives	
X	SO1 5 Star Patient Care – Care
X	SO2 5 Star Patient Care - Safety
X	SO3 5 Star Patient Care - Pathways
X	SO4 5 Star Patient Care – Communication
X	SO5 5 Star Patient Care - Systems
X	SO6 Developing Organisation Culture and Supporting our Workforce
X	SO7 Operational Performance
X	SO8 Financial Performance, Efficiency and Productivity
X	SO9 Strategic Plans

Board Assurance Framework Quarterly Review – Q4 2025/26

BOARD ASSURANCE FRAMEWORK 2025-26									
BAF	Risk Description	Exec Lead	Risk Score						Target
			Inherent	April 2025	July 2025	Oct 2025	Jan 2026	April 2026	
1	Systemic failures in the quality of care	Chief Medical Officer/Chief Nursing Officer	20	20 ↔	20 ↔	20 ↔	20 ↔	20 ↔	5
2	Failure to develop or deliver long term financial sustainability plans for the Trust and with system partners	Chief Finance Officer	20	20 ↔	20 ↔	20 ↔	20 ↔	15 ↓	10
3	Sustained failure to maintain operational performance/deliver contracts	Chief Operating Officer	16	20 ↔	20 ↔	20 ↔	20 ↔	16 ↓	12
4	Failure to maintain patient, partner and stakeholder confidence in the Trust	Deputy CEO	16	12 ↔	16 ↑	16 ↔	16 ↔	16 ↔	8
5	Failure to work in partnership with stakeholders	Chief People Officer	16	12 ↔	12 ↔	12 ↔	12 ↔	12 ↔	8
6	Failure to attract and retain staff with the skills required to deliver high quality services	Chief People Officer	20	15 ↔	15 ↔	15 ↔	15 ↔	15 ↔	10
7	Major and sustained failure of essential assets and infrastructure	Director of Corporate Services	16	12 ↔	12 ↔	12 ↔	12 ↔	8 ↓	8
8	Major and sustained failure of essential IT systems	Director of Informatics	20	20 ↔	20 ↔	20 ↔	16 ↓	16 ↔	8

Strategic Risks – Summary Matrix

Vision: 5 Star Patient Care

Mission: To provide high quality health services and an excellent patient experience

BAF Ref	Long term Strategic Risks	Strategic Aims					
		We will provide services that meet the highest quality and performance standards	We will work in partnership to improve health outcomes for the population	We will provide the services of choice for patients	We will respond to local health needs	We will attract and develop caring highly skilled staff	We will work in partnership to create sustainable and efficient health systems
1	Systemic failures in the quality of care	✓		✓	✓	✓	✓
2	Failure to develop or deliver long term financial sustainability plans for the Trust and with system partners	✓		✓		✓	✓
3	Sustained failure to maintain operational performance/deliver contracts	✓	✓		✓	✓	✓
4	Failure to maintain patient, partner and stakeholder confidence in the Trust			✓			✓
5	Failure to work in partnership with stakeholders	✓	✓	✓	✓		✓
6	Failure to attract and retain staff with the skills required to deliver high quality services	✓				✓	✓
7	Major and sustained failure of essential assets, infrastructure	✓	✓	✓			✓
8	Major and sustained failure of essential IT systems	✓	✓	✓			✓

Risk Scoring Matrix

Impact Score	Likelihood /probability				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible (very low)	1	2	3	4	5

Likelihood – Descriptor and definition
Almost certain - More likely to occur than not, possibly daily (>50%)
Likely - Likely to occur (21-50%)
Possible - Reasonable chance of occurring, perhaps monthly (6-20%)
Unlikely - Unlikely to occur, may occur annually (1-5%)
Rare - Will only occur in exceptional circumstances, perhaps not for years (<1%)
Impact - Descriptor and definition
Catastrophic – Serious trust wide failure possibly resulting in patient deaths / Loss of registration status/ External enquiry/ Reputation of the organisation seriously damaged- National media / Actual disruption to service delivery/ Removal of Board
Major – Significant negative change in Trust performance / Significant deterioration in financial position/ Serious reputation concerns / Potential disruption to service delivery/Conditional changes to registration status/ may be trust wide or restricted to one service
Moderate – Moderate change in Trust performance/ financial standing affected/ reputational damage likely to cause on-going concern/potential change in registration status
Minor – Small or short term performance issue/ no effect of registration status/ no persistent media interest/ transient and or slight reputational concern/little financial impact.
Negligible (very low) – No impact on Trust performance/ No financial impact/ No patient harm/ little or no media interest/ No lasting reputational damage.

Key to proposed changes:

~~Score through~~ = proposed deletions/completed

Blue Text = proposed additions

Red = overdue actions

BAF 1 Systemic failures in the quality of care

Exec Lead: Chief Medical Officer/Chief Nursing Officer

Inherent Risk			Current Risk			Target Risk		
Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score
4	5	20	4	5	20	1	5	5
Risk	Key Controls	Sources of Assurance	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)			
<p>Cause:</p> <ul style="list-style-type: none"> Failure to deliver the Clinical and Quality standards and targets. Breach of CQC regulations Unintended CIP impact on service quality Availability of resources to deliver safe standards of care. Failure in operational or clinical leadership Failure of systems or compliance with policies Failure in the accuracy, completeness, or timeliness of reporting Failure in the supply of critical goods or services <p>Effect:</p> <ul style="list-style-type: none"> Poor patient experience Poor clinical outcomes Increase in complaints. Negative media coverage <p>Impact:</p> <ul style="list-style-type: none"> Harm to patients Loss of reputation Loss of contracts/market share 	<ul style="list-style-type: none"> Clinical Strategy Nursing and Midwifery Strategy Quality metrics and clinical outcomes data Complaints and claims Incident reporting and investigation Risk Assurance and Escalation policy Contract monitoring CQPG meetings NHSE Single Oversight Framework Staff appraisal and revalidation processes Clinical policies and guidelines Mandatory Training Lessons Learnt reviews Clinical Audit Plan Quality Improvement Action Plan Clinical Outcomes/Mortality Surveillance Group Ward Quality Dashboards CIP Quality & Equality Impact Assessment Process IG monitoring and audit Medicines Optimisation Strategy Learning from deaths policy Emergency Planning Resilience and Recovery Ockenden Report action plan Maternity Incentive Scheme. CNST premium Patient Safety Incident Response Framework (PSIRF) Safer staffing/ establishment and Birth Rate + staffing reviews 	<p>LEVEL 1 Operational Assurance</p> <ul style="list-style-type: none"> Staff Survey Friends and Family test scores Quality Ward Rounds Ward accreditation programme Patient survey action plans <p>LEVEL 2 Board Assurance</p> <ul style="list-style-type: none"> IPR/CPR/DPR Patient stories Quality Committee Audit Committee Finance and Performance Committee Infection control, Safeguarding, H&S, complaints, claims and incidents annual reports Nursing & Midwifery Strategy Learning from Deaths Mortality Review Reports Quality Account Internal audit programme IPC Board Assurance Framework Maternity High Risk Pathways Project Board <p>LEVEL 3 Independent Assurance</p> <ul style="list-style-type: none"> National clinical audits External inspections and reviews GIRFT Reviews PLACE Inspections Reports CQC Inspection Reports Learning Lessons League & NSIB reports IG Toolkit results Model Hospital Maternity Incentive Scheme/Saving Babies Lives 	<p>Quality metrics embedded in divisional performance management/governance systems.</p> <p>Complete implementation of post transaction corporate nursing and medical management structures (Revised to October 2026).</p> <p>Completion of Quality Impact Assessment and Board Assurance Checklist for the system led financial savings schemes for 2025/26</p> <p>Close regulatory breaches identified in the CQC-UEC Reports—work continues the action plan (Revised to February 2026)</p>	<p>Routinely achieve 30% of discharges by midday 7 days a week to improve patient flow (2025/26 interim target of 20%)</p> <p>Routinely achieve 25% of discharges by midday 7 days a week to improve patient flow (By March 2027)</p> <p>Single set of key clinical and quality policies for MWL (Revised to March 2027)</p> <p>Finalise N&M strategy on appointment of Chief Nursing Officer (Revised to March 2026)</p> <p>Implementation of the new Standards for care of acutely unwell patients in their first 72 hours in hospital assessment and action plan (January 2026)</p> <p>New ICB structure and operating model may impact the delivery of statutory functions such as CHC, Safeguarding and Medicines Management</p>	<p>Aim for response time of 60 days for complains and concerns, with month-on-month improvement (Revised to March 2027).</p> <p>Achieve 2025/26 agreed quality improvement Trust Objectives (March 2026)</p> <p>Following review of MWL ward accreditation programme introduce cross site quality assurance by subject matter experts from February 2026.</p> <p>Completion of the Northwest Home Birth benchmarking tool (January 2026)</p> <p>Deliver the action plan to eliminate corridor care by March 2027</p>			

BAF 2 Failure to develop or deliver long term financial sustainability plans for the Trust and with system partners Exec Lead: Chief Finance Officer

Inherent Risk			Current Risk			Target Risk		
Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score
4	5	20	4.3	5	15.20	2	5	10
Risk	Key Controls	Sources of Assurance	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)			
<p>Cause:</p> <ul style="list-style-type: none"> Failure to achieve the Trusts statutory breakeven duty. Failure to develop a strategy for sustainable healthcare delivery with partners and stakeholders. Failure to deliver strategic financial plans. Failure to control costs or deliver CIP. Failure to implement transformational change at sufficient pace. Failure to continue to secure national PFI support. Failure to respond to commissioner requirements. Failure to respond to emerging market conditions. Failure to secure sufficient capital to support additional equipment/bed capacity. Failure to obtain sufficient cash balances. Failure to obtain on going transaction support. Failure to deliver financial plans. <p>Effect:</p> <ul style="list-style-type: none"> Failure to meet statutory duties. NHSE Single Oversight Framework rating. <p>Impact:</p> <ul style="list-style-type: none"> Unable to deliver viable services. Loss of market share <p>External intervention</p>	<ul style="list-style-type: none"> Annual operational and financial plan System financial plan Annual Business Planning Annual budget setting CIP plans and quality impact assurances processes Monthly financial reporting – with run rate and forecast 3-year capital programme Productivity and efficiency benchmarking (ref costs, Carter Review, model hospital) Contract monitoring and reporting Activity planning and profiling IPR Provider Licence Conditions Service Improvement Team capacity to support delivery of CIP and service transformation Premium/agency payments approval and monitoring processes Internal audit Standards of business conduct SFIs/SOs Conflict of interest declarations Benchmarking and reference cost group Divisional ownership of finance and CIP plans Productivity reviews and benchmarking Underlying financial position review with NHSE/ICB 	<p>LEVEL 1 Operational Assurance</p> <ul style="list-style-type: none"> Monthly divisional performance reviews (DPRs) Finance Improvement Groups CIP Council Meetings Agency and locum spend approvals and reporting process. Operational planning Vacancy control panel <p>LEVEL 2 Board Assurance</p> <ul style="list-style-type: none"> Finance and Performance Committee and reporting Councils -run rate and forecast Annual Financial Plan Integrated Performance Report Benchmarking and market share reports (inc. GIRFT, corporate benchmarking, ERIC) Internal Audit Programme Well Led finance self - assessment and peer review <p>LEVEL 3 Independent Assurance</p> <ul style="list-style-type: none"> Audit Committee ICB & NHSE monthly reporting and MWL review meetings Contract Review meetings Place Based Partnership Boards Financial sustainability self-assessment External Audit/VFM reports Head of Internal Audit Opinion NHSE scrutiny of cash applications NHSE oversight framework segmentation PWC Grip and Control Review 	<p>Continue collaboration across C&M to deliver transformational CIP contribution.</p> <p>Medium and long-term financial plan, considering current position and savings from any reconfiguration, that addresses drivers of the underlying financial position of services at legacy S&O sites and linked to the gradual taper of the agreed transaction support funding.</p> <p>Long term equipment replacement plans for key equipment (not included in the PFI agreement and for the non-PFI sites), inc. imaging, HSDU</p>	<p>Develop capacity and demand modelling and a consistent approach to service development business case approval.</p> <p>Foster positive working relationships with health economy partners to help create a joint vision of the future of health services.</p> <p>Continue to achieve cash flow and prompt payment of invoices from other NHS providers e.g. as lead employer to maintain cash balances.</p> <p>At the earliest opportunity move back to longer term financial planning with rolling plans for 3 – 5 years.</p> <p>Development and delivery of the 3-year financial recovery plan, aligned to the ICB recovery plan (March 2028)</p> <p>Assurance that the ICB-UEC improvement plan will deliver tier 3 CIP savings targets in 2025/26</p> <p>Agree contracts with the C&M ICB for 2025/26, including historical issues</p> <p>Finalise contracts with the C&M ICB for 2026/27</p>	<p>Deliver the agreed 2025/26 operational and financial plans, including the CIP target (March 2026)</p> <p>Deliver the 2025/26 Capital Programme (March 2026)</p> <p>Cash Management Plans for 2025/26 (March 2026)</p> <p>Work with ICB and NHSE financial improvement programmes to achieve the 2025/26 financial plan (March 2026)</p> <p>Deliver the agreed 2026/27 operational and financial plans, including the CIP target (March 2027)</p> <p>Deliver the 2026/27 Capital Programme (March 2027)</p> <p>Annual Planning Cycle for 2026/27 including Board Assurance Statements (February 2026)</p>			

BAF 3 Sustained failure to maintain operational performance/deliver contracts

Exec Lead: Chief Operating Officer

Inherent Risk			Current Risk			Target Risk		
Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score
4	4	16	5	4	16/20	3	4	12
Risk	Key Controls	Sources of Assurance	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)			
<p>Cause:</p> <ul style="list-style-type: none"> Failure to deliver against national performance targets (ED, RTT, and Cancer etc.) or PSF improvement trajectories. Failure to reduce LoS. Failure to meet activity targets. Failures in data recording or reporting Failure to create sufficient capacity to meet the levels of demand. Failure of external parties to deliver required social care capacity <p>Effect:</p> <ul style="list-style-type: none"> Failure to deliver against national performance targets (ED, RTT, and Cancer etc.) or PSF improvement trajectories. Failure to reduce LoS. Failure to meet activity targets. Failures in data recording or reporting Failure to create sufficient capacity to meet the levels of demand. Patients treated in ED or escalation beds. <p>Impact:</p> <ul style="list-style-type: none"> Failure to deliver against national performance targets (ED, RTT, and Cancer etc.) or PSF improvement trajectories. Failure to reduce LoS. Failure to meet activity targets. Failures in data recording or reporting Failure to create sufficient capacity to meet the levels of demand. Negative impact on patient outcomes and experience 	<ul style="list-style-type: none"> NHS Constitutional Standards Divisional activity profiles and work plans System Winter Plan Divisional Performance Review Meetings ED RCA process for breaches Tumour specific cancer waiting time recovery plans Exec Team weekly performance monitoring Waiting list management and breach alert system ECIP Improvement Events A&E Recovery Plan Capacity and Utilisation plans CQUIN Delivery Plans Capacity and demand modelling System Urgent Care Delivery Board Membership Internal Urgent Care Action Group (EOT) Data Quality Policy MADE events Bed occupancy rates Number of super stranded /patients who no longer meet the criteria to reside 	<p>LEVEL 1 Operational Assurance</p> <ul style="list-style-type: none"> Winter resilience plans Financial Improvement Groups Community services contract review meetings ICB CEO meetings Extraordinary PTL for long wait patients IA EPRR response and recovery plans Monthly Executive Committee Divisional Performance Reviews <p>LEVEL 2 Board Assurance</p> <ul style="list-style-type: none"> Finance and Performance Committee Integrated Performance Report Annual Operational Plan <p>LEVEL 3 Independent Assurance</p> <ul style="list-style-type: none"> Contract review meetings NHSE & ICB monitoring and escalation returns/sit-reps System winter resilience plan CQC System Reviews Cancer Alliance monthly oversight meetings 	<p>Implementation of routine capacity and demand modelling</p> <p>A defined preferred option and capital secured for Shaping Care Together programme.</p> <p>Implementation of CDCs at Southport and Ormskirk.</p>	<p>Assurance that there is sufficient system response to operational pressures and reducing the number of patients who no longer meet the criteria to reside.</p> <p>Continue to deliver Productive Partners recommendations to improve elective activity productivity and maximise capacity (Revised to March 2026)</p> <p>C&M UEC Improvement Programme for 2025/26 to enable MWL to decrease escalation capacity and improve patient flow, achieve ambulance handover targets, reduce 12-hour breaches and improve ED waiting times (March 2026)</p> <p>Improve OPD capacity utilisation (March 2026)</p> <p>C&M UEC Improvement Programme for 2026/27 to enable MWL to eliminate corridor care, decrease escalation capacity and improve patient flow, achieve ambulance handover targets, reduce 12 hour breaches and improve ED waiting times by having appropriate alternatives to admission, supporting more timely discharge and reducing the number of patients who do not meet the criteria to reside (March 2027).</p>	<p>Deliver the internal transition and transformation programme to address fragile services by service integration and alignment across MWL (Revised to December 2025)</p> <p>Deliver the 2025/26 elective recovery, and ED, diagnostic and cancer waiting time targets set out the national planning guidance (March 2026)</p> <p>65-week waits elimination recovery plan (December 2025) and 52-week recovery plan (March 2026)</p> <p>Cancer waiting times recovery plans – improvements delivered with work on-going to restore targets across all specialities (Revised to February 2026)</p> <p>Elective activity recovery plan (March 2026)</p> <p>Develop operational plan for 2026/27 (February 2026)</p> <p>Deliver the 5 strategic transformation programmes to support improvements in access and waiting times, improved productivity and integration to support the stabilisation of fragile services.</p> <p>Deliver the 2026/27 elective recovery, and ED, diagnostic and cancer waiting time targets set out the national planning guidance (March 2027).</p>			

BAF 4 Failure to maintain patient, partner and stakeholder confidence in the Trust

Exec Lead: Deputy CEO

Inherent Risk			Current Risk			Target Risk		
Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score
4	4	16	4	4	16	2	4	8
Risk	Key Controls	Sources of Assurance	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)			
<p>Cause:</p> <ul style="list-style-type: none"> Failure to respond to stakeholders e.g. Media Single incident of poor care Deteriorating operational performance Failure to promote successes and achievements. Failure of staff/ public engagement and involvement Failure to maintain CQC registration/Outstanding Rating Failure to report correct or timely information. Failure of FPPT procedure <p>Effect:</p> <ul style="list-style-type: none"> Loss of market share/contracts Loss of income Loss of patient/public confidence and community support Inability to recruit skilled staff. Increased external scrutiny/review. <p>Impact:</p> <ul style="list-style-type: none"> Reduced financial viability and sustainability. Reduced service safety and sustainability Reduced operational performance. Increased intervention 	<ul style="list-style-type: none"> Communication, Media and Public Engagement Strategy & action plan Publicity and marketing activity/proactive annual programme Patient Involvement Feedback Patient Power Groups Public Consultations Annual Board effectiveness assessment and action plan Board development programme Internal audit Data Quality Scheme of delegation for external reporting Social Media Policy Approval scheme for external communication/ reports and information submissions NED internal and external engagement Trust internet and social media monitoring and usage reports Complaints response times monitoring and quarterly complaints reports Compliance with GDPR/FOI Board media roundups and flash briefings Work with ICB and NHSE communications teams 	<p>LEVEL 1 Operational Assurance</p> <ul style="list-style-type: none"> Winter plans and awareness raising campaigns Daily/weekly media briefings and board flash reports for urgent issues Quarterly communications and media reports Communications plans in relation to service change proposals MWL UEC Recovery Programme <p>LEVEL 2 Board Assurance</p> <ul style="list-style-type: none"> Finance and Performance Committee Patient Experience Council Integrated Performance Report Annual Operational Plan/objectives <p>LEVEL 3 Independent Assurance</p> <ul style="list-style-type: none"> NHSE & ICB monitoring and escalation returns/sit-reps NHSE NOF Segmentation Representation and participation across system forums – HWBB, Place and Neighbourhood System winter resilience plan CQC System Reviews/Reports Provider Collaboratives/Alliance 	<p>Optimise opportunities for Neighbourhood Healthcare Hubs and Integrated Healthcare Organisations for the local population in partnership with Place/LA's and other key stakeholders</p>	<p>Creation of good working relationships with new Healthwatch/PBP areas post transaction.</p> <p>SCT consultation report and complete Decision-Making Business Cases (April 2026)</p> <p>Engagement with the system wide CIP and service change programmes to deliver the C&M financial plan for 2025/26 (March 2026)</p>	<p>Develop the MWL Communications, Media, and Public Engagement strategy for approval by the Trust Board (revised to June 2026)</p> <p>Continue programme of CQC site visits to maintain understanding of the Trusts issues and responses (On-going)</p> <p>Demonstrate impact of Neighbourhood Health interventions for Wave 1 of NNHIO (December 2026)</p> <p>MWL Strategy and strategic framework to be approved by Trust Board (February 2026)</p>			

BAF 5 Failure to work effectively with stakeholders

Exec Lead: Chief People Officer

Inherent Risk			Current Risk			Target Risk		
Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score
4	4	16	3	4	12	2	4	8
Risk	Key Controls	Sources of Assurance	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)			
<p>Cause:</p> <ul style="list-style-type: none"> Failure to respond to stakeholders e.g. Media. Single incident of poor care Deteriorating operational performance Failure to promote successes and achievements. Failure of staff/ public engagement and involvement Failure to maintain CQC registration/Outstanding Rating Failure to report correct or timely information. <p>Effect:</p> <ul style="list-style-type: none"> Lack of whole system strategic planning Loss of market share Loss of public support and confidence Loss of reputation Inability to develop new ideas and respond to the needs of patients and staff. <p>Impact:</p> <ul style="list-style-type: none"> Unable to reach agreement on collaborations to secure sustainable services. Reduction in quality of care Loss of referrals Inability to attract and retain staff. Failure to win new contracts. <p>Increase in complaints and claims</p>	<ul style="list-style-type: none"> Communications and Engagement Strategy Membership of Health and Wellbeing Boards Representation on Urgent Care Boards/System Resilience Groups JNCG/LNC Patient and Public Engagement and Involvement Strategy Place Director Meetings Staff engagement strategy and programme Patient power groups Involvement of Healthwatch St Helens Cares Peoples Board/Neighbourhood Pilots Membership of specialist service networks and external working groups e.g. Stroke, Frailty, Cancer Exec to Exec working MWL Hospitals Charity annual objectives Regular meetings with local MPs, OSCs etc. Equality impact assessments Anchor institution development plan 	<p>LEVEL 1 Operational Assurance</p> <ul style="list-style-type: none"> Shaping Care Together Programme Membership of CMPC Capital Planning Council ED&I Steering Group Monitoring of NHS Choices comments and ratings Review of digital media trends Healthwatch feedback Patient Experience Council Valuing our People Council <p>LEVEL 2 Board Assurance</p> <ul style="list-style-type: none"> Quality Committee Strategic People Committee Charitable Funds Committee CEO Reports HR Performance Dashboard Board Member feedback and reports from external events Quality Account Annual staff engagement events programme Staff survey results and action plan <p>LEVEL 3 Independent Assurance</p> <ul style="list-style-type: none"> NHSE review meetings Participation in C&M ICB leadership and programme Boards Collaborative working with Place Directors to develop plans for PBPs and Neighbourhood Health Prototypes with PCNs and LAs 	<p>Health inequalities improvement objectives to be agreed with each Place and the ICBs</p> <p>Agree C&M /Alliance improvement objectives and outcomes</p>	<p>New C&M Integrated Care System performance and accountability framework ratings and reports</p> <p>Develop and maintain good working relationships with each Place Partnership, ICB and Primary Care Networks</p> <p>Maintain effective working with Place leads to take forward the UEC improvement programme workstreams and reduce the % of NCTR patients in acute beds.</p> <p>Work effectively with stakeholders to implement the NHS 10-year plan and develop neighbourhood model for the MWL footprint and our three shifts journey.</p> <p>Approve case for change for C&M Alliance</p>	<p>Continue to work with the SCT programme and other system partners to reduce the number of legacy S&O Trust fragile services (On-going)</p> <p>Engage with the transition of NHSE to DHSC and what this means for the local system infrastructure and responsibilities - including the impact on system engagement and decision making (March 2027)</p> <p>Maintain engagement with all patients and staff with an interest in the Shaping Care Together (SCT) programme (On-going)</p> <p>Demonstrate delivery of the three shifts for and impact of neighbourhood Health interventions for Wave 1 of NNHIP "Pioneers" (December 2026)</p> <p>Agree priorities for C&M Blueprint Alliance</p>			

BAF 6 Failure to attract and retain staff with the skills required to deliver high quality services

Exec Lead: Chief People Officer

Inherent Risk			Current Risk			Target Risk		
Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score
4	5	20	3	5	15	2	5	10
Risk	Key Controls	Sources of Assurance	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)			
<p>Cause:</p> <ul style="list-style-type: none"> Loss of good reputation as an employer Doubt about future organisational form or service sustainability Failure of recruitment processes Inadequate training and support for staff to develop High staff turnover Unrecognised operational pressures leading to loss of morale and commitment Reduction in the supply of suitably skilled and experienced staff <p>Effect:</p> <ul style="list-style-type: none"> Increasing vacancy levels Increased difficulty to provide safe staffing levels Increase in absence rates caused by stress Increased incidents and never events Increased use of bank and agency staff <p>Impact:</p> <ul style="list-style-type: none"> Reduced quality of care and patient experience Increase in safety and quality incidents Increased difficulty in maintaining operational performance Loss of reputation Loss of market share 	<ul style="list-style-type: none"> Trust brief live MWL News Mandatory training Appraisals Staff benefits package H&WB Provision Staff Survey action plan JNCC/LNC Workforce & Development Operational Plan Learning and Organisational Development Operational Plan People Policies Exit interviews Staff Engagement Programme – Listening events Involvement in Academic Research Networks Values based recruitment Daily nurse staffing levels monitoring and escalation process 6 monthly Nursing establishment reviews and workforce safeguards reports Recruitment and Retention Delivery plan Career leadership & talent development programmes Agency caps and usage reporting Speak out safely policy Trust Values Medical Workforce Delivery QD plan Talent Management action plan Equality, Diversity, and Inclusion Delivery plan 	<p>LEVEL 1 Operational Assurance</p> <ul style="list-style-type: none"> Finance and workforce Improvement Group Monitoring of bank, agency and locum spend Workforce operational plans and information dashboards Vacancy control panel <p>LEVEL 2 Board Assurance</p> <ul style="list-style-type: none"> Strategic People Committee People Performance Council, Valuing Our People Council, Equality, Diversity and Inclusions Council and HR Commercial Services Council Finance and Performance Committee Committee Performance Report Staff Survey Monitoring of vacancy rates/labour stability and staff turnover WRES, WDES, EDS3 and Gender Pay Gap, EDI reports and action plans Quality Ward rounds Employee Relations Oversight Group MWL People Plan 2025-2028 Nurse safer staffing % fill rates <p>LEVEL 3 Independent Assurance</p> <ul style="list-style-type: none"> HR Benchmarking Nurse & Midwifery Benchmarking Freedom to Speak Up Guardian reports Guardian of Safe Working Hours report Northwest BAME Assembly Anti-Racism Framework - bronze 	<p>Monthly Provider Workforce Returns (PWR)</p> <p>Delivery of the updated NHSE Sexual Safety Charter Assurance Framework action plan (by April 2026)</p> <p>Delivery of MWL action plan for the NHSE 10 Point Plan to Improve the Working Lives of Resident Doctors (On-going).</p>	<p>Specific strategies and targeted campaigns to overcome recruitment hotspots e.g., international recruitment and working closely with NHSE.</p> <p>CDC recruitment campaign continues with recruitment events and new training opportunities for Physician Associates, Phlebotomy, international recruitment, and use of apprenticeships (On-going)</p> <p>Review of the MWL People Strategy to align with the MWL Strategy review and objectives (June 2026).</p>	<p>Continue to provide the necessary support for organisational change to implement the remaining management structure for the MWL integrated operating model (continues in 2026/27)</p> <p>Delivery of the 2024 staff survey action plan and engagement events (March 2026)</p> <p>Delivery of the 2025 staff survey action plan and engagement events (March 2027)</p> <p>Continue Healthcare Support Worker quarterly recruitment events for each hospital site for substantive and bank staff (on-going)</p> <p>Deliver the agreed 2025/26 workforce plans to support the operational and financial targets set out in the National Planning Guidance (March 2026)</p> <p>Deliver the agreed Trust EDI priorities as outlined in the MWL People Plan 2025-28 and the High Impact Actions Delivery Plan (Revised to March 2027)</p> <p>Implementation of single resourcing solution (Revised to May 2026)</p>			

BAF 7 Major and sustained failure of essential assets or infrastructure

Exec Lead: Director of Corporate Services
Chief Executive

Inherent Risk			Current Risk			Target Risk		
Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score
4	4	16	23	4	8.12	2	4	8
Risk	Key Controls	Sources of Assurance	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)			
<p>Cause:</p> <ul style="list-style-type: none"> Poor replacement or maintenance planning Poor maintenance contract management Major equipment or building failure Failure in skills or capacity of staff or service providers Major incident e.g. weather events/ fire Insufficient investment in estates capacity to meet the demand for services <p>Effect:</p> <ul style="list-style-type: none"> Loss of facilities that enable or support service delivery Potential for harm as a result of defective building fabric or equipment Increase in complaints <p>Impact:</p> <ul style="list-style-type: none"> Inability to deliver services Reduced quality or safety of services Reduced patient experience Failure to meet KPIs Loss of reputation Loss of market share/contracts 	<ul style="list-style-type: none"> New Hospitals / Vinci /Medirest Contract Monitoring Equipment replacement programme Equipment and Asset registers 5-year Capital programme PFI lifecycle programme PPM schedules and reports Procurement Policy PFI contract performance reports Regular accommodation and occupancy reviews Estates and Accommodation Strategy H&S Committee Membership of system wide estates and facilities strategic groups Membership of the C&M HCP Strategic Estates work programme Access to national capital PDC allocations to deliver increased capacity Compliance with national guidance in respect of waste management, ventilation, Oxygen supply, cleaning, food standards Compliance with NHS Estates HTMs Green Plan 	<p>LEVEL 1 Operational Assurance</p> <ul style="list-style-type: none"> Major Incident Plan Business Continuity Plans Planned Preventative Maintenance Programme Issues from meetings of the Liaison Committee escalated as necessary to Executive Committee to capture <ul style="list-style-type: none"> Strategic PFI changes Legal, Financial and Workforce issues Contract risk Design & construction FM performance MES performance Statutory safety groups and E&F Governance Group <p>LEVEL 2 Board Assurance</p> <ul style="list-style-type: none"> Finance and Performance Committee Finance Report Capital Council Audit Committee Integrated Performance Report ERIC returns/data Green Plan annual monitoring reports <p>LEVEL 3 Independent Assurance</p> <ul style="list-style-type: none"> Authorising Engineer Appointments and audits Condition surveys Premises Assurance Model (PAM) benchmarking Model Hospital PLACE Audit Results and benchmarking Building Safety Act ERIC/PAM benchmarking 	<p>Maintain up to date 10-year strategic estates development plans for MWL to support the Trusts service development and integration strategies.</p> <p>Development of an updated Trust Estates Strategy in response to Shaping Care Together preferred service configuration option (aligned to SCT timetable)</p>	<p>Compliance with the new Protect legislation for premises security (March 2027)</p>	<p>Deliver the agreed capital programme for 2025/26 (March 2026)</p> <p>Deliver the agreed estates capital programme for 2026/27 (March 2027)</p> <p>Deliver the agreed backlog maintenance reduction programme for 2025/26 (March 2026)</p> <p>Deliver the agreed backlog maintenance/critical infrastructure reduction programme for 2026/27 (March 2027)</p> <p>Deliver the PFI lifecycle programme for 2025/26 agreed with NewHospitals (March 2025/26)</p> <p>Deliver the PFI lifecycle programme for 2026/27 agreed with NewHospitals (March 2027)</p> <p>Develop the SCT preferred option capital business case and delivery plan (September 2026)</p>			

BAF 8 Major and sustained failure of essential IT systems

Exec Lead: Director of Informatics

Inherent Risk			Current Risk			Target Risk		
Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score
5	4	20	4	4	16	2	4	8
Risk	Key Controls	Sources of Assurance	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)			
<p>Cause:</p> <ul style="list-style-type: none"> Inadequate replacement or maintenance planning Inadequate contract management Failure in skills or capacity of staff or service providers Major incident e.g. power outage or cyber attack Lack of effective risk sharing with HIS shared service partners Inadequate investment in systems and infrastructure <p>Effect:</p> <ul style="list-style-type: none"> Lack of appropriate or safe systems Poor service provision with delays or low response rates System availability resulting in delays to patient care or transfer of patient data Lack of digital maturity Loss of data or patient related information <p>Impact:</p> <ul style="list-style-type: none"> Reduced quality or safety of services Financial penalties Reduced patient experience Failure to meet KPIs Loss of reputation Loss of market share contracts 	<ul style="list-style-type: none"> MMDA Management Board and Accountability Framework Procurement Framework MMDA Strategy Performance framework and KPIs Customer satisfaction surveys Cyber Security Response Plan Benchmarking Workforce Development Risk Register Contract Management Framework Major Incident Plans Disaster Recovery Policy Disaster Recovery Plan and restoration procedures Engagement with C&M ICS Cyber group Business Continuity Plans Care Cert Response Process Project Management Framework Change Advisory Board IT Cyber Controls Dashboard Information asset owner/administrator register Service improvement plans MWL Digital Strategy 2024-2027 Microsoft Defender for Endpoints MFA protection for confidential data – enforced on non-Trust devices Annual DSPT self-assessments C&M Major digital Incident planning exercises 	<p>LEVEL 1 Operational Assurance</p> <ul style="list-style-type: none"> Information security dashboard Information asset owner register Information security dashboard IT On Call (including network specific cover provided by MMDA) Benefit realisation framework monitoring Monthly cyber security operational meeting Digital Transformation Steering Group MMDA Strategy Board Programme/Project Groups Information Governance Group Information Security Group AI and RPA Group <p>LEVEL 2 Board Assurance</p> <ul style="list-style-type: none"> Board Reports IM&T Strategy delivery and benefits realisation plan Audit Committee Executive committee Risk Management Council IM&T Council MMDA Service Operations Board Quarterly Board Cyber Security Reports Shared EPR Programme Executive Board <p>LEVEL 3 Independent Assurance</p> <ul style="list-style-type: none"> Internal/External Audits Cyber Essentials Plus accreditation - MMDA. Support contracts for core systems Quarterly NHS Digital simulated phishing attack reports Digital Maturity Assessments Data Security & Protection Toolkit 	<p>Annual IT Corporate Governance Structure review</p> <p>Technical Development of staff</p> <p>Joint EPR Programme Board Assurance Reports</p> <p>EPR Optimisation Council Assurance Reports</p>	<p>IT Communications Strategy</p> <p>Digital Maturity Assessment</p>	<p>Achieve HIMMS Level 5 2018 standards and core digital capabilities and WGLL standards (revised to September 2028 due to impact of extended EPR replacement programme)</p> <p>Windows Server 2008 and 2012 are being retired and being replaced (Revised to March 2026)</p> <p>Windows Server 2016 are being retired and being replaced (Jan 2027)</p> <p>Delivery of the Frontline Digitisation Programme Frontline Productivity Programme to optimise Careflow EPR and implement new functionality to meet the core digital capability standards (full implementation will only be delivered when the new single EPR is in place – Feb 2029). Transition to Frontline Productivity Programme in March 2026</p> <p>Delivery of Community EPR (revised to March 2027)</p> <p>Cyber Essentials Plus for MWL (March 2026)</p> <p>Implementation of Maternity Information System (revised to November 2026) following changes in service delivery model that have been reassessed and the implementation plan updated</p> <p>Implement EPMA at the Southport and Ormskirk Hospital sites (revised to June 2026)</p> <p>Deliver the 2025/26 IT Capital expenditure plan</p> <p>Deliver the 2026/27 IT Capital expenditure plan</p> <p>Artificial Intelligence Policy implementation (February 2026)</p>			

Title of Meeting	Trust Board	Date	29 April 2026
Agenda Item	TB26/031		
Report Title	Health Inequalities Delivery Plan 2025/26 Review and 2026/27 Look Forward		
Executive Lead	Rob Cooper, Chief Executive		
Presenting Officer	Wayne Longshaw, Director of Integration		
Action Required		To Approve	X To Note
Purpose			
This report reviews the 2025/26 Delivery Plan of Trust's Health Inequalities Strategy, and sets out draft plans for 2026/27.			
Executive Summary			
This paper presents a review of actions taken in 2025/26 shown in detail at Appendix 1 and the planned activities for 2026/27 set out in Appendix 2.			
<p>The Trust Board approved the three year Health Inequalities Strategy 2025-2028 in March 2025 which provides a route map to reducing to Health Inequalities; it is a call to action that recognises that our geographies are amongst the most deprived in the country. The strategy has developed its approach accordingly with a vision and four objectives:</p> <p>Health Inequalities Vision: <i>Reducing health inequalities by ensuring equitable access to our services and promoting preventable support in the community.</i></p> <p>Health Inequalities Objectives: The Trust will use its role to reduce health inequalities in the communities it serves by:</p> <ul style="list-style-type: none"> • Being a provider of quality health care • Being an active partner • Being an employer of choice • Being an anchor institution <p>Since the launch of the strategy, our landscape continues to evolve:</p> <ul style="list-style-type: none"> • The announcement of the abolition of NHS England (NHSE) into the Department of Health Social Care is now moving at pace • The 50% reduction in Integrated Care Board (ICB) running costs has seen the first wave of redundancies at Cheshire and Merseyside (C&M), with more to come, the new functions have been agreed and with the loss of capacity, there is now a greater emphasis on an enhanced role for NHS providers • The NHS 10 Year Health Plan was launched in July 2025 putting more detail behind the three shifts with a particular lens on reducing Health Inequalities, the ICB has produced its Strategic Commissioning Plan • Two of our Places became Neighbourhood Health Pioneers (St Helens and Sefton) in the Autumn of 2025, and plans are moving into mobilisation • The Trust is providing more community-based services in Knowsley and has recently been awarded the contract for West Lancashire Community Services. 			

It is recognised that Health Inequalities has been prevalent for generations and breaking this cycle is one of the most challenging issues facing societies. Any actions and initiatives taken often have a long tail and seeing outcomes can take some time to feed through.

Good progress has been made in 2025/26 but it recognised that there is still more to be done to reach a level of maturity that fully embeds health equity into everything we do. 2025/26 has been treated as our baseline year and work currently underway establish a suite of metrics as of 31 March 2026, that will as the point of reference for progress going forward. It is envisaged that these metrics will be established by the end of Q1 2026.

2025/26 Delivery Plan Review:

The majority of actions have been rated **Green** signalling completion or being on track. There are a few exceptions, this list below shows a sample of achievements and areas of Red and Amber Actions:

- **Redevelopment of the Health Inequalities dashboard to target improvements and spread the adoption across C&M**
- **The Tobacco Dependency Treatment (TDT) service visited more than 3,500 inpatients in 2025/26**
- **Strong Peer support for breastfeeding educational programmes**
- **Casefinding cohorts at people at risk of admissions have been completed for all Primary Care Networks (PCNs) to prepare for neighbourhood health Interventions**
- **Warm Homes for (Young) Lungs continues to support some of our most vulnerable people at risk during the winter months**
- **Engaging with schools and colleges for careers and placements**
- **Achieve Bronze level anti-racism status. Trust Anti-racist statement in place**
- **Participated in the Liverpool City Region Shadowing Programme for Ethnically Diverse Individuals**

Red Actions (targets missed)

- **'On an elective wait list and attending ED' by QOF condition tool implementation** – the Trust is going through data governance processes with the ICB to access the relevant data
- **Outpatients – Introduction of flags to identify patient groups with a higher prevalence of did not attends (DNAs)** - the Trust is considering different appointment approaches and reminder methods using this data to reduce the level of DNAs. This is being piloted with paediatrics, gynaecology and respiratory
- **Build into the patient portal app AI capability to predict DNAs and best forms of communications for that cohort of patients** – this has not yet been implemented due to investment requirements
- **Utilise the Connected Care Record as it is rolled out to all places** - ICB Digital Team have paused the rollout of the connected Care record

Amber Actions (partial achievement)

- **Commence diabetic amputation audit-intended to identify improvement areas** – Diabetic amputation audit has commenced but not fully completed
- **Making Every Contact Count Training (MECC)** - MECC Training: Currently four courses available for staff to access and enrol. They include 1. MECC: Motivating change 2. MECC Brief Encounters 3. MECC Five ways to wellbeing 4. MECC-Count. MECC is not currently mandated.
- **Skills Academy opening in 2025** – additional building work requirements (asbestos, firestopping and lift repairs) have resulted in delays with the completion of the building, plus issues (now resolved) over the transfer of the asset have set back the launch to June 2026, the service has a name change of Health and Care Careers Hub.

2026/27 Delivery Plan

As we move into the second year of the delivery of the strategy, we must recognise the changing and emerging landscape described in this paper. The big drivers of this agenda will be the Neighbourhood Health programmes at Place, the pursuit of the “3 shifts” in the NHS 10 Year Health Plan, ICB Strategic Commissioning and a greater role for providers and the expansion of our Community Services offer. Health Inequalities features strongly in the Trust’s 10 Year Strategy. Taking account of the current context, there are some must do activities that include:

Being a **provider** of quality health care:

- Reinvigorating our approach to MECC, improving training for new starters
- Managing our patients at risk of Health Inequalities on our elective waiting lists and in outpatients to achieve equitable treatment
- Improving our Primary/Secondary Care Interface to deliver better advice and guidance and straight to test appointments

Being an active **partner**

- Support the Neighbourhood Health programmes in our Places
- Work with Private and Public Partners to deliver care closer to home (Widnes example)
- Work on digital solutions with the ICB to provider better care, but also with localities to improve digital literacy and avoid exclusion (NHS App)

Being an **employer** of choice

- Engaging with schools, colleagues and universities to ensure a continued pipeline of talent chooses MWL as their chosen career destination.
- Continue to support staff requiring reasonable adjustments removing barriers and a positive working environment. Consolidate on our Bronze level anti racism status, continuing this journey and supporting our diversity groups
- Continue the strong health and wellbeing offer, providing the right support to our workforce

Being an **anchor institution**

- Launching the Health and Care Careers Hub with a significant recruitment drive for Health Care Assistants (summer 2026)
- Continue to use our assets in the local community not only to provide services but to increase local footfall for economic benefit
- Provide leadership in the places we serve and the wider footprints in C&M and the Region

The Trust is still on a journey to true health equity. It is worthy to note that there has been a recent trend for Trusts to employ Public Health professionals to support this development – we keep a watching brief. We will continue to refine our approach and become ever more sophisticated in our approach to tackle health inequalities with stronger plans, metrics and systems throughout the life of the strategy.

Financial Implications

None at this point.

Quality and/or Equality Impact

Not applicable

Recommendations

The Board is asked to note the progress made in delivering the Trust's Health Inequalities Strategy Delivery Plan 2025/26 and note the Delivery Plan 2026/27.

Strategic Objectives

X	SO1 5 Star Patient Care – Care
X	SO2 5 Star Patient Care - Safety
X	SO3 5 Star Patient Care – Pathways`
X	SO4 5 Star Patient Care – Communication
X	SO5 5 Star Patient Care - Systems
X	SO6 Developing Organisation Culture and Supporting our Workforce
	SO7 Operational Performance
	SO8 Financial Performance, Efficiency and Productivity
X	SO9 Strategic Plans

Mersey and West Lancashire Teaching Hospitals NHS Trust

Health Inequalities Strategy - 2025/26 Delivery Plan

No	Themes	Initiatives	End of year review and RAG	Trust Lead	Outcomes
1. PROVIDER – Embedding health and equity in our core activities:					
1.1	Enabling data driven improvements in health inequalities	<ul style="list-style-type: none"> Core20plus5 dashboard to be made available on CIPHA. This will inform selection of areas to work on. High Intensity Users/Frequent Flier dashboards available to support refocused interventions. Commence diabetic amputation audit-intended to identify improvement areas but not started by diabetologist. Redevelopment of the Health Inequalities dashboard to target improvements and spread the adoption across C&M Maximise the use of C2AI tool - identifies surgical patients suitable for prehab 'On an elective wait list and attending ED' by QOF condition tool implementation. 	<ul style="list-style-type: none"> Core 20+5 dashboards-phase 1 is nearly complete. Diabetic amputation audit has commenced The Health Inequalities dash has been developed by MWL for all organisations within C&M ICB. The dashboard has been published on the C&M ICB BI Portal. C2AI-Surgical Rehab – the Trust is currently utilising the C2AI (now Camgenium) risk stratification logic to enable clinical prioritisation of patient’s surgical procedure considering risk-adjustment for mortality, complications and deterioration and use as base for the identification The Trust has commenced a project where we are analysing Did Not Attends (DNAs) by Acorn socio economic group which highlights higher levels of DNAs within more disadvantaged groups. The Trust is considering different appointment approaches and reminder methods using this data to reduce the level of DNAs. This is being piloted with paediatrics, gynaecology and respiratory. The Trust is going through a data governance process with the ICB 	Deputy Director Information	Patients will have more years in better health by gaining equitable access to services, avoiding crisis interventions through proactive and preventative care

No	Themes	Initiatives	End of year review and RAG	Trust Lead	Outcomes
			<p>to access relevant data from each borough in C&M to facilitate a full picture of supporting data (such as long-term conditions) for ED frequent fliers and waiting list dashboards.</p> <ul style="list-style-type: none"> The Trust is supporting the Neighbourhood Pioneer sites of St Helens and Sefton with the identification of patient cohorts and tracking outcomes. 		
1.2	Making Every Contact Count (MECC)	<ul style="list-style-type: none"> Smoking Cessation Service: <ul style="list-style-type: none"> Increase compliance of screening inpatients for smoking status Move service closure to frontline MECC Training – Ensure staff have undertaken the training and ensure MECC is practiced 	<ul style="list-style-type: none"> The Tobacco Dependency Treatment (TDT) service visited more than 3,500 inpatients in 25/26 Compliance of screening across STHK is 80% Digital screening has now aligned across S&O. Plans to grow the service across ED to support both inpatients & outpatients working closer with Alcohol services MECC Training: Currently 4 courses available for staff to access and enrol. They include 1. MECC: Motivating change 2. MECC Brief Encounters 3. MECC Five ways to wellbeing 4. MECC-Count. MECC is not currently mandated 	<p>Smoking Cessation Lead</p> <p>Deputy Director of Nursing (Quality)</p>	
1.3	Service Transformations	<ul style="list-style-type: none"> Outpatients – Introduction of flags to identify patient groups with a higher prevalence of DNAs 	<ul style="list-style-type: none"> The Trust is considering different appointment approaches and reminder methods using this data to reduce the level of DNAs. This 	Director of Strategy	

No	Themes	Initiatives	End of year review and RAG	Trust Lead	Outcomes
		<ul style="list-style-type: none"> Engage with Family Hubs to gain insight into not brought in children to outpatient appointments Shaping Care Together – insuring health inequalities considerations are considered when proposing change 	<p>is being piloted with paediatrics, gynaecology and respiratory</p> <ul style="list-style-type: none"> A decision has been taken by recent decision by NHS Cheshire and Merseyside and NHS Lancashire and South Cumbria Integrated Care Boards to move the children's A&E from Ormskirk Hospital to Southport Hospital, where it will operate as a 24-hour service alongside the existing adult A&E. QIAs & EIAs have been undertaken and as the programme continues Health Inequalities will be at the forefront. 		
1.4	Digitally Enabled Services without Digital Exclusion	<ul style="list-style-type: none"> Roll-out patient portal using the 'waiting well' feature whilst monitoring the impact on inequalities and take up of the tool Build into the patient portal app AI capability to predict DNAs and best forms of communications for that cohort of patients Commence the implementation of LIMS whilst using appropriate communications that meet the needs of neuro divergent staff. 	<ul style="list-style-type: none"> Waiting Well feature has been rolled out across all services This has not yet been implemented due to investment requirements All leaders within the labs and digital teams have undergone 'neuroinclusive' training and development plans for communicating and engaging with their times during the change period of the programme 	Deputy Director of Informatics	

No	Themes	Initiatives	End of year review and RAG	Trust Lead	Outcomes
1.5	Embedding Health Equity into Service Delivery	<ul style="list-style-type: none"> Smoking Cessation Midwife connects with wider team to ensure best practice for advice and referrals Breast feeding education programme within schools 	<ul style="list-style-type: none"> Monitoring via Saving babies lives care bundle. Compliance at end Q3 was 90%. Q4 data validation pending. Smoking at time of Delivery has indicated a reduction <ul style="list-style-type: none"> Ormskirk Q1= 7.9% and reduced to 4.6% in Q3. Whiston Q1 = 9.2% and reduced to 7.9% in Q3 96.5% women had a carbon monoxide screening at booking and Initiation rates monitored via monthly dashboard and monthly IPR. Peer support services within Knowsley and St Helens undertake education programmes within schools as these boroughs have lower than the National rate of breastfeeding. Ongoing support and education to all women in relation to infant feeding. 	Head of Midwifery	
		<ul style="list-style-type: none"> Work with the Neonatal Collaborative for pre-term babies Dedicated teams (Amethyst and Sapphire) care for most vulnerable women Develop appropriate action plans for the care of BAME mothers 	<ul style="list-style-type: none"> Pre term optimisation undertaken and monitored via SBL. Risk assessments to be undertaken at booking and at every contact and appropriate referrals for most vulnerable women. <ul style="list-style-type: none"> All women have individualised care plans supported by specialised midwives for complex care including perinatal mental 	Head of Midwifery	

No	Themes	Initiatives	End of year review and RAG	Trust Lead	Outcomes
			health, diabetes, preterm birth including dedicated clinics		
2. PARTNER – Integrating care around the needs of local communities through place partnerships and the Integrated Care Board:					
2.1	Population Health approach to collaborative prevention	<ul style="list-style-type: none"> Supporting carers on wait list project St Helens Suicide audit in train for Public Health Frailty case finding support given to St Helens PCNs Provide St Helens PCN Care coordinators with case finding training & support 	<ul style="list-style-type: none"> Healthwatch Reducing Suicide in St Helens shared to provide insight into complex reasons for suicide and themes for further development Case finding and cohort development has been completed for all PCN neighbourhoods 	Director of Integration/ Director of Public Health	Services have adapted to peoples' needs, improved health outcomes and a reduction in the cost of delivery.
2.2	Care Closer to Home	<ul style="list-style-type: none"> Warm Homes for Lungs – Using the fuel poverty dashboard to 'pull' patients into the community respiratory service for a COPD check and other services. Warm Homes for Young Lungs – enhanced by offering a more localised service, that consistent of mix of appointments and drop-in sessions by all partners in community locations, such as Family Hubs. Repatriating Tongue Tie Service from Alder Hey 	<ul style="list-style-type: none"> The clinic runs weekly (average 3 clinics a month) Seen 286 patients seen to date 4 children's centre clinics held - Over £100,000 in household support fund distributed to families for helping towards energy bills, (71 received 2nd payment) 173 referrals sent 134 applications 77 families put on the priority service register 	Deputy Director Women and Children's Services	
2.3	Digitally & Data Enabled Services	<ul style="list-style-type: none"> Digital Inclusion Team supports Primary Care teams to enable patients to maximise the use of the NHS app. 	<ul style="list-style-type: none"> One of the big drives over the last 12 months has been to enable notifications within the app so 	Deputy Director of Informatics	

No	Themes	Initiatives	End of year review and RAG	Trust Lead	Outcomes
		<ul style="list-style-type: none"> Utilise the Connected Care Record as it is rolled out to all places 	<p>communications aren't missed by patients to support DNA's.</p> <ul style="list-style-type: none"> ICB Digital Team have paused the rollout of the connected Care record 		
3. EMPLOYER – Focusing on our staff as a key part of our local population					
3.1	Growing our future workforce.	<ul style="list-style-type: none"> Engaging local schools and colleges about careers in healthcare Designate a work experience window (set number of places for students from deprived areas) Recruiting Apprenticeships using the levy 	<ul style="list-style-type: none"> 10 schools have been identified (2 per hospital local) based on ONS Social Deprivations data for school outreach. Work ongoing to set up relationships. Attendance at local secondary schools and colleges ongoing e.g. 700 pupils engaged at Prescot School Careers Working Lives Day (Feb 26). 150 applications for work experience received with 65 placements provided. 387 current active volunteers completed 2-4 hours a week Observational Work Experience & Placement Policy in development. 14 T-Level/B-TEC students' placements ongoing. 214 staff currently enrolled on an apprenticeship 88 staff started an apprenticeship, 40 level 2-4 and 47 level 5-7 £75k of levy funding transferred to external health sector partners to offer apprenticeships. 	Assistant Director - HR (Workforce)	

No	Themes	Initiatives	End of year review and RAG	Trust Lead	Outcomes
		<ul style="list-style-type: none"> Explore programmes with the DWP to attract NEETs and offer opportunities to join the bank 	<ul style="list-style-type: none"> Supported Internship Placement piloted in partnership with St Helens College and Council. 		
3.2	Equality, Diversity and Inclusion	<ul style="list-style-type: none"> Continue to support disabled staff with reasonable adjustments and removing barriers: <ul style="list-style-type: none"> Estates Policies Achieve Bronze level anti-racism status. Trust Anti-racist statement in place 	<ul style="list-style-type: none"> Overall Staff Disability Disclosure has increased from 6.5% (715) in February 2025 to 7.4% (818) in February 2026. Service Improvement Project to review Staff Disability RA processes initiated during 25/26. All Disabled Staff in ESR contacted in Nov/Dec 2025 to encourage using RA Passport / Review Passport. Neurodiversity in the Workplace training course introduced, 8 session offered, total attendance x73 staff 16 Disability Reasonable Adjustments for Manager course offered, total attendance x64 staff. 5 bespoke Autism/Neurodiversity session delivered, total attendance x129 staff. Events: EDI Week, Disability History Month Stalls: EDI Week, HWWB Week, MWL People Week Bronze Level Achieved in NW Anti-Racism Framework. Trust adopted the MWL Anti-Racism Statement & Commitment Anti-Racism session delivered at Board Away Day 	Assistant Director - HR (Workforce)	

No	Themes	Initiatives	End of year review and RAG	Trust Lead	Outcomes
		<ul style="list-style-type: none"> BME Nurses & Midwives Band 5 Career Progression 	<ul style="list-style-type: none"> 3 Anti-Racism Launch events held, total attendance x70 Race Equality Awareness course introduced, 14 sessions offered, total attendance x24. Cultural Competency session embedded in Preceptorship programme, 12 sessions delivered, total attendance 245. Cultural Competency open session introduced, 5 sessions offered, total attendance 77. Events: EDI Week, Black History Month, Wear Red Day. Stalls: EDI Week, MWL People Week, Black History Month. Career Workshops for Band 5 Ethnic Minority Nurses offered, total attendance x10. Career Workshop for Disabled staff introduced, 3 sessions offered, total attendance x5 Career Workshop for EDI introduced, 1 sessions offered, total attendees x2. <p><i>NB: Offer is running Jan-Dec 2026.</i></p>		
3.3	Workforce Health and Wellbeing	<ul style="list-style-type: none"> Wellbeing Hub offers 1:1 appointments, group sessions and events, team and department support and visits New Resilience and Wellbeing Portal launched Review the 2022-25 Health and Wellbeing Plan and prepare a future plan that fully incorporates the wider Trust. 	<ul style="list-style-type: none"> Events and Sessions 2025-2026 <ul style="list-style-type: none"> Mental Health First Aider Training 2 trained and qualified MHFA train the trainers Trained 50 plus staff in MHFA certification across targeted MWL areas Wellbeing Champions and Network – supporting over 	Assistant Director – Health, Work and Wellbeing	Staff across the Trust are reflective of the local population with high

No	Themes	Initiatives	End of year review and RAG	Trust Lead	Outcomes
		<ul style="list-style-type: none"> Continue to improve the estate and facilities across the Trust to create a positive work environment. 	<ul style="list-style-type: none"> 200+ champions across MWL with quarterly network meetings taking place. <ul style="list-style-type: none"> MWL Summer & Winter Wellbeing Weeks MWL Winter Wellbeing Week December 2025, Across all four Hospitals. Live and Active - available through the "Personal Development Portal" (L&OD) <ul style="list-style-type: none"> with over 15 modules to learn and chose from. including healthy living, mental health, personal resilience etc. Refurbishment of 70% staff changing facilities across MWL Improved car parks and road surfaces Introduced increased healthy menu choices for staff within the hospital restaurants Invested circa £54M in new or refurbished ward and department areas throughout MWL 	Deputy Director Estates and Facilities	recruitment and retentions rates and positive satisfaction rates
4 ANCHOR INSTITUTION – Maximising our impact as an ‘anchor’ organisation in our local communities					
4.1	Skills and Employment in Health & Social Care	Skills Academy to open in the Summer 2025 to facilitate: <ul style="list-style-type: none"> Changing the perception of a career in care Making employment opportunities more accessible with simpler processes and a ‘work ready offer’ for those that need it Employing more local people in care with a continuing pipeline of talent – good for the sector and good for the economy 	<ul style="list-style-type: none"> Health & Care Careers Hub building delayed and was handed over to trust in April 2026. Work ongoing to prepare centre for public opening, and to confirm delivery of services. 	Assistant Director - HR (Workforce)	

No	Themes	Initiatives	End of year review and RAG	Trust Lead	Outcomes
		<ul style="list-style-type: none"> Creating a career path to enhance skills of local people to increase incomes and social value Retaining and retraining people in care through upskilling, advancement and supporting health and well-being 			MWL having a net positive impact on the socioeconomic health and wealth of our geography
4.2	Explore Development Opportunities with Local Authorities and other partners	<ul style="list-style-type: none"> Complete acquisitions of strategic property and land for opportunities future development. Explore options and opportunities for regeneration of nearby land for 'life sciences' and related activities Operation Cavell – working closely with police forces across boundaries to support staff and patients during the management of untoward incidents Utilisation of Community based Healthcare spaces to create capacity on acute hospital sites and avoid ICB paying for void accommodation. 	<ul style="list-style-type: none"> Acquisition of Rainhill Library Transfer of Hardshaw Street agreed and underway Conversations with Knowsley MBC have taken place regarding opportunities re nearby land – continues to be a watching brief <p>Continued involvement with Knowsley, St Helens, Sefton and West Lancs estates groups, ensuring community assets are utilised and developed to meet the local healthcare needs. Lincoln House CDC Development project has commenced in Southport.</p> <p>Continued development of spaces within Ormskirk hospital to best accommodate services across MWL and facilitate ward and theatre refurbishment projects.</p>	Deputy Director Estates and Facilities	
4.3	Leadership within the Places we serve	<ul style="list-style-type: none"> MWL leadership team plays a leading role for the communities at Place, ICB and the Region MWL is the Lead Employer for Resident Doctors MWL is a national payroll provider and continues to grow Liverpool City Region Shadowing Programme for Ethnically Diverse Individuals 	<ul style="list-style-type: none"> CEO SRO for C&M Diagnostics, a member of Sefton CEO Group for Neighbourhood Health & Knowsley's Chief Officer Group Trust continues its role as Lead employer Trust continues to expand its payroll offer in C&M and beyond Two Senior Leaders participated in the programme as Mentors, and x4 	Chief Executive	

No	Themes	Initiatives	End of year review and RAG	Trust Lead	Outcomes
		<ul style="list-style-type: none"> Sign up to the Cheshire and Merseyside Anchor Institute Charter 	<p>staff participated as Mentees. 2026 programme completed.</p> <ul style="list-style-type: none"> Trust signed up to the C&M Anchor Institute Charter. 		

Mersey and West Lancashire Teaching Hospitals NHS Trust

Health Inequalities Strategy - 2026/27 Delivery Plan

No	Themes	Initiatives	Measurements	Trust Lead	Outcomes
1. PROVIDER – Embedding health and equity in our core activities:					
1.1	Enabling data driven improvements in health inequalities	<ul style="list-style-type: none"> Development of Health Inequalities dashboard for the whole of C&M ICB in phases. Development of DNA reporting by Acorn socio economic group. Supporting cohort identification of eligible patients for Neighbourhood MDTs Monitoring impact of Neighbourhood MDTs Develop a suite of baseline metrics to measure and track progress 	<ul style="list-style-type: none"> Reducing the impact of health inequalities on waiting lists Reduction in DNA rates for target cohorts of patients Identification of cohorts of patients at a neighbourhood level to initiated proactive interventions that could reducing emergency admissions. Baselining and counterfactual measurements in place for St Helens and Sefton to monitor impact. Completed by Q1 	Deputy Director Information	Patients will have more years in better health by gaining equitable access to services, avoiding crisis interventions through proactive and preventative care
1.2	Making Every Contact Count (MECC)	<u>Smoking Cessation Service</u> <ul style="list-style-type: none"> Increase compliance >85% trust wide Embed TDT Service across Whiston and Southport ED – supporting both inpatients and outpatients <u>Making Every Contact Count MECC</u> <ul style="list-style-type: none"> Embedding behaviour-change conversations into everyday care 	<u>Smoking Cessation Service</u> <ul style="list-style-type: none"> To encourage over 50% of all inpatients who are seen by the service to agree to a 'Tobacco Care Plan'. Tracking and reporting to provide real-time performance in-sights 	TDT Service Lead	

No	Themes	Initiatives	Measurements	Trust Lead	Outcomes
		<ul style="list-style-type: none"> Align MECC with other priorities such as prevention, reducing readmissions & health inequalities <p>Build MECC into:</p> <ul style="list-style-type: none"> Admission and discharge pathways Outpatient templates Nursing assessments <p>Scripts for difficult topics</p> <p>Create a digital hub/ QR code – <i>MECC fails if staff don't know where to send patients</i></p> <p>Build MECC into leadership and culture</p>	<p><u>MECC</u></p> <ul style="list-style-type: none"> Introduce MECC training for new starters Expand on simple frameworks 'Ask, Advise & Act' – (used for TDT service) % of staff trained number of brief interventions recorded & referral rates to lifestyle services patient feedback ("Did someone talk to you about your health?") 	<p>TDT Service Lead</p>	
<p>1.3</p>	<p>Service Transformations</p>	<ul style="list-style-type: none"> Outpatients – Introduction of flags to identify patient groups with a higher prevalence of DNAs Elective Care – Introduction of flags to identify patient groups at a higher risk of poor outcomes Advice and Guidance – Working with primary care we can improve our offer to identify patient groups at a higher risk of poor outcomes Straight to Test – Participate in the C&M pilots to test and learn through a Health Inequalities lens 	<ul style="list-style-type: none"> Current trust DNA rates are at 8.4%. A 1.4% decrease would provide over 1,000 productive clinics Using analytics, we could risk stratify patients to ensure the most vulnerable are treated sooner Identify patient groups at a higher risk of poor outcomes and reduce hospital admissions Increasing the number and speed of patients getting a diagnosis with a focus on patients at risk of poor outcomes and reduce hospital admissions 	<p>Divisional Director of Community</p> <p>Divisional Director of Surgery</p> <p>Deputy Medical Director</p>	

No	Themes	Initiatives	Measurements	Trust Lead	Outcomes
1.4	Digitally Enabled Services without Digital Exclusion	<ul style="list-style-type: none"> • As part of the Patient Experience Portal work the digit team are working towards: <ul style="list-style-type: none"> ○ Offering the portal in different languages, ○ Easyread synertec letters ○ 2-way SMS ○ Revalidation of waiting lists after 12 weeks • Continue to roll-out patient portal using the 'waiting well' feature whilst monitoring the impact on inequalities and take up of the tool 	<ul style="list-style-type: none"> • Easier to used and enhanced functionality of the Portal • Adding additional functionality to the App and increasing take up 	Deputy Director of Informatics	
1.5	Embedding Health Equity into Service Delivery	<ul style="list-style-type: none"> • Full implementation of Saving babies lives care bundle V3 (SBLv3) • Implementation of new Maternal medicine network pathways • Implement the new Maternal care bundle 	<p>Validation of all 6 elements of SBL which include:</p> <ul style="list-style-type: none"> • Routine Carbon monoxide monitoring. • Early identification of smokers or those exposed to smoke, and referral to specialist cessation support. • Fetal monitoring surveillance and associated audits to detect and manage fetal compromise. • Neonatal optimisation compliance for women at risk of preterm birth. • Optimised care for pregnancies complicated by pre-existing diabetes, aligned with the National Pregnancy in Diabetes (NPID) Audit. • Referrals of category C women to regional centres as agreed by regional MDT to ensure care provided by right team in the right place 	Head of Midwifery	

No	Themes	Initiatives	Measurements	Trust Lead	Outcomes
			<ul style="list-style-type: none"> Validation of measures by the regional team. Implementation tool pending from the regional team NNAP dashboard published by ODN 		
2. PARTNER – Integrating care around the needs of local communities through place partnerships and the Integrated Care Board:					
2.1	Population Health approach to collaborative prevention	<ul style="list-style-type: none"> Support the C&M Data into Action Group and Place population health groups to provide insights into patient care, prevention and define target cohorts for proactive health intervention Use System Level Costing to identify unmet need for our most vulnerable residents Work with partners in the Health and Wellbeing Boards and Place Partnerships to provide insight to improve resident wellbeing 	<ul style="list-style-type: none"> Supporting the development of neighbourhood plans 10% of the population relate to 60% of costs. Interventions focused on Respiratory and Cancer during current year Progress on delivering the three shifts: <ul style="list-style-type: none"> Hospital to Community Analogue to Digital Treatment to Prevention 	Director of Integration	Services have adapted to peoples' needs, improved health outcomes and a reduction in the cost of delivery.
2.2	Care Closer to Home: Neighbourhood Health Agenda	<ul style="list-style-type: none"> Support Places with the Implementation of Neighbourhood Health Agenda: <ul style="list-style-type: none"> St Helens – Frailty, Multimorbidity inc Respiratory & CYP Sefton – Frailty and Multimorbidity inc Respiratory Knowsley – Frailty and End of Life Halton – Frailty Cardiovascular/Renal/Metabolic Health pilot in Widnes 	<ul style="list-style-type: none"> Casefinding and treating Cohorts of patients with a more than 50% risk of an hospital admission in St Helens and Sefton Support other Places with their Neighbourhood Health priorities Supporting a pioneering, neighbourhood-led model of care for CVDRM with the support of Boehringer and the CLEAR programme 	Director of Integration Director of Strategy	

No	Themes	Initiatives	Measurements	Trust Lead	Outcomes
		<ul style="list-style-type: none"> Partnering with Roche Diagnostics and primary care to deliver point of care testing in the community 	<ul style="list-style-type: none"> Using Community Action Days in PCNs to baseline demand and roll out across wider neighbourhoods 		
2.3	Digitally & Data Enabled Services	<ul style="list-style-type: none"> Working with the ICB to build on the enterprise architecture work to enable the wider visibility of patient records across all organisations and increase the information flowing through into the NHS App. Digital Inclusion Team supports Primary Care teams to enable patients to maximise the use of the NHS App 	<ul style="list-style-type: none"> NHS App more functional and easier to use Promotion is done via practice websites, posters in Surgery and our own patient engagement sessions delivered across primary care. 	Deputy Director of Informatics	
3. EMPLOYER – Focusing on our staff as a key part of our local population					
3.1	Growing our future workforce.	<ul style="list-style-type: none"> Focus recruitment campaigns to attract local people into entry-level roles Engaging local schools and colleges about careers in healthcare Designate a work experience window (set number of places for students from deprived areas) 	<ul style="list-style-type: none"> Launch the St Helens Health and Care Careers Hub Launch in June 2026 with a recruitment drive for Health Care Assistants 10 schools have been identified (2 per hospital local) based on ONS Social Deprivations data for school outreach. Work ongoing to set up relationships. Attendance at local secondary schools and colleges ongoing Provide more than 65 work experience placements. Ensure we have more than 300 active volunteers 	Assistant Director of HR (Workforce)	Staff across the Trust are reflective of the local population with high recruitment and retentions rates and positive satisfaction rates

No	Themes	Initiatives	Measurements	Trust Lead	Outcomes
		<ul style="list-style-type: none"> Recruiting Apprenticeships using the levy Explore programmes with the DWP to attract NEETs and offer opportunities to join the bank 	<ul style="list-style-type: none"> Observational Work Experience & Placement Policy in development. Provide T-Level/B-TEC students' placements. Maintain the current apprentice programme (214 staff currently enrolled on an apprenticeship) Supported Internship Placement piloted in partnership with St Helens College and Council. 		
3.2	Equality, Diversity and Inclusion	<ul style="list-style-type: none"> Continue to support disabled staff with reasonable adjustments and removing barriers: <ul style="list-style-type: none"> Estates Policies Consolidate our Bronze level anti-racism status. Trust Anti-racist statement in place. Undertake a review to identify gaps to achieve silver level status 	<ul style="list-style-type: none"> Increase Staff Disability Disclosure currently 7.4% (818) in February 2026. Offer Neurodiversity in the Workplace training course Offer Disability Reasonable Adjustments for Manager courses. Continue with events: EDI Week, Disability History Month Salls: EDI Week, HWWB Week, MWL People Week Review first year progress and path to achieving silver level status. Trust adopted the MWL Anti-Racism Statement & Commitment Anti-Racism session delivered at Board Away Day 	Assistant Director of HR (Workforce)	
3.3	Workforce Health and Wellbeing	<ul style="list-style-type: none"> Wellbeing Hub offers 1:1 appointments, group sessions and events, team and department support and visits 	<ul style="list-style-type: none"> Support for over 200 Wellbeing Champions 	Assistant Director of	

No	Themes	Initiatives	Measurements	Trust Lead	Outcomes
		<ul style="list-style-type: none"> Resilience and Wellbeing Portal launched Strengthen resilience for time to hire peaks Live and Active available through the Personal Development Portal Reduce non-attendance at scheduled clinics Continue to target support on anxiety, work related stress and wellbeing conversations across staff groups and managers Continue to improve the estate and facilities across the Trust to create a positive work environment. 	<ul style="list-style-type: none"> Wellbeing weeks and learning opportunities take up Less than 11% non-attendance Reduction in sickness/absence Continue to invest in the work environment 	<p>Health, Work and Wellbeing</p> <p>Deputy Director of Estates and Facilities</p>	
4 ANCHOR INSTITUTION – Maximising our impact as an ‘anchor’ organisation in our local communities					
4.1	Skills and Employment in Health & Social Care	<p>Health and Care Careers Hub to open in the Summer 2026 to facilitate:</p> <ul style="list-style-type: none"> Changing the perception of a career in care Making employment opportunities more accessible with simpler processes and a ‘work ready offer’ for those that need it Employing more local people in care with a continuing pipeline of talent – good for the sector and good for the economy Creating a career path to enhance skills of local people to increase incomes and social value Retaining and retraining people in care through upskilling, advancement and supporting health and well-being 	<ul style="list-style-type: none"> Launching in June, the Trust will use this facility to recruit a significant number of Health Care Assistants Work with local partners to offer support for residents into a career in care Provide advice and guidance and a pathway to acquire the skills to enhance career opportunities 	Assistant Director - HR (Workforce)	MWL having a net positive impact on the socioeconomic health and wealth of our geography

No	Themes	Initiatives	Measurements	Trust Lead	Outcomes
4.2	Explore Development Opportunities with Local Authorities and other partners	<ul style="list-style-type: none"> Complete acquisitions of strategic property and land for opportunities future development. Explore options and opportunities for regeneration of nearby land for 'life sciences' and related activities. Operation Cavell – working closely with police forces across boundaries to support staff and patients during the management of untoward incidents Utilisation of Community based Healthcare spaces to create capacity on acute hospital sites and avoid ICB paying for void accommodation. Develop hospital menus suit the changing needs of our local population. 	<ul style="list-style-type: none"> Increase footfall in the local areas will add economic benefits Significant opportunities to redevelop brownfield sites Engagement with Merseyside and West Lancs police, resulting in protection arrangements, prosecutions and investigations Relocation of services that can operate from premises out in the community to create capacity on the acute hospital sites Work closely with partners such as Age UK and Diabetes UK to ensure hospital menus are modernised to meet local needs 	Deputy Director Estates and Facilities	
4.3	Leadership within the Places we serve	<ul style="list-style-type: none"> MWL leadership team plays a leading role for the communities at Place, ICB and the Region MWL is the Lead Employer for Resident Doctors MWL is a national payroll provider and continues to grow Provide System Leadership within the Alliance Blueprint MWL has signed up to the Healthy Weight Declaration (First Trust in C&M) 	<ul style="list-style-type: none"> Contribution to system developments in all fora Satisfaction of service provided Satisfaction and cost of service provided Director of Strategy taking a lead role in shaping outcomes Focus on staff and patient wellbeing for Health and Wellbeing to improve our nutrition offer 	Chief Executive	