

Trust Board Meeting (Public)

To be held at 10.00 on Wednesday 25 March 2026
Boardroom, Level 5, Whiston Hospital / MS Teams Meeting

Time	Reference No	Agenda Item	Paper	Presenter
Preliminary Business				
10.00	1.	Employee of the Month (March 2026) <i>Purpose: To note the Employee of the Month presentations for March 2026</i>	Presentation	Chair (10 mins)
10.10	2.	Patient Story <i>Purpose: To note the Patient Story</i>	Presentation	Chair (15 mins)
10.25	3.	Chair's Welcome and Note of Apologies <i>Purpose: To record apologies for absence and confirm the meeting is quorate</i>	Verbal	Chair (10 mins)
	4.	Declaration of Interests <i>Purpose: To record any Declarations of Interest relating to items on the agenda</i>	Verbal	
	5.	TB26/0016 Minutes of the previous meeting <i>Purpose: To approve the minutes of the meeting held on 25 February 2026</i>	Report	
	6.	TB26/017 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				
10.35	7.	TB26/018 Integrated Performance Report 7.1. Quality Indicators 7.2. Operational Indicators 7.3. Workforce Indicators 7.4. Financial Indicators <i>Purpose: To note the Integrated Performance Report</i>	Report	S O'Brien L Neary M Szpakowska G Lawrence (20 mins)

Committee Assurance Reports				
10.55	8.	TB26/019 Committee Assurance Reports 8.1. Executive Committee 8.2. Quality Committee 8.3. Strategic People Committee 8.4. Finance and Performance Committee <i>Purpose: To note the Committee Assurance Reports</i>	Report	R Cooper G Brown L Knight C Spencer (35 mins)
Other Board Reports				
11.30	9.	TB26/020 CQC Compliance and Registration <i>Purpose: To approve the CQC Registration Declaration</i>	Report	S O'Brien (10 mins)
11.40	10.	TB26/021 Elimination of Mixed Sex Accommodation Annual Declaration <i>Purpose: To approve the Mixed Sex Annual Declaration</i>	Report	S O'Brien (10 mins)
11.50	11.	TB26/022 2026/27 Financial and Operational Plan <i>Purpose: To approve the 2026/27 Financial and Operational Plan</i>	Report	G Lawrence / L Neary (15 mins)
12.05	12.	TB26/023 2025 Staff Survey Report and Action Plan <i>Purpose: To note the 2025 Staff Survey Report and approve the action plan</i>	Report	M Szpakowska (10 mins)
12.15	13.	TB26/024 Trust Objectives 2026/27 <i>Purpose: To approve the Trust objectives for 2026/27</i>	Report	R Cooper (10 mins)
12.25	14.	TB26/025 MWL Strategy 2026 - 2031 <i>Purpose: To approve the MWL Strategy</i>	Report	R Cooper (15 mins)
Concluding Business				
12.40	15.	Effectiveness of Meeting	Verbal	Chair (5 mins)
12.45	16.	Any Other Business	Verbal	Chair (5 mins)

		<i>Purpose: To note any urgent business not included on the agenda</i>		
		Date and time of next meeting: Wednesday 29 April 2026 at 09:30		13.00 close
15 minutes lunch 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	25 March 2026
Agenda Item	TB26/000		
Report Title	Employee of the Month (March 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 March 2026.			
Executive Summary			
<p>The Employee of the Month winner for March 2026 is Alison Grice, Healthcare Assistant within Community Services. Alison was nominated by Rachel White, Community Matron.</p> <p>Alison has been part of the Trust for three years and in that time, she's become a real asset to the service and a credit to her team. Working across the Newton and Burtonwood area, Alison supports some of our most vulnerable, elderly, house-bound patients who have complex health needs. Her role is wide-ranging: she administers insulin, checks blood sugars, provides wound care and offers compassionate support to those patients at end of life. She brings reassurance, dignity and kindness into people's homes every day.</p> <p>What sets Alison apart is the way she approaches her work. She is described as empathetic, calm and deeply committed to doing the right thing for her patients. She is a natural team player and a strong advocate, building excellent relationships with colleagues and partner teams so that any patient conditions which may change or deteriorate can be escalated quickly and effectively.</p> <p>Colleagues speak of her positivity and warmth, always having a smile on her face, even on the busiest of days and her presence lifts those around her. Feedback from patients and their families comment on how helpful, understanding and supportive she is, making a meaningful difference to their daily lives.</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		

	S05 5 Star Patient Care - Systems
X	S06 Developing Organisation Culture and Supporting our Workforce
	S07 Operational Performance
	S08 Financial Performance, Efficiency and Productivity
	S09 Strategic Plans

Title of Meeting	Trust Board		Date	25 March 2026
Agenda Item	TB26/000			
Report Title	Patient Story			
Executive Lead	Sarah O'Brien, Chief Nursing Officer			
Presenting Officer's	Yvonne Mahambrey, Quality Matron – Patient Experience Caroline Flynn, Macmillan Information and Support Service Manager			
Action Required		To Approve	X	To Note
Purpose				
To provide insight into the experience of patients at MWL and share learning.				
Executive Summary				
<p>This month's patient story highlights the experience of Family-Centred Care at the Trust within cancer care. Navigating cancer treatment for cancer can be extremely difficult and can be especially challenging for those with young children. Children often feel confused, scared, or excluded when a parent or loved one has cancer, particularly if they are met with silence around a cancer diagnosis in the family. In this context, Family-Centred Care reinforces the idea that cancer care involves the whole family, not just the patient, encouraging professionals to consider psychosocial support as a fundamental part of treatment and supporting them to guide families on how to talk to children.</p> <p>Fatimeh is a young mum diagnosed with cancer in 2025 who attended the Macmillan Cancer Support Centre at St Helens Hospital needing to talk through her diagnosis. She had many anxieties about the impact of her diagnosis including the impact on her family and in particular her two young children. Talking to her children was particularly distressing for her, but talking through her anxieties gave Fatimeh the confidence to use the resources provided to talk to her children. On a return visit to the centre, it was clear that she had had a compassionate, informative conversation with her children to which they had adjusted well. Fatimeh also involved the children's school on the suggestion of the centre which made a huge difference to the family.</p> <p>An application for charitable funds was awarded to fund the making of a film about Fatimeh's story that can be used as a resource for patients and staff.</p> <p>Cancer services have also Secured Ruth Strauss Foundation training for 40 Clinical Nurse specialists/Advanced nurse practitioners titled 'No Conversation Too tough' which will take place in March/April 2026 to better equip professionals to support those families having difficult conversations.</p> <p>Lessons Learned:</p> <ul style="list-style-type: none"> • Recognising how detrimental it may be for families with children when they don't receive guidance on how to talk to their children when someone in the family has cancer. • Society has a role to play in shaping how children perceive serious illnesses like cancer. We should normalise conversations about health encouraging open dialogue between families and children, so children feel safe to ask questions. We all have a part to play, and this is our MWL offer. • We recognised that there are very limited counselling services for children when an adult has cancer and exploring this gap for patients already known to MWL. • Recognising that there is a gap in understanding of how we spiritually support all members of the 				

family, who are affected by cancer, especially the children.

Next Steps

- Develop a suite of resources for patients, children and staff to access that will include useful organisations and charities.
- Explore a collaboration with West Lancashire Community Interest Company (CIC) Counselling service who provide support to children to determine if we can develop a support package for families.

Financial Implications

None as a direct result of this paper

Quality and/or Equality Impact

Not applicable

Recommendations

The Board is asked to note the Patient Story

Strategic Objectives

X	SO1 5 Star Patient Care – Care
	SO2 5 Star Patient Care - Safety
	SO3 5 Star Patient Care - Pathways
X	SO4 5 Star Patient Care – Communication
	SO5 5 Star Patient Care - Systems
	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 February 2026

(Approved by the Trust Board on Wednesday 25 March 2026)

Name	Initials	Title
Steve Rumbelow	SR	Chair
Gill Brown	GB	Non-Executive Director and Deputy Chair
Rob Cooper	RC	Chief Executive
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
Simon Dowson	SD	Chief Medical Officer
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 (via MS Teams)
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
Eslie Hayford	EH	Shadow Non-Executive Director (via MS Teams)
Kim Hughes	KH	Assistant Director of Communications (via MS Teams)
Zoe Tidman	ZT	Senior Correspondent, Health Services Journal (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
No apologies received		

Agenda Item	Description
Preliminary Business	
1.	<p>Employee of the Month</p> <p>1.1. The Employee of the Month for February 2026 was Sophie Treçarichi (ST), Staff Nurse, Critical Care Unit, Southport Hospital.</p> <p>1.2. SR read out the citation for ST and RC presented the Employee of the Month certificate and pin badge.</p> <p>RESOLVED: The Board noted Employee of the Month for February 2026 and congratulated the winner.</p>
2.	<p>Chair's Welcome and Note of Apologies</p> <p>2.1. SR welcomed all to the meeting and in particular welcomed NFr who had joined the Trust as the new University Nominated Non-Executive Director and was attending his first Board meeting.</p> <p>2.2. Additionally, SR welcomed ZT who was attending the meeting as an observer.</p> <p>2.3. The following awards and recognitions were noted:</p> <p>2.3.1. Mike Lloyd, Assistant Director of Finance – Finance Services, has been awarded a PhD.</p> <p>2.3.2. Matthew Purcell, Physiotherapy Apprentice, Seddon Suite Rehabilitation Unit, was named MWL Apprentice of the Year.</p> <p>Apologies for absence were noted as detailed above</p>
3.	Declaration of Interests
	There were no new declarations of interests made in relation to the meeting agenda items.
4.	TB26/012 Minutes of the previous meeting
	<p>4.1. The meeting reviewed the minutes of the meeting held on 28 January 2026 and approved them as a correct and accurate record of proceedings.</p> <p>RESOLVED: The Board approved the minutes from the meeting held on 28 January 2026</p>
5.	TB26/012 Matters Arising and Action Logs
	5.1. The meeting considered the updates to the Action Log, which reflected the progress made in discharging outstanding and agreed actions.

	<p>5.2. The following actions were closed:</p> <p>5.2.1. Action Log number 25 (TB25/080 Aggregated Incidents, Complaints and Claims Report Q2) – An update on the high rate of community acquired pressure ulcers was presented at the Quality Committee on 17 February 2026. Action closed</p> <p>5.2.2. Action Log number 27 (TB25/088 Committee Assurance Reports, 8.1 Executive Committee) – The final draft of the Continuous Improvement Strategy was due to be presented at Strategy Board Agenda on 25 February. Action closed.</p> <p>5.3. There were no other outstanding actions.</p> <p>RESOLVED: The Board approved the action log</p>
Performance Reports	
6.	TB26/014 Integrated Performance Report
	The Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL) Integrated Performance Report (IPR) for January 2026 was presented.
6.1.	Quality Indicators
	<p>6.1.1. SO and SD 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 with a high number of infectious outbreaks across the Trust, and this remained a key area of focus for the senior nursing team. There had been eight cases of Clostridioides difficile (C.Diff) reported in December 2025 with 83 healthcare associated cases year to date (YTD). The Trust remained 11 cases above the NHS England (NHSE) threshold. It was noted that visiting had been restricted at Southport Hospital as a result of infection outbreaks to help prevent further spread. • One Never Event (wrong site nerve block) had been reported in January and was undergoing review. SO assured the Board that immediate actions had been taken and a detailed report had been presented at Executive Committee. A learning review was being undertaken to capture the learning and actions from recent never events and this would be presented at Quality Committee. <p>6.1.2. RC noted that it was important to share the learning from never events across the Trust rather than only in the areas where they had occurred and the Executive was considering different approaches, such as quality collaboratives to learning from patient safety incidents.</p>
6.2.	Operational Indicators
	6.2.1. LN presented the operational indicators and highlighted the following:

Urgent and Emergency Activity

- 6.2.2. The Trust 4-hour mapped performance for January was 77.9% (2025/26 year to date (YTD) 78.7% against the 78% interim national target). This compared to 72.5% nationally and 71.5% for Cheshire and Merseyside (C&M).
- 6.2.3. In January 61.6% of ambulance handovers were completed within the 45-minute target compared to 69.6% in December. (target 100% and YTD performance 82.4%). This dip in performance reflected the extreme operational pressures in January, due to increased demand.
- 6.2.4. Bed occupancy in January was 107.4% (or an additional 120 patients being cared for by the Trust) and on the busiest day in January, the Trust had accommodated an additional 173 patients.
- 6.2.5. Non Criteria to Reside (NCTR) was 21.7% in January (20.9% in December) (YTD 21.1%). This was highest on the Southport and Ormskirk Hospital sites and had been impacted by the ongoing IPC challenges, when patients could not be discharged back to nursing and care homes from outbreak wards.
- 6.2.6. A system Winter Workshop was planned to review the three C&M Urgent and Emergency care improvement workstreams, namely: admission avoidance, in hospital length of stay and timely discharges. Additionally, a Trust Winter Summit has been scheduled for 13 March to review the winter response and consider how emergency and urgent care pathways at the Trust could be improved.

(LK joined the meeting)

Elective Care

- 6.2.7. The 18-week Referral to Treatment (RTT) performance was 61.7% in January. This compared to 60% nationally and 58.7% for C&M.
- 6.2.8. 65-week breaches had increased to six in January (two in December) mainly due to laser equipment issues which had resulted in some patients needing to be rebooked. Additionally, there was one patient who was waiting on a custom implant which was being imported.

Cancer Services

- 6.2.9. Performance against the 62-day cancer target had improved to 80.3% (target 85%). This compared to 71.9% nationally and 74.6% for C&M.
- 6.2.10. Performance against the 28-day cancer target had improved to 77% in December (target 77%). This compared nationally to 77.4% and 75.3% for C&M.
- 6.2.11. Cancer performance at the Southport and Ormskirk Hospital sites had also improved and variance in performance between the legacy trusts sites had reduced.
- 6.2.12. Tumour site-specific improvement plans had been implemented for two tumour sites (skin and lower gastrointestinal (GI)) and there had now been a sustained improvement in these areas.

	<p>6.2.13. NF asked if there were any concerns about the current national bone cement supply and the impact on Orthopaedics. LN responded that there were no immediate concerns and she was aware that NHSE had identified an alternative product that could be used if necessary.</p> <p><i>(ZT joined meeting)</i></p>
6.3.	Workforce Indicators
	<p>6.3.1. MS presented the Workforce Indicators and highlighted the following:</p> <ul style="list-style-type: none"> • The compliance rate for appraisals was 90.3%(target 85%). The new appraisal window for 2026/27 would open in April and further work would be undertaken to continue to build on the quality of appraisals to support career development. • The compliance rate for mandatory training was 89% (target 85%). There were some subjects that remained below the target compliance, for example, nasogastric (NG) tube feeding and resuscitation, which were being targeted to improve compliance. • Sickness absence had been 7.5% in January (target 5%). The Absence Taskforce had been established in December, to focus on areas with the highest levels of sickness absence. Four hotspot areas had been identified which were characterised by high levels of long-term and mental health-related sickness, as well as short-term absences. These areas also had low mandatory training and appraisal compliance. The draft staff survey results had also shown that there were concerns about leadership visibility and workload in these areas. The Absence Task Force would develop a targeted action plan for each area and assurance on the impact would be reported to the Strategic People Committee. • In month staff turnover had increased to 2% (target 1.1%). This was due to the transition of colleagues delivering HR Commercial Services from the Trust's electronic staff records (ESR) payroll system to the Lead Employer (LE) ESR payroll system. • The average Time to Hire in January was 58.7 days (target 40 days) which was a continued gradual improvement from 100.2 days in July 2025.
6.4.	Financial Indicators
	<p>6.4.1. 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. This 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>6.4.2. At month 10, the Trust was reporting a £38.3m deficit and if deficit support funding was excluded the adjusted position was a £45.8m deficit, which was £10.3m ahead of plan. The Trust was forecasting to deliver the 2025/26 financial plan.</p>

	<p>6.4.3. GL highlighted the following:</p> <ul style="list-style-type: none"> • Agency spend had continued to reduce and was 2.1% of total pay spend. • The Trust had successfully delivered £41.6m of CIP YTD against a full year plan of £48.2m (£2m ahead of plan). • The Trust was on target for delivering a capital programme of £56m by 31 March. • The Trust’s cash balance was £2.1m and there had been a seasonal increase in aged debt. There had been a slight reduction in the Better Payment Practice Code (BPPC) performance. <p>6.4.4. GB reflected on capital expenditure and commented on the positive impact of the work undertaken at Southport Emergency Department (ED) as well as the recent developments at Ormskirk Hospital. GL commented that there had been positive feedback about how the Trust had delivered improvements since the transaction at a recent NHSE Estates Lead visit to Ormskirk Hospital.</p> <p>6.4.5. SR acknowledged the significant financial challenges currently faced by the Trust and noted that maintaining robust financial control and oversight to deliver on financial plans remained a priority for the Board.</p> <p>RESOLVED: The Board noted the Integrated Performance Report.</p>
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Committee Assurance Reports

7.	TB26/015 Committee Assurance Reports
7.1.	Executive Committee
	<p>7.1.1. RC presented the Executive Committee Assurance report for the meetings held in January 2026. 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>7.1.2. The Committee had received the regular monthly assurance reports for:</p> <ul style="list-style-type: none"> • Nurse Safer Staffing • Finance and financial improvement • Risk Management Council <p>7.1.3. RC highlighted the following items from the report:</p> <ul style="list-style-type: none"> • The Committee had approved a 3 year Sterile Services contract for the St Helens and Whiston sites, with the selected provider. • The Committee had reviewed the Electronic Patient Record (EPR) governance structure proposals which included an Executive EPR Oversight Council to optimise the existing EPR capabilities.

	<ul style="list-style-type: none"> • The Committee had received an update on the recent Fleet Solutions cyber incident and it had been noted that further assurance had been sought from Fleet Solutions. • The Committee had received a new monthly Temporary Workforce Utilisation Report. • The Committee had received an update on the Outpatient Transformation project. • The Committee had reviewed the incident that had occurred at Newton Hospital and provision of the ongoing support for staff who had been involved. • The Committee had received the Maternity Incentive Scheme (MIS) Year 7 report and reviewed this prior to it being presented at the January Board. • The Committee had discussed and agreed the MWL action plan to help prevent sexual misconduct in the workplace. • The Committee had received the Patient Safety Incident report for Ophthalmology which detailed the on-going review process that was being undertaken for all patients. • The Committee had received an update on the General Medical Council (GMC) National Training Survey (NTS) for ED and Acute Medicine at Whiston Hospital. • The Committee had reviewed the draft Trust's self-assessment against the Standards of Care for Acutely Unwell Patients in their first 72 Hours of Care against the best practise standards that had been issued by NHSE, prior to submission. • The Committee had approved the implementation of the Mutually Agreed Resignation Scheme (MARS) which had received approval from NHSE. <p>7.1.4. The Committee had approved the following investments during January 2026:</p> <ul style="list-style-type: none"> • The Clinical Coding Capacity Business Case – one off funding for outsourcing to clear the clinical coding backlog. • Funding for Conflict Resolution Training (initially for 12 months while other delivery options were evaluated). <p>The remainder of the report was noted.</p>
<p>7.2.</p>	<p>Audit Committee</p>
	<p>7.2.1. SC presented the Audit Committee Assurance report for the meeting held on 18 February 2026 and highlighted the following:</p> <ul style="list-style-type: none"> • MIAA had issued three audit reports during the period November 2025 to January 2026, and substantial assurance had been received for Recruitment (Lead Employer), Recruitment (Trust) and ESR/Payroll. Six other internal reviews agreed as part of the 2025/26 internal audit programme were in progress. • The Committee had reviewed the MWL Audit Log report noting that whilst most audit recommendations had been implemented, several remained outstanding. A review had been requested to assess the appropriateness

	<p>of the original implementation dates and to identify any barriers to completion. An update would be presented at the next Audit Committee meeting.</p> <p>The remainder of the report was noted.</p>
7.3.	Quality Committee
	<p>7.3.1. GB presented the Quality Committee Assurance Report for the meeting held on 17 February 2026, noting the key quality performance indicators had already been reported.</p> <p>7.3.2. GB also highlighted the following points from the report: <u>Monitoring of Annual Trust Objectives aligned to the Quality Committee -including the Quality Account Improvement Priorities Q3 2025/26</u></p> <p>7.3.3. The Committee had noted the improvements, however, several areas, namely nutrition, patient discharge information, sepsis and the timely effective assessment and care of patients in the ED, remained challenged, despite considerable efforts to improve performance in these areas.</p> <p>7.3.4. The national patient survey had shown improvements in key areas of patient experience in Maternity care.</p> <p>7.3.5. The Committee had asked the Executive to review the recent never events, to identify any trends and the approach to embedding learning.</p> <p><u>Patient Safety Report</u></p> <p>7.3.6. The Committee had received the deep dive that had been undertaken for falls which had demonstrated a 36% reduction in the number of falls with harm. This remained an area of focus for the Committee and assurance had been sought that in patients who required additional supervision consistently received the appropriate level of oversight.</p> <p><u>Quarterly Safeguarding Report (Q3)</u></p> <p>7.3.7. The Committee had noted that Clinical staff were now required to complete a second level of the Oliver McGowan Mandatory Training on Learning Disability & Autism, in addition to the standard e-learning course that all staff needed to complete.</p> <p><u>Infection Prevention and Control (IPC) (Q3)</u></p> <p>7.3.8. The Trust was above the threshold level for all Healthcare Associated Infections (HCAIs) but below the rates of infection for C&M.</p> <p>7.3.9. Two Methicillin-Resistant Staphylococcus Aureus (MRSA) Bacteraemia cases had been reported YTD; however, no new cases had been reported in Q3.</p> <p>7.3.10. There had been 27 outbreaks related to respiratory infections and norovirus in Q3 and visiting restrictions were currently in place at Southport Hospital. GB noted that the impact on patient flow had been reported earlier in the meeting.</p> <p>7.3.11. The Committee had reviewed the MIAA IPC audit which had received moderate assurance. The management action plan had been noted.</p>

Maternity and Neonatal Services Q3 Report

- 7.3.12. The Committee had noted the reviews and learning summaries for the four Neonatal deaths.
- 7.3.13. There had been zero Never Events reported in the Maternity and Neonatal services.
- 7.3.14. Two serious maternity incidents (one neonatal death and one therapeutic cooling) had been reported and these were currently undergoing a review.
- 7.3.15. A workforce review was planned for quarter 4 of 2025/26.
- 7.3.16. The Committee had noted the improvement in the national Maternity Patient Safety survey results.
- 7.3.17. The implementation date for a single instance of Badgernet for the MWL maternity service had been confirmed for November 2026.

Patient Experience Report

- 7.3.18. The report highlighted that the Trust wide Tendable audits in December 2025 had demonstrated that the wards continued to deliver high quality care, but a slight decline in some of the measures had been noted.

Mandatory Training Compliance

- 7.3.19. The Trust had achieved and sustained 85% (or above) compliance for mandatory training for over 24 months and for over 12 months in compulsory skills training.
- 7.3.20. The Committee had requested an additional focus on NG tube feeding and Resuscitation training, which remained below the 85% target.
- 7.3.21. GB noted that the Committee had discussed reviewing the number and type of quality audits to ensure they were focused on the right areas and provided the assurance the Trust needed.
- 7.3.22. SR asked if NHSE were undertaking a review of mandatory training, and MS confirmed that this had been completed and had been adopted by MWL. An internal review of compulsory training requirement had been initiated. Nationally, work was ongoing regarding the leadership framework and competencies to support the prospective registration requirements for NHS Managers. The National Mandatory Training Oversight Group had recommended local scrutiny at senior level of any additional mandatory training introduced, recognising the significant time and resources involved in staff being released for training. MS acknowledged that future expectations, particularly concerning the Oliver McGowan Mandatory Training on Learning Disability & Autism, would present substantial challenges for NHS Trusts and regional discussions were ongoing about how this could be delivered.
- 7.3.23. SR acknowledged the importance of taking regular stocktakes of processes to ensure they remained relevant and fit for purpose. RC agreed, reflecting that although the quality audits were effective, it had been identified that there may be some duplication or overlap.

	<p>7.3.24. GB observed that, due to the scheduling of national surveys, there was often insufficient time to implement the actions from one survey before the next one became live and sometimes local interim surveys provided assurance that the actions were having the desired impact but acknowledged the resource impact of this.</p> <p>The remainder of the report was noted.</p>
<p>7.4.</p>	<p>Strategic People Committee</p>
	<p>7.4.1. LK presented the Strategic People Committee (SPC) Assurance report for the meeting held on 18 February 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>7.4.2. LK highlighted the following:</p> <ul style="list-style-type: none"> • The Committee had received the Q3 Workforce Plan update and the reduction in the overall bank, agency and overtime spend had been noted. The operational plan included the required reductions in bank and agency usage to meet NHSE mandated spend caps, as well as the planned CIP saving. • The Committee had received the Mutually Agreed Resignation Scheme (MARS) update and assurance had been provided that there was robust governance in place to support a compliant implementation of the scheme. The Committee had discussed how individual requests would be handled and it was noted that the Trust had applied an additional local criterion that staff requiring a live clinical professional registration were out of scope and not eligible to be considered for MARS. This was to protect patient-facing capacity and safeguard safe services. • The Committee received an update on the development of the new MWL Behaviours Framework which set out clear expectations for behaviours aligned to the MWL values. <p>The remainder of the report was noted.</p>
<p>7.5.</p>	<p>Finance and Performance Committee</p>
	<p>7.5.1. CS presented the Finance and Performance Committee (F&P) Assurance report for the meeting held on 25 February 2026. The Committee had reviewed the Finance and Performance CPR and monthly finance report, but the key points had already been discussed in earlier reports on the Board agenda so would not be repeated.</p> <p>7.5.2. Other points to highlight from the report were:</p> <ul style="list-style-type: none"> • The Committee had received confirmation that Agenda for Change staff would receive a 3.3% uplift from April 2026, and this was higher than the tariff uplifts. It was anticipated additional national adjustment would be made to fund the pay award.

	<ul style="list-style-type: none"> • The Committee had received the Cash flow report which detailed how the cash risk mitigation plans were being implemented. • The Committee had received the CIP report which detailed that the Trust continued to deliver against the CIP target. The Trust had continually delivered a high CIP pipeline over several years and this was anticipated to continue in 2026/27. • The Committee had received the Medicine and Urgent Care (M&UC) CIP update and it was noted that the Division was forecasting full delivery of their CIP target for 2025/26. • The Committee had reviewed the full planning pack for 2026-27 – 2030/31 which included the updates agreed at the Extraordinary Board meeting. As part of the national plan for 2026/27 the Committee had noted the increased focus on assurance through triangulation between workforce, performance, activity, and financial matters. It had been agreed that the reporting arrangements would be reviewed as part of the forthcoming annual Committee Effectiveness Review to see how regular reporting could be enhanced to provide assurance of this triangulation. <p>7.5.3. The Committee escalated to Board the ongoing risk about contractual challenges that had the potential to effect the forecast outturn for 2025/26.</p> <p>7.5.4. SR commented that the Trust was currently performing ahead of its financial planning targets. The organisation had built a strong reputation for early agreement of the CIP pipeline, aligning planning activities and having robust monitoring arrangements to ensure that delivery remained on target. SR, on behalf of the Board, thanked staff for their commitment and ongoing hard work to deliver the plan.</p> <p>7.5.5. The Committee had received Council Assurance Reports from the CIP Council, Capital Planning Council, Estates & Facilities Council, IM&T Council and Procurement Council, with no issues escalated.</p> <p>The remainder of the report was noted</p> <p>RESOLVED: The Board noted the Committee Assurance Reports</p>
Concluding Business	
8.	Effectiveness of Meeting
	8.1. Board members agreed that meeting had been effective.
9.	Any Other Business
	<p>9.1. There being no other business, the Chair thanked all for attending and brought the meeting to a close at 10.19.</p> <p>The next Board meeting would be held on Wednesday 25 March 2026 at 09:30</p>

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	✓	✓	✓	✓		✓	✓	✓		✓	✓	
Simon Downson								✓		✓	✓	
Claudette Elliott	✓	✓	✓	✓		A	✓	✓				
Neil Fletcher	✓	✓	✓	✓		✓	✓	✓		✓	✓	
Malcolm Gandy	✓	✓	✓	✓		✓	✓	✓		✓	✓	
Elsie Hayford								✓		A	✓	
Lisa Knight	✓	✓	✓	A		✓	✓	✓		✓	✓	
Gareth Lawrence	✓	✓	✓	✓		✓	✓	✓		✓	✓	
Lesley Neary	✓	✓	✓	✓		✓	✓	✓		✓	✓	
Sarah O'Brien				A		✓	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 25 February 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>	MS / SD	<p>Jan-26 Apr-26</p>		Delegated to Strategic People Committee

Action Log Number	Meeting Date	Agenda Item	Action	Lead	Deadline	Forecast Completion (for overdue actions)	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. <u>Update (20/03/2026)</u> A high level review of how we learn from incidents has been completed and a summary will be presented as part of the Patient Safety Incident Investigation report at Closed Board. Embedding of learning is ongoing across Trust.	SO	Mar-26		Completed
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		

Completed Actions

Action Log Number	Meeting Date	Agenda Item	Agreed Action	Lead	Deadline	Outcome	Status
25	29/10/2025	TB25/080 Aggregated Incidents, Complaints and Claims Report (Q2)	SO to provide an update on the high rate of community acquired pressure ulcers at a future Quality Committee.	SO	Feb-26	20/02/2026 - An update was presented at the Quality Committee in February. Action closed.	Closed
27	26/11/2025	TB25/088 Committee Assurance Reports 8.1 Executive Committee	The final draft Service Improvement Strategy to be developed for presentation to Board.	KC	Feb-26	20/02/2026 - The final draft of the Continuous Improvement Strategy is included on the Strategy Board Agenda for the meeting on 25 February. Action closed.	Closed

Title of Meeting	Trust Board	Date	25 March 2026
Agenda Item	TB26/018		
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	Feb-26	94.3%	90.0%	94.1%	Worst 40%
Nurse Fill Rates	Jan-26	94.8%	90.0%	96.3%	
C.difficile	Jan-26	7	97	90	
E.coli	Jan-26	11	151	133	
Hospital Acq Pressure Ulcers per 1000 bed days	Dec-25	0.14	0.00	0.09	
Falls ≥ moderate harm per 1000 bed days	Feb-26	0.15	0.00	0.11	
Stillbirths (intrapartum)	Feb-26	0	0	1	
Neonatal Deaths	Feb-26	1	0	6	
Never Events	Feb-26	1	0	4	
Complaints Responded In 60 Days	Feb-26	63.3%	80.0%	57.5%	

Operations	Period	Score	Target	YTD	Benchmark
Cancer Faster Diagnosis Standard	Jan-26	74.9%	77.0%	69.4%	Worst 20%
Cancer 62 Days	Jan-26	78.4%	85.0%	78.4%	Best 20%
Ambulance Arrival to Vehicle Handover: % <45 mins	Feb-26	73.1%	100.0%	81.7%	
A&E Standard (Mapped)	Feb-26	77.2%	78.0%	78.1%	Best 30%
Average NEL LoS (excl Well Babies)	Feb-26	4.1	4.0	4.0	Best 30%
% of Patients With No Criteria to Reside	Feb-26	22.7%	10.0%	21.2%	
Discharges Before Noon	Feb-26	19.0%	20.0%	19.0%	
G&A Bed Occupancy	Feb-26	97.4%	92.0%	97.7%	Worst 10%
Patients Whose Operation Was Cancelled	Feb-26	1.0%	0.8%	1.0%	
RTT % less than 18 weeks	Feb-26	63.4%	92.0%	63.4%	Best 50%
18 weeks: % 52+ RTT waits	Feb-26	1.7%	1.0%	1.7%	Worst 40%

Workforce	Period	Score	Target	YTD	Benchmark
Appraisals	Feb-26	90.2%	85.0%	90.2%	
Mandatory Training	Feb-26	89.3%	85.0%	89.3%	
Sickness: All Staff Sickness Rate	Feb-26	7.1%	5.0%	6.8%	
Staffing: Turnover rate	Feb-26	0.6%	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 Sep-25 is 1.0.

Clostridium difficile infection

There were 6 HOHA and 1 COHA CDT cases in January, with 90 healthcare-associated cases YTD. MWL is 10 cases above NHSE threshold. The IPC Team continues to support wards and departments with improving diarrhoea management (timely testing and isolation) across the Trust.

Gram-negative bloodstream infections, E coli

There were 8 E coli HOHA and 3 COHA cases. YTD there has been 133 cases against a threshold of no more than 125 cases, which is 8 cases above threshold.

Pressure Ulcers

There were 3 patients with cat 2 HAPUs validated with lapses for the month of December.

Falls

There were 243 patient falls in February. There were 3 falls with moderate harm and 2 severe harms in month. Learning reviews are now incorporating SEIPS methodology to review all factors which may have contributed.

Neonatal Deaths

NND Elsewhere relates to a baby born with undiagnosed congenital abnormality who died at 2 days of age

Never Events

1 Never Event was declared in February. This occurred in Orthopaedics where a wrong size implant was used for a hip replacement. Verbal checking and sizing adjustment was carried out intraoperatively and the hip joint was not affected with no harm to the patient. The wrong size of the implant was identified post operatively. Statements have been received and there will be a further MDT meeting as well as being raised at the Surgical extraordinary event in March. Observational visits to all theatre sites are currently underway and will report into Patient Safety Council

Complaints

In February there were 60 new first stage complaints received compared to 58 in January. 49 complaints were closed in February and within the agreed Trust 60 working day target February compliance is recorded at 63.3%. Of the 49 closed in total, 31 were closed in time and 18 were closed out of time.

Board Summary - Quality

Quality	Period	Score	Target	YTD	Benchmark	Trend
Mortality - HSMR	Oct-25	93.1	100	90.1	Best 30%	
FFT - Inpatients % Recommended	Feb-26	94.3%	90.0%	94.1%	Worst 40%	
Nurse Fill Rates	Jan-26	94.8%	90.0%	96.3%		
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Stillbirths (intrapartum)	Feb-26	0	0	1		
Neonatal Deaths	Feb-26	1	0	6		
Never Events	Feb-26	1	0	4		
Complaints Responded In 60 Days	Feb-26	63.3%	80.0%	57.5%		

Board Summary - Operations

Operations

Urgent Care Pressures A&E

4-Hour performance decreased in February, achieving 71.8% (all types). Trust performance is now below National (74.1%) and also below C&M (71.6%). The Trusts mapped 4-Hour performance achieved 77.2%.

Patient Flow

Bed occupancy across MWL averaged 106.6% in February equating to 110.4 patients - an ongoing trend of high occupancy. There was a peak of 150 patients (71 at S&O, 79 at StHK), which includes patients in G&A beds, escalation areas and those waiting for admission in ED. Admissions were 7% lower than last February, driven by an 8% reduction in 0 day LOS activity, 1+ day LOS activity was also 6% lower than last year. St Helens had a 12.17% decrease in 0 LOS from February 25 to February 26. Average length of stay for emergency admissions remains high, at 9.9 at S&O and 7.9 at StHK, with an overall average of 8.5 days, the impact of non CTR patients being 22.7% at Organisation level, 1% higher than January and 0.7% higher than February 25 (26.9% S&O and 20.3% StHK).

Elective Activity

The Trust had 1,283 52-week waiters at the end of February, (283 S&O and 1,000 StHK), zero 65-week waiters and zero 78-week waiters.

The 52-week position is a decrease of 172 from January and the 65-week waiters have decreased by 6 from January to February. 18-Week performance in February for MWL was 63.4%, S&O 64.8% and StHK 62.9%. This was ahead of national performance (latest month January) of 60.8% and C&M regional performance of 58.8%.

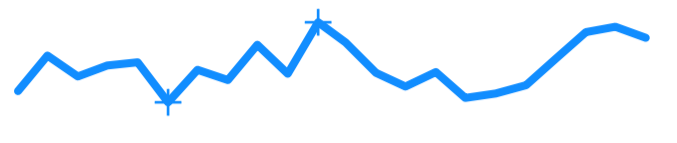
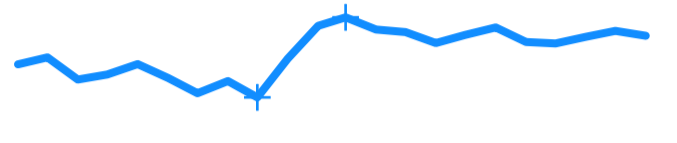

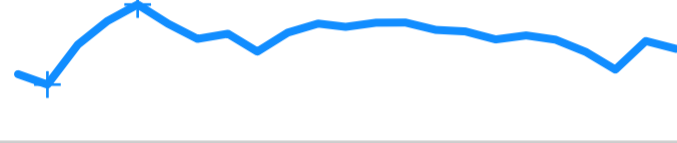







Cancer

Cancer performance for MWL in January deteriorated, at 74.9% for the 28 day standard (target 77%), with Southport achieving 69.0% and St Helens performance being 78.8%. Latest published data (January) shows national performance of 72.8% and C&M regional performance of 71.6%. Performance for 62-day also deteriorated, achieving 78.4% (target 85%), with Southport achieving 70.8% and St Helens 81.3%. C&M performance was 71.1% and National 68.4%. 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 February improved to 92.9% for MWL, failing to achieve the 95% target, with S&O achieving 88.6% and StHK 97.3%. MWL performance is ahead of national performance (latest month January) of 75.3% and C&M regional performance of 89.3%.

Board Summary - Operations

Operations	Period	Score	Target	YTD	Benchmark	Trend
Cancer Faster Diagnosis Standard	Jan-26	74.9%	77.0%	69.4%	Worst 20%	
Cancer 62 Days	Jan-26	78.4%	85.0%	78.4%	Best 20%	
Ambulance Arrival to Vehicle Handover: % <45 mins	Feb-26	73.1%	100.0%	81.7%		
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Patients Whose Operation Was Cancelled	Feb-26	1.0%	0.8%	1.0%		
RTT % less than 18 weeks	Feb-26	63.4%	92.0%	63.4%	Best 50%	
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 89.3% in February 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 90.2% in February 26.

Sickness Absence

Sickness absence is at 7.1% remaining above the Trust target of 5%. However, we're reporting a positive reduction since December 2025 (from 7.8%). Sickness absence has reduced across all staff groups with the exception of Medical and Dental and Healthcare Scientists. All divisions saw a decrease in sickness absence with the exception of Women's and Children. 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. Despite the high levels of support, it is recognised that absence continues to be a key area of concern.

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 four areas identified as high risk for initial focussed action are Surgery Medical Secretaries, Spinal Injuries Team, Ward 1B AMU, and Ward 1C AMU. The group are 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.

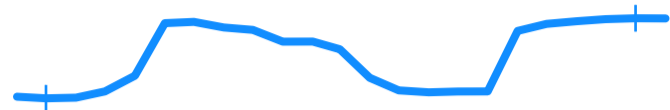

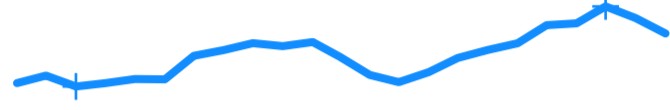

Turnover

In-month turnover for February 26 is 0.7% against a target of 1.1%.

Time to Hire

Time to hire has been a particular challenge for us since the summer months, and a recovery plan has been in place in recruitment and HWWB to drive it down. Overall time to hire has reduced this month 49.4 days from 58.7 days in January 26. Target for those offered in month was 40 days and average was 41 days - slightly above target but a reduction from previous month of 45.34 days and decreasing steadily since the recovery plan came into effect reducing from 100.2 in July. This metric includes from advertising start date to checks complete which includes time spent with Recruiting managers for shortlisting, interview etc. Delays in recruitment are predominantly due to the chasing of references so where necessary, the recruitment teams are supporting managers to risk assess where we have the most recent reference. The recruitment team are linking with candidates and referees to chase regularly. Shortlisting is taking longer than the 2 days managers are required to do this and the recruitment team are prompting managers where there are delays. National average for TTH is 50 days - so currently below the national average. It is planned for full recovery back to our target position by April 26 with the additional work being undertaken to chase when parts of the process are taking longer than we expect.

Board Summary - Workforce

Workforce	Period	Score	Target	YTD	Benchmark	Trend
Appraisals	Feb-26	90.2%	85.0%	90.2%		
Mandatory Training	Feb-26	89.3%	85.0%	89.3%		
Sickness: All Staff Sickness Rate	Feb-26	7.1%	5.0%	6.8%		
Staffing: Turnover rate	Feb-26	0.6%	1.1%	0.9%		

Board Summary - Finance

Finance

The approved MWL financial plan for 2025/26 submitted in May 2025 gives a deficit of £10.7m, assuming:

- Non-recurrent deficit support of £30.2m.
- Delivery of £48.2m recurrent CIP
- Realisation or reallocation of strategic opportunities of £8m
- Realisation or reallocation of system led cost reductions of £27m

The current plan breaks the Trust's statutory break even duty.

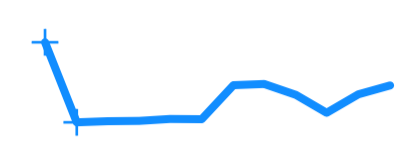
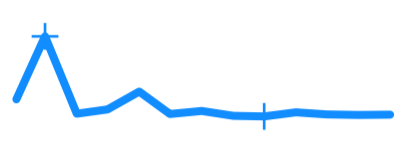
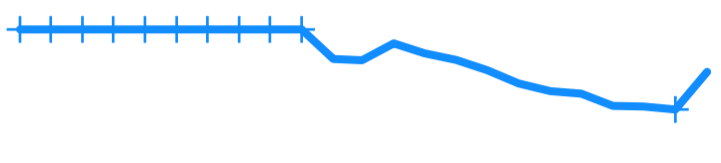
Surplus/Deficit – At the end of Month 11, the Trust is reporting an adjusted position of £20.3m deficit. Excluding deficit support funding, the adjusted position is £48.0m deficit, £13.1m better than plan. This includes the impact of the revised pay award and industrial action costs which are offset against cost reductions delivered ahead of plan and additional industrial action funding of £3.9m. In addition to the items previously shared, non recurrent technical items are currently offsetting underperformance against the reported forecast, predominantly linked to elective recovery.

CIP - The Trust's CIP target for financial year 2025/26 is £48.2m, all of which is to be delivered recurrently. As at Month 11, the Trust has successfully transacted CIP of £45.6m year to date, £1.7m above plan. 100% of the £48.2m recurrent target is covered by fully developed schemes.

Cash - At the end of M11, the Trust's cash balance was £2.5m. As part of the original plan submitted to NHSE, the Trust assumed the receipt of £30m deficit support funding by the end of the financial year. As at M11, only Q1 2025/26 has been received, and anticipates that the balance will be paid at the end of the financial years. To date, the Trust has received PDC revenue support of £10.9m (September) and £11m (October), along with PDC capital support of £15.6m (November). The Trust continues to monitor cash closely.

Capital - The original capital plan for the year is £64.6m (including PFI lifecycle and lease remeasurements). Capital expenditure for the year to date [including PFI lifecycle maintenance and lease remeasurements] totals £38.6m, which is £20.8m below the original plan. However, if we exclude ePR and CDC schemes from this profile, the revised variance is c. £6.6m below plan. Since submitting its plan, the Trust has been awarded an additional c. £15.1m in national PDC funding. The Trust anticipates that its revised programme of c. £58.3m will be delivered in full by the end of the year.

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

> **VSUK EF: =**

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	99.8	100	88.8	
FFT - Inpatients % Recommended	Feb-26	94.1%	94.0%	93.7%	
Nurse Fill Rates	Jan-26	94.6%	90.0%	96.1%	
C.difficile	Jan-26	3		57	
E.coli	Jan-26	8		87	
Hospital Acq Pressure Ulcers per 1000 bed days	Dec-25	0.21	0.00	0.08	
Falls ≥ moderate harm per 1000 bed days	Feb-26	0.14	0.00	0.13	
Stillbirths (intrapartum)	Feb-26	0	0	0	
Neonatal Deaths	Feb-26	1	0	6	
Never Events	Feb-26	1	0	2	
Complaints Responded In 60 Days	Feb-26	62.5%	80.0%	56.4%	

Operations	Period	Score	Target	YTD	Benchmark
Cancer Faster Diagnosis Standard	Jan-26	78.8%	77.0%	77.0%	
Cancer 62 Days	Jan-26	81.3%	85.0%	84.0%	
Ambulance Arrival to Vehicle Handover: % <45 mins	Feb-26	68.3%	100.0%	76.4%	
A&E Standard (Mapped)	Feb-26				
Average NEL LoS (excl Well Babies)	Feb-26	4.1	4.0	4.0	
% of Patients With No Criteria to Reside	Feb-26	20.3%	10.0%	19.7%	
Discharges Before Noon	Feb-26	19.1%	20.0%	19.8%	
G&A Bed Occupancy	Feb-26	98.4%	92.0%	98.2%	
Patients Whose Operation Was Cancelled	Feb-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	Feb-26	90.9%	85.0%	90.9%	
Mandatory Training	Feb-26	89.6%	85.0%	89.6%	
Sickness: All Staff Sickness Rate	Feb-26	7.1%	5.0%	6.8%	
Staffing: Turnover rate	Feb-26	0.6%	1.1%	1.0%	

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

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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	Feb-26	94.8%	90.0%	95.0%	
Nurse Fill Rates	Jan-26	95.1%	90.0%	96.5%	
C.difficile	Jan-26	4		33	
E.coli	Jan-26	3		46	
Hospital Acq Pressure Ulcers per 1000 bed days	Dec-25	0.00	0.00	0.13	
Falls ≥ moderate harm per 1000 bed days	Feb-26	0.17	0.00	0.08	
Stillbirths (intrapartum)	Feb-26	0	0	1	
Neonatal Deaths	Feb-26	0	0	0	
Never Events	Feb-26	0	0	2	
Complaints Responded In 60 Days	Feb-26	63.6%	80.0%	58.9%	

Operations	Period	Score	Target	YTD	Benchmark
Cancer Faster Diagnosis Standard	Jan-26	69.0%	77.0%	57.8%	
Cancer 62 Days	Jan-26	70.8%	85.0%	65.6%	
Ambulance Arrival to Vehicle Handover: % <45 mins	Feb-26	81.6%	100.0%	91.0%	
A&E Standard (Mapped)	Feb-26				
Average NEL LoS (excl Well Babies)	Feb-26	4.1	4.0	4.0	
% of Patients With No Criteria to Reside	Feb-26	26.9%	10.0%	23.9%	
Discharges Before Noon	Feb-26	18.8%	20.0%	18.1%	
G&A Bed Occupancy	Feb-26	95.7%	92.0%	96.9%	
Patients Whose Operation Was Cancelled	Feb-26	1.1%	0.8%	1.1%	
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	Feb-26	88.8%	85.0%	88.8%	
Mandatory Training	Feb-26	88.7%	85.0%	88.7%	
Sickness: All Staff Sickness Rate	Feb-26	7.1%	5.0%	6.8%	
Staffing: Turnover rate	Feb-26	0.7%	1.1%	0.7%	

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

Committee Assurance Report			
Title of Meeting	Trust Board	Date	25 March 2026
Agenda Item	TB26/019 (8.1)		
Committee being reported	Executive Committee		
Date of Meeting	This report covers the three Executive Committee meetings held in February 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 February 2026. No meeting was held on Thursday 26 February due to the Board Time Out. At every meeting bank or agency staff requests that breached the NHSE cost thresholds were reviewed, and the Chief Executive's authorisation recorded.</p> <p>The weekly vacancy control panel decisions were also reported, at each committee meeting.</p>			
05 February 2026			
Outpatients Transformation Programme Update	<ul style="list-style-type: none"> The Director of Strategy introduced the progress report. Phases 1 and 2 of the programme – capacity cleansing and standardisation were now completed. Validation of the utilisation reports at 2, 4 and 6 weeks was being undertaken with each speciality. A concern remained about the late cancellation of appointments by patients via Net Call / Patient Portal which was leading to underutilisation of capacity. The cancellation rules for less than 72-hour cancellations were being changed to address this. Workshops had been scheduled throughout February to look at potential digital solutions and how they should be prioritised for greatest impact. A real time room booking system had been identified and a pilot was due to commence with selected specialities. The project plan demonstrated how the remainder of the programme could be delivered by September 2026. 	Assurance	
Draft Trust Continuous	<ul style="list-style-type: none"> The Director of Strategy presented the draft Strategy for review prior to be presented to Trust Board for approval. 	Assurance	

Improvement Strategy	<ul style="list-style-type: none"> • Committee endorsed the approach and discussed how the standard MWL improvement methodology could be embedded across the Trust. 	
Health Records scanning backlog reduction plan	<ul style="list-style-type: none"> • The Director of Informatics introduced the report which detailed proposals to reduce the current scanning backlog. • Staff turnover and the end of fixed term contracts had resulted in a build-up of documents that needed to be scanned into the electronic patient records. Further staff were due to leave the service at the end of the financial year, which would exacerbate the situation further. • Scanning duties had been prioritised for health records staff as a temporary measure and the capacity of the scanning machines was confirmed not to be a limiting factor. • Future digitisation opportunities had been identified as the Trust became paperless but relied on changes in behaviour across clinical teams and these were medium-term goals. • Following discussion and requests for further clarity about capacity and demand and the timescales for delivery of digitisation plans, the Committee agreed limited recruitment (within the budgeted establishment) to restore target scanning turnaround times. 	Approval
Nurse Safer Staffing Report – December 2025	<ul style="list-style-type: none"> • The Chief Nursing Officer presented the report. • The Registered Nurse (RN) fill rate in December had been 95.7% overall and the Health Care Assistant (HCA) overall fill rate 106.09%. Care Hours Per Patient Day (CHPPD) had been 7.9 hours. • The major cause of shifts with fill rates below 90% was sickness absence, where cover could not be arranged at short notice. 	Assurance
Finance Improvement Group Assurance Report	<ul style="list-style-type: none"> • The Chief Finance Officer presented the report which summarised the latest meeting with the Surgery and Woman and Children’s Divisions. • Issues discussed with Surgery included the Referral to Treatment (RTT) improvement plan, theatre and outpatients productivity, activity-based rostering, and specialities joining Consultant Connect. • Job Planning was the major focus of the Women and Children’s Division meeting. 	Assurance
12 February 2026		

<p>Patient Safety Incident – Ophthalmology</p>	<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. • The Division had identified 2,037 patients across a range of surgical specialities that could have been impacted by the legacy S&O process, of which 1,731 required a clinical case note review to establish if the delay had contributed to any patient harm. These had been categorised into cohorts and prioritised for clinical review. • The Division confirmed that a standardised process had now been implemented across all MWL sites which resolved the issue for current patients. • It was agreed that this process should be independently audited to provide assurance. • Of the clinical reviews completed, no patient harm had been identified. • For the next update the Committee requested a trajectory of when all the reviews would be completed in each speciality. 	<p>Assurance</p>
<p>Paediatric Cardiology Consultant Business Case</p>	<ul style="list-style-type: none"> • The Business Case sought approval to recruit an additional Paediatric Consultant who would specialise in cardiology. • This would create additional capacity to reduce waiting lists and waiting times and create more resilience for a historically fragile service. • Committee noted the predicted income generated would cover the costs of the additional post. • Committee approved the Business Case on the basis that there were no other support costs and that there would be a benefits realisation review six to nine months after the appointment was made. 	<p>Approval</p>
<p>Never Events Review</p>	<ul style="list-style-type: none"> • The Chief Nursing Officer presented the review of never events and planned response. • In 2024/25 and 2025/26 (YTD) (May 2024 – January 2026) the Trust had reported eight never events, five of which had been theatre based. • A deep dive had been undertaken to identify any trends covering site, location, speciality, and type of incident. • No individuals had been involved in more than one never event. 	<p>Assurance</p>

	<ul style="list-style-type: none"> • Five of the incidents had occurred with staff who were new to the Trust. • Five of the incidents had also occurred during smaller surgical interventions or procedures under local anaesthetic. • Investigations into seven of the incidents had been completed and the investigation for the incident that was reported in January was in progress. • Audits of theatre procedures had identified variable adherence to the standard safety checks. • Actions initiated included – <ul style="list-style-type: none"> ○ The Invasive Procedure Group had commenced a review of all current checklists, guidance and pathways for invasive procedures. ○ Re-introduce Stop Before You Block and HALT procedures via awareness raising events. ○ Human factors educational package being developed. ○ Observational insight visits • Committee felt a similar analysis of reported near misses should also be undertaken to strengthen learning. 	
Badgernet Implementation	<ul style="list-style-type: none"> • The Director of Informatics and Chief Operating Officer introduced the report which explained the challenges of implementing a single instance of Badgernet to the MWL Maternity Service. • Finalising the single pathways and other operational decisions which impacted the system configuration were due to be finalised by April 2026 which would enable a target implementation date of 03 November 2026. • Committee were assured that the revised plan had the appropriate clinical, operational and digital support to deliver a single instance for MWL by November and approved the new timetable. 	Approval
Temporary Workforce Utilisation Report – January 2026	<ul style="list-style-type: none"> • The Chief People Officer introduced the report, which highlighted increased use of temporary staffing during January due to operational pressures and high sickness absence rates. • Medical staffing and the Emergency Departments (EDs) were the highest demand areas. • Agency usage was increasingly restricted to specialist staff. 	Assurance

<p>Risk Management Council (RMC) Assurance Report – February 2026</p>	<ul style="list-style-type: none"> • The Director of Corporate Services presented the report. • The RMC had completed the annual effectiveness review and recommended the updated Terms of Reference to the Executive Committee for approval. • The draft updated Risk Assurance Framework had been presented for comment and a final version for approval would be presented to the Executive Committee in March. • 1,065 risks were reported on the Trust risk register, including 30 new risks in month and 27 that had been closed. • 24 risks remained escalated to the Corporate Risk Register (CRR). • The Council received the quarterly Emergency Preparedness Resilience and Response (EPRR) report, which detailed progress in achieving the 2026/27 EPRR standards. 	<p>Assurance</p>
<p>Freedom of Information (FOI) Report</p>	<ul style="list-style-type: none"> • The Director of Informatics presented the report. • FOI response compliance was 84.91% in January 2026. • The FOI working group had met and this was reported as positive and generated ideas to improve response time compliance. 	<p>Assurance</p>
<p>19 February 2026</p>		
<p>Southport Hospital Bed Reconfiguration</p>	<ul style="list-style-type: none"> • The Chief Operating Officer introduced the report which presented the final plans to reconfigure the bed base at Southport Hospital to increase surgical beds, create decant capacity to enable the ward refurbishment programme to start and develop step down capacity at Ormskirk Hospital. • The consultation with staff had been positive with most of the ward 11A team wishing to transfer to Ormskirk together. • The clinical and operating models, including GP oversight of step-down patients had been agreed. • The Salus Centre alterations were due to be completed in early March to provide a dedicated admission unit at Southport Hospital. • Committee discussed opportunities for increasing site resilience at Ormskirk Hospital which would allow more developments in the future 	<p>Assurance</p>
<p>NHS Federated Data Platform (FDP)</p>	<ul style="list-style-type: none"> • The Committee received the report which provided an overview of the FDP capabilities and proposals for a phased adoption by MWL. 	<p>Assurance</p>

	<ul style="list-style-type: none"> • Committee noted a briefing on FDP was due to be presented to the February Board for further discussion. 	
National Training Survey Action Plan	<ul style="list-style-type: none"> • The Chief People Officer introduced the report which provided an update on the actions taken following the concerns raised by the General Medical Council (GMC) and NHS England (NHSE) about the results of the 2025 GMC National Training Survey for Southport Hospital. • It was noted that Southport Hospital had a smaller number of Resident Doctors working in each speciality. • Action plans for each speciality had been developed and submitted to the GMC and NHSE. • Engagement with the current Resident Doctors had been strengthened to identify and address any issues before they became concerns. • The action plan delivery would be monitored by the Education Team and preparations would continue for the planned GMC/NHSE visit to review progress. 	Assurance
Communications and Media Quarterly Activity Report	<ul style="list-style-type: none"> • The Deputy CEO introduced the report which covered communications and media activity during Q3 2025/26 and scheduled activities for Q4. • Committee discussed the requirement for a staff communications plan following the Shaping Care Together Joint Committee meeting on 13 March. 	Assurance
Advancing Quality Programme Options Appraisal	<ul style="list-style-type: none"> • The Chief Medical Officer presented a recommendation from the Clinical Effectiveness Council to leave the Advancing Quality (AQ) programme and develop alternative sources of benchmarking and reporting for Sepsis, Acute Kidney Injury and hip and knee outcomes. • It was noted that as other trusts had withdrawn the benchmarking comparisons were less meaningful. • Alternative ways to measure and report performance had been identified or could be developed. • Committee approved the proposal. 	Approval
Never Events	<ul style="list-style-type: none"> • The Chief Nursing Officer reported on two incidents that had occurred in the previous week. One had been a near miss, but the other was a Never Event relating to a hip procedure. 	Assurance

	<ul style="list-style-type: none"> • Committee agreed that the action plan, presented the previous week, be reviewed considering any further learning from these additional incidents. 	
Mutually Agreed Resignation Scheme (MARS) - Update	<ul style="list-style-type: none"> • The Chief People Officer reported that to date 27 members of staff had submitted applications for MARS. Several others had submitted requests for quotes to payroll. • The scheme was due to close on 16 March. 	Assurance
Procedural Documents Quarterly Report	<ul style="list-style-type: none"> • The Chief Nursing Officer presented the report. • Of 862 Trust policies and procedural documents, 175 were overdue for review and 455 required harmonisation. • The Committee reflected on the impact of winter pressures in reducing capacity to research and review policies and discussed options for additional support. There was agreement to explore how other local trusts approached this issue to see if there was any good practice or learning that could be adopted. • Each Committee and Council chair regularly received an update on overdue policies, where it was the approving body. 	Assurance
Financial Improvement Group (FIG)	<ul style="list-style-type: none"> • The Chief People Officer presented the assurance report from the FIG meeting with the Medicine and Urgent Care Division. • Actions had been progressed in relation to long term sickness hot spots, Job Planning, Physician Associate roles, and bank and agency spend reduction plans. • Discussions with the Clinical Support Services and Community Division had focused on bed utilisation, Diagnostics performance, and District Nursing activity. 	Assurance
NHSE Regional Midwifery Team Visit	<ul style="list-style-type: none"> • The Chief Nursing Officer reported on the Regional Midwifery Team visit on 18 February. • Local Maternity and Neonatal System (LMNS) and Integrated Care Board (ICB) colleagues had also attended. • A formal feedback letter would be received from the Regional Team in due course, but no concerns had been escalated on the day. • The Committee thanked the maternity team and Women and Children's Divisional Leadership team for their hard work in preparing for the visit. 	Assurance

Alerts:

- Several never events identified over recent months – work underway to address any

common issues and share learning Trust wide

Decisions and Recommendations:

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

- Consultant Paediatrician Business Case

Committee Assurance Report

Title of Meeting	Trust Board	Date	25 March 2026
Agenda Item	TB26/019 (8.2)		
Committee being reported	Quality Committee		
Date of Meeting	16 March 2026		
Committee Chair	Gill Brown, Non-Executive Director		
Was the meeting quorate?	Yes		
Agenda items			
Title	Description	Purpose	
Minutes and Action Log	<ul style="list-style-type: none"> The minutes of the Quality Committee meeting held in February were approved and actions due for update in March were all reviewed and updated. 	Assurance	
Quality Committee Corporate Performance Report (CPR).	<ul style="list-style-type: none"> One Never Event: No harm to patient. Deep dive report will be reported to Quality Committee in July. Targeted improvements have commenced in theatres. Engagement of Health Innovation Northwest Coast is under consideration. Focus on education / behavioural changes to support improvement outcomes agreed. Observational visits in Theatres by Patient Safety team across MWL are ongoing. Timely observations in Emergency Departments (ED): Improvement plan implemented to improve compliance of observations / management of sepsis and deteriorating patient. Complaints performance: Resolution within 60-day target remains a key focus. Assurance provided on future reporting requirements for the Trust's response to eradicating corridor care. Increase in Ventouse and forceps deliveries Ormskirk Site – and third degree tears at Whiston site - assurance to be provided in Q4 Maternity report. 	Assurance	
Patient Safety Report (Inc. Chair's Assurance Report)	<ul style="list-style-type: none"> Data presented for January 2026 One Never Event reported 	Assurance	

	<ul style="list-style-type: none"> • 262 inpatient falls (242 in January). No falls classed as severe or fatal with falls per 1,000 bed days for January 6.906 Year to Date (YTD) 6.208 which is a decrease 0.61% from previous year. Assurance provided on falls training provided across MWL, noting top five areas of concern YTD all based at Whiston Hospital. • One incident reported as severe harm in January related to delay in diagnosis – case is currently under review. • One fatal incident reported in January related to Radiology missed clinical presentation - early actions from Patient Safety Incident Response (PSIR) detailed. • Update on Local Safety Standards for Invasive Procedures (LocSSIP) and National Safety Standards for Invasive Procedures (NatSSIP) adherence. Data capture tool developed to centralise data to support self-assessment compliance and assurance on adherence to NatSSIPs eight sequential standards. • Assurance provided against Patient Safety Incident Response Framework (PSIRF) and the Trust’s response to the coronial process. • Patient Safety Council assurance report noted with one area of concern: Variable weight recording reported as area of concern regarding accurate weights of patients - escalated to divisions and future reporting to Quality Committee requested for assurance. 	
<p>Clinical Effectiveness Report (including Council Chair’s report)</p>	<ul style="list-style-type: none"> • Procedural documents approved noting Martha’s Rule Standard Operating Procedure now in place Whiston site. • Medical Emergency Team (MET) – Positive response time two minutes with appropriate MET calls. • Resuscitation Services: Additional Assurance on actions requested to improve compliance. • Intensive Care National Audit and Research Council (ICNARC), Amber quality indicators noted. • Informed of service change to Sexual Health and HIV services from 01 April 2026. • Non-Elective Laparotomy audit – no concerning trends. 	<p>Assurance</p>

	<ul style="list-style-type: none"> • NICE quarterly report - 47 guidelines published for Q2 2025/26 requiring multiple clinical divisional input to respond. • Good progress on Electronic Prescribing and Medicines Administration (EPMA) deployment. • ED: Impact of corridor care discussed. • Laboratory performance - Pathology East Hub commences 01 April 2026. • Sepsis reporting moving to Audit Management and Tracking system (AMAT). • Learning from Deaths report – Narrative requested to provide assurances for data reported. • Conflict Resolution training: re-established. • Assurance enablement work for Pharmacy Robot at Southport site - on track (end March 2026). • Recommendation for Clinical Digital Membership at future CEC to be considered. 	
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Alerts:

- Impact of Corridor Care.

Decisions and Recommendation(s):

The Trust Board is asked to note the report.

Committee Assurance Report

Title of Meeting	Trust Board	Date	25 March 2026
Agenda Item	TB26/019 (8.3)		
Committee being reported	Strategic People Committee		
Date of Meeting	18 March 2026		
Committee Chair	Lisa Knight, Non-Executive Director		
Was the meeting quorate?	Yes		
Agenda items			
Title	Description	Purpose	
Committee Performance Report (CPR)	<p>Mandatory Training - the Trust continues to positively exceed its mandatory training target, achieving 89.3% compliance in February, above the 85% threshold.</p> <p>Appraisals - appraisal compliance in February is at 90.2% against the 85% target. The appraisal window for 2026 will open on 01 May 2026 following the launch of the Trust's objectives at the STAR Conference.</p> <p>Sickness Absence - all staff sickness has decreased in February to 7.1 % to January to 7.5%, with a reduction of in-month sickness across all Divisions, with the exception of Women and Children and across all reported staff groups.</p> <p>Vacancy Rate - the Trust's overall vacancy rate remains favourable at 7.2%, below the 8% target.</p> <p>The reported 15% Health Care Assistant (HCA) vacancy rate remains provisional while Corporate Nursing complete the previously reported review of the Band 2-3 establishments.</p> <p>Time to Hire (T2H) - the average time to hire in February has continued to positively improve reporting 49.4 days (January 26 58.7 days) against a target of 40; with those being offered in month slightly above target at 41 days (improvement from 45.34 days in January).</p> <p>Turnover remains stable and below target:</p> <ul style="list-style-type: none"> • In-month turnover: 0.6% (target: 1.1%) • 12-month rolling turnover: 12.1% (target: 13.2%) 	Assurance	

	<p>Health, Work & Wellbeing (HWWB) - Pre-Placement Questionnaires the total number received to cleared key performance indicators (KPI) average days: three days</p> <p>The Did Not Attend (DNA) rate for appointments has declined in month (15%) and is slightly above tolerated thresholds year to date (YTD) (11.2%).</p>	
<p>10 Point Plan update & Staff Story from Resident Doctor leads</p>	<p>The Committee received an update on progress with the Resident Doctor 10-Point Plan. The report highlighted the following:</p> <ul style="list-style-type: none"> • Four meetings have taken place since December 2025 involving Senior and Resident Doctor Leads, Medical Education, and Medical Staffing to progress the Trust's action plan. • Resident Doctor Leads continue to meet regularly with the Senior Leads for Resident Doctor Experience (CMO and CPO) to monitor delivery. The next meeting is scheduled for 10 April 2026. <p>Progress since the last report:</p> <ul style="list-style-type: none"> • All actions that can be delivered locally have either been completed or are on track for completion by 31 March 2026. • A key focus for the next month will be the development of a communication guide for Resident Doctors, aligned to the themes within the 10-Point Plan. <p>The four Resident Doctor Leads attended the Committee and shared positive reflections on their experience working at MWL. They also outlined several opportunities to further enhance the working lives and training experience of Resident Doctors.</p> <p>The Committee noted the update.</p>	<p>Assurance</p>
<p>HR Commercial Services Objectives 2025-26 Q4 Update</p>	<p>The Committee received the Q4 update of the 2025/26 HR Commercial Services Objectives. The report demonstrated the achievement of the objectives for the year.</p>	<p>Assurance</p>
<p>Annual Update on People Plan (Trust)</p>	<p>The Committee received the annual update on the progress on the MWL People Plan (Trust).</p> <p>The update reported positive progress with the priorities in year one and a presentation provided a high-level overview of successes and areas for improvement against the measurements set.</p>	<p>Assurance</p>
<p>Employee Relations Oversight Group Annual Update</p>	<p>The Committee received the annual update from the Employee Relations Oversight Group, along with the associated action plan. The following points were noted:</p>	

	<ul style="list-style-type: none"> • During 2026/27, the Trust and the Lead Employer have reviewed internal processes and policies to ensure full alignment with national guidance. • The organisation is managing an increasing level of complexity within its employee relations cases. • Investigation timescales have lengthened, and actions are underway to improve the pace and quality of case progression. • A Mediation Network was launched in October 2025 to support earlier and more constructive resolution of workplace issues. • 56 new Case Investigators/Officers have been trained, strengthening the Trust's internal capacity. • A refreshed 72 hour review form has been implemented, supported by additional training to reinforce consistent and timely oversight of new cases. 	
Annual Staff Survey Overview	<p>The Committee received a report and presentation on the outcomes of the 2025 NHS Staff Survey, conducted at MWL between 06 October and 28 November 2025. A total of 3,855 staff responded, representing a 35% response rate slightly lower than the previous year but consistent with the national trend.</p> <p>Key Findings</p> <p><u>Overall Performance:</u></p> <ul style="list-style-type: none"> • MWL performs above the national average in four themes, is aligned with the national average in one, and is below the national average in four. • The theme '<i>We Work Flexibly</i>' continues to underperform at national, regional, and local levels. • Themes where MWL remains above comparator averages: <ul style="list-style-type: none"> ○ Equality & Diversity ○ Advocacy ○ Negative Experiences ○ Compassionate Culture • Subthemes with the most negative responses: <ul style="list-style-type: none"> ○ Work–Life Balance ○ Appraisals ○ Flexible Working ○ Line Management <p><u>Improvement Approach</u></p> <ul style="list-style-type: none"> • The accompanying action plan outlined the adoption of a Theory of Change methodology to support long-term 	Assurance

	<p>improvements in organisational culture, behaviours, and staff experience.</p> <p><u>Priority Actions for 2026</u></p> <ul style="list-style-type: none"> • Strengthening flexible working, appraisals, and access to development opportunities • Embedding the new MWL Behavioural Framework • Enhancing staff voice and involvement • Improving leadership visibility and compassionate behaviours • Implementing targeted 90-day improvement plans at Southport and Ormskirk Hospitals, focusing on Freedom to Speak Up (FTSU), behaviours, development, and advocacy 	
Assurance Reports from Subgroup(s)	<p>The assurance reports for the People Performance Council and the HR Commercial Services Council were noted including the approval of the following policies:</p> <ul style="list-style-type: none"> • Clinical Supervision of Non- Medical Pre-Registration Learners Policy • Pay Progression Policy • Lead Employer Handling Concerns Policy 	Assurance
Items for Escalation to Trust Board	None	Assurance
Any Other Business	None	Assurance
Alerts:		
None		
Decisions and Recommendation(s):		
None		

Committee Assurance Report			
Title of Meeting	Trust Board	Date	25 March 2026
Agenda Item	TB26/019 (8.4)		
Committee being reported	Finance and Performance Committee		
Date of Meeting	19 March 2026		
Committee Chair	Carole Spencer, Non-Executive Director		
Was the meeting quorate?	Yes		
Agenda items			
Title	Description	Purpose	
Chief Finance Officer (CFO) narrative Update on emerging news.	<ul style="list-style-type: none"> Q3 NHS Oversight Framework published, MWL ranking in the acute and specialist league table is 83/134 and at level 3. Performance is based on key metrics included within the committee performance reports and linked to changes in performance reported through committees. The MWL plan has been conditionally accepted but the Cheshire and Merseyside (C&M) system 2026/27 plan does not currently meet the target set by the national team with discussions ongoing. 	Assurance	
Committee Performance Report Month 11 2025/26	<ul style="list-style-type: none"> Overall: Urgent and Emergency Care had experienced a challenging month with ongoing high percentages of patients with no criteria to reside, and bed restrictions particularly at Southport relating to infections (particularly norovirus). The impact was felt in ambulance handovers and a below national achievement of 4 hour and 12 hour waits. <p>Data</p> <ul style="list-style-type: none"> Accident and Emergency (A&E) performance was 71.8% in February, below the national (74.1%), and ahead of C&M at 71.6%. Long waits in emergency department continued to be a challenge – 21.1% waited over 12 hours in February. This was an increase from the previous month. Ambulance Handover 45 – improvement in performance to 73.1% of patients arriving by 	Assurance	

	<p>ambulance being handed over within 45 minutes.</p> <ul style="list-style-type: none"> • No Criteria to Reside (NCTR) patients accounted for 22.7% of inpatients <p>Elective</p> <p>The Trust has been undertaking an elective sprint in quarter 4 which is paying dividends, with elimination of over 65 week waits and remaining on target reduction for the reduction in over 52 week waits. Collaboration between sites and between specialties (where clinically appropriate). Diagnostic performance continues to recover towards the target after a fall off in usually excellent performance. Cancer continues an improving trajectory although there was a deterioration in January. The cancer improvement plan remains a strong focus for all divisions.</p> <p>Data:</p> <ul style="list-style-type: none"> • 18 Week performance in February was 63.4%. • The Trust had 1,283 52-week waiters at the end of February; zero 65-week waiters. • Diagnostic 6-week performance for February was 92.9% which remained ahead of both national performance at 75.3% and C&M performance at 89.3%. The target remains at 95%. • Cancer performance in January deteriorated to 74.9% for the 28-day standard (target 77%) and 78.4% for the 62-day standard (target 85%). • Bed occupancy averaged 97.4% 	
Finance report Month 11	<ul style="list-style-type: none"> • The data below shows the current position at month 11. The following item summarises the effect this will have as we move into month 12 together with mitigating actions being put into place during March 2026: <ul style="list-style-type: none"> ○ The approved MWL financial plan for 25/26 was a deficit of £10.7m. This is a £41m deficit excluding the deficit support funding. ○ The plan includes £35m of system led strategic opportunities/cost reductions which were expected to be realised or reallocated by C&M during 2025/26. Neither has happened at month 11 	Assurance

	<ul style="list-style-type: none"> ○ The Trust is reporting a M11 deficit of £48m (excluding deficit support funding). Since reporting the position, it had been confirmed the deficit support funding had been unfrozen and this would improve the year end position. ○ Our position takes account of all variable activity. However, contracts (for 2025/26) are still not finalised, and negotiations continue. ○ The Trust's combined 2025/26 CIP target is £48.2m. At M11, the Trust has delivered £45.6m. <ul style="list-style-type: none"> ● At M11 agency costs equate to £11.9m (2.0% of total pay costs), which is a significant improvement on prior year. ● The Trust had a closing cash balance of £2.5m. ● Aged debt has decreased (debt greater than 90 days at £17.3m in M11). ● The revised capital plan for the year totals £58.3m which includes Public Finance Initiative (PFI) Lifecycle and IFRS16 Lease Remeasurement. Year to date (YTD) spend is below plan however there are plans in place to ensure no slippage by year end. 	
M11 Forecast	<ul style="list-style-type: none"> ● The Committee received an update on the year end forecast, considering the receipt of deficit support funding. It received an update on the identified measures that can be transacted that will enable the current year end forecast, to achieve plan: <ul style="list-style-type: none"> ○ Current plan less deficit support stands at £40.9m deficit for year end ○ Current run rate would give a £52.9m deficit, therefore mitigations were required to enable an improvement of £12m. These were shared with the Committee ○ Delivery of the forecast depends on elective recovery, plus maintaining the ongoing improvements in temporary workforce across the Trust. ○ There remains an ongoing risk around contract payments which were brought separately for review. 	Assurance

Cash Update	<ul style="list-style-type: none"> • Confirmation received that Deficit Support funding has now been paid to the Trust and this is reflected in the forecast position • A positive year end cash position is forecast albeit modest. Work is ongoing to ensure cash management is optimal moving into the new financial year. • Significant levels of capital expenditure in Q4 may result in cash fluctuations in M12/ M1. 	Assurance
Month 11 2025/26 Cost Improvement Programme (CIP) Update Surgical Division	<ul style="list-style-type: none"> • Another strong year end performance is forecast for the delivery of the CIP. • Total Trust efficiency target for 2025/26 is £48.2m recurrently, which equates to 5% for all departments. • At M11, 237 schemes have been delivered with a further 55 schemes at finalisation stage. Current delivered/low risk schemes have a value of £50.3m. • Those unable to be delivered in 2025/26 are moved forward for delivery in 2026/27 • Surgery reported their progress on CIP delivery. The Division have delivered £9.2m of their £10.2m CIP target for 2025/26 and continue the focus to transact the maximum value by year end. 	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	<ul style="list-style-type: none"> • The Trust received confirmation that via letter that the plan has been conditionally accepted. • The plan was resubmitted for profiling and narrative updates which do not change the substance of the plan. • Expectation that contracts will be signed by 31 March. 	Assurance
Benefits Realisation	<ul style="list-style-type: none"> • Total number of benefits identified and mapped is 485. 437 are on track with 27 requiring 	Assurance

	<p>mitigating actions and 21 not yet reporting delivery.</p> <ul style="list-style-type: none"> • Examples of current benefits review shared. 	
Elective Care Update	<ul style="list-style-type: none"> • The Committee received a presentation on the delivery of the 2025/26 elective activity plan. • Reduction in long waiters following implementation of recovery plans and national sprint exercise. • Focus on ensuring all long waiters with a booked appointment, specialty level action plans in place. • Current trajectory is on track to deliver the planned performance regarding Referral to Treatment (RTT) and 52 week waits however risk around the financial forecast linked to elective recovery. • Plans shared for improving productivity to ensure improvements continue into next year. These included maximising configurations of theatre times across all sites 	Assurance
Assurance Reports from Subgroups:	<ul style="list-style-type: none"> • CIP Council Update • Capital Planning Council • Estates & Facilities Management Council Update 	Assurance
Alerts		
None		
Decisions and Recommendation(s):		
The Board is asked to note the report		

Title of Meeting	Trust Board	Date	25 March 2026
Agenda Item	TB26/020		
Report Title	Care Quality Commission (CQC) Compliance and Registration		
Executive Lead	Sarah O'Brien, Chief Nursing Officer		
Presenting Officer	Sarah O'Brien, Chief Nursing Officer		
Action Required	X	To Approve	To Note
Purpose			
<p>This paper provides a summary of policies, process and practices across the Trust to demonstrate how on-going compliance is maintained with the fundamental standards required by the CQC (Appendix 1) to provide assurance to the Board.</p>			
Executive Summary			
<p>The Trust is required to register 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>This report provides a summary for 2025/26.</p> <p>Following the transaction and the formation of Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL) on 01 July 2023, the original ratings from the former St Helens and Knowsley Teaching Hospitals NHS Trust 2018 inspection remain in place; therefore, the overall Trust rating remains Outstanding.</p> <p>There have been three announced inspections since the last report to Trust Board:</p> <ul style="list-style-type: none"> • Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) CQC Inspection on the Whiston Site on 30 April 2025. • St Helens Urgent Care Treatment Centre (UTC) on 08 May 2025. This was one of our first comprehensive inspections undertaken using the CQC's single assessment framework the CQC rated all key questions as good and the service is rated good overall. • Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) CQC Nuclear Medicine Inspection on the Whiston Site on 05 August 2025. <p>There have been no enforcement actions taken during 2025/26.</p> <p>Appendix 1 provides a high-level summary of compliance against the CQC fundamental standards and regulations.</p> <p>The Board is asked to review the information provided to confirm compliance with the fundamental standards and on-going registration requirements, and to determine if further evidence is required.</p>			
Financial Implications			
<p>The CQC charges 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.</p> <ul style="list-style-type: none"> • MWL 2025/26 fee - £535,246 			

Quality and/or Equality Impact	
Not applicable to this assurance report.	
Recommendations	
The Board is asked to approve the CQC Compliance and Registration 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
	SO7 Operational Performance
	SO8 Financial Performance, Efficiency and Productivity
	SO9 Strategic Plans

Trust Compliance with CQC Regulations and Fundamental Standards

Fundamental Standard	Regulation	Summary	Domain	Committee	Exec Lead	
1. Person-centred care	9 - Person-centred care	Providers must do everything reasonably practicable to put patients at the centre and to reflect personal preferences, taking account of people's capacity and ability to consent.	Safe, Caring, Responsive	Quality	CNO, CMO	<p>All patients are assessed on admission or when commenced on caseload and have comprehensive treatment/care plans in place.</p> <p>Where there is concern that a patient lacks capacity to make decisions regarding care and treatment Staff will refer to the Trust Mental Capacity Act and DoLS policy and if needed the Safeguarding Policies. The dedicated on site safeguarding teams are also available to support the staff. The Trust also recognises that there may be occasions when Adults with capacity make what others would view as unwise decisions and are aware of the need to document such decisions accurately particularly when patients are not compliant with treatment or choose to self-discharge against medical advice as per the Trust Discharge policy. The Trust have implemented electronic Urgent DoLS applications across all sites which has improved quality and streamlined processes.</p> <p>Where patients are admitted who require treatment of mental health as well as physical health the Trust are working to strengthen equity of care in this area and have set up a Trust Mental Health Steering Group with representation from the Acute Trust and Mental Health Providers. Actions to be considered relate to increased training for staff to support patient's mental health, closer partnership working and shared documentation to support risk identification and management.</p> <p>MWL is commencing work on the Cheshire and Mersey Integrated Care Board's (ICB) Personalisation of Care quality indicator focusing on improving health and wellbeing outcomes by providing care which considers the individual and their particular wishes. This includes a plan for the implementation of NICE guidance in Shared Decision making. Progress will be monitored and reported bi-annually to the ICB.</p> <p>Compliance with nursing care indicators is regularly audited and reported to each ward using the audit app, Tendable.</p>

Appendix 1

Fundamental Standard	Regulation	Summary	Domain	Committee	Exec Lead	
						<p>The Trust received an overall rating of outstanding for the caring domain, with examples of compliance cited in the CQC inspection report. MWL maintains its Outstanding CQC rating for Caring.</p> <p>The recent CQC inspection at St Helens Urgent Care Treatment Centre (UCT) praised the culture and ethos of the service was to provide a high level of patient satisfaction, and this was evident across all areas of our assessment. Staff told us they worked well as a team to provide a high quality and caring service to patients. It also noted 'the service treated people as individuals and made sure people's care, support and treatment met their needs and preferences'.</p> <p>Patients' individual needs and equality characteristics were understood, and services were provided to meet these. Patients' communication needs were identified and met to enable them to be fully involved in their care.</p>
2. Visiting and accompanying	9A – Visiting and accompanying in care homes, hospitals and hospices	Patients should have visitors and be able to visit the hospital without difficulty.	Caring	Quality	CNO	<p>Visiting Policy in place, following consultation with patients, families and carers visiting times are now aligned in adult inpatient areas maintaining split visiting to support protected mealtimes and rest periods for patients. Visiting outside of these hours to contribute to the care of patients with enhanced needs and the principles of John's Campaign is supported.</p> <p>Trust has examples of adjustments made to meet individual needs, including electronic alerts, health passports, side-rooms, additional staffing where needed, supplementary care model in place and promotion of John's Campaign to support carers who wish to stay with patients/carer beds, hearing loops & communication aids. In addition, the Trust has carer passports in place to support those closest to patients. Interpreters can be accessed as required.</p> <p>In outpatients, double, early, and late appointments are used along with desensitising visits to clinics. For complex patients, best interest decision-making and journey planning involving multi-disciplinary teams are routine.</p>

Appendix 1

Fundamental Standard	Regulation	Summary	Domain	Committee	Exec Lead	
3. Dignity and respect	10 - Dignity and respect	Have due regard to the Equality Act 2010 protected characteristic – staff demonstrating compassion and respect. Maintain privacy at all times, including when sleeping, toileting and conversing.	Safe, Caring, Responsive	Quality	CNO , CMO	<p>The Trust’s values include We are KIND, OPEN and INCLUSIVE and these are reiterated at interview, on induction and during appraisals. Values based recruitment is in place for all staff.</p> <p>Privacy and dignity is assessed as part of the CQC inspections, external PLACE assessments and comprehensive internal audits remain in place (which have continued during 2025-26).</p> <p>In March 2026, the Trust was recognised as the top NHS Trust in the Northwest in the latest Patient-Led-Assessments of the Care Environment (PLACE) for the second year running.</p> <p>The 2024 inpatient survey (reported in 2025) – MWL score 9.4/10 for patients reporting that they were given enough privacy when being examined or treated. This was the same as the national average score.</p> <p>The 2025 National Inpatient Survey currently open with expected CQC publication date of August 2026, however, privacy and dignity is continually monitored within the aligned Tendable and Five Star accreditation audits scoring above 95% on average. Tendable audit average score for 2025/26 - 99.59%.</p> <p>Privacy and dignity consistently score highly in the monthly patient experience audits.</p> <p>Provision of Single Sex Accommodation Policy in place, with breaches reported. Annual mixed sex declaration submitted to the Board each March.</p> <p>Trust policies and processes in place to respond to bullying, harassment and violence towards patients and staff, or perpetrated by patients or staff. This includes the</p> <ul style="list-style-type: none"> • Management of Violence, Abuse & Unacceptable Behaviour Policy [from patients, family, visitors and public] • Staff Raising Concerns and Speaking Out Policy

Appendix 1

Fundamental Standard	Regulation	Summary	Domain	Committee	Exec Lead	
						<ul style="list-style-type: none"> • Staff Respect & Dignity at Work Policy • Dealing with Allegations of Abuse against Trust Staff (including Safeguarding/PIPOT procedures) • Domestic Abuse Policy (Patients & Staff) <p>An annual EDI training programme is offered to staff on topics including Deaf Awareness, Harassment & Civility, LGBT Awareness, Neurodiversity Awareness, Race Awareness, and Sexual Safety. In the last year new training has been introduced on Active Bystander, and Cultural Competence topics.</p> <p>An annual programme of awareness raising is delivered covering a range of EDI topics. This includes LGBT History Month, Wear Red Day, Anti-Bullying Week, Sexual Safety Week, and Speak Up Month. Dedicated web resources, resource hubs, webinars and internal communications further promote dignity, respect, and inclusive behaviours and practices.</p> <p>Accreditations: Bronze North West Anti-Racism Framework, Disability Confident Leader, Gold Defence Employee Charter, accredited member of Veterans Aware, signatory of Armed Forces Covenant, Dying to Work Charter and Sexual Safety Charter, and Bronze Rainbow Charter.</p>
4. Consent	11 - Need for consent	All people using the service or those acting lawfully on their behalf give consent. (Meeting this regulation may mean not meeting other regulations eg this might apply in regard to nutrition and person centred	Safe, Responsive	Quality	CMO	<p>There is a Trust Clinical Consent Policy in place which provides guidance for all staff and includes the procedures to follow there are doubts regarding a patient’s capacity to consent. Further information is available within the Trust Mental Capacity Act and DoLS Policy with additional support from the Trust Safeguarding Teams where required.</p> <p>The Safeguarding Team has Learning Disability Specialist Nurses who are available to support patients who have a Learning Disability or Autism diagnosis; they will support staff with planning admissions and discharges including best interest decision making processes and consent ensuring least restrictive practice is utilised.</p> <p>Annual consent audit undertaken as part of the clinical audit programme which is reported to the Clinical Effectiveness Council.</p>

Appendix 1

Fundamental Standard	Regulation	Summary	Domain	Committee	Exec Lead	
		care. However, providers must not provide unsafe or inappropriate care just because someone has consented.)				<p>Consent training provided, with additional sessions provided by Hill Dickinson (Trust legal representatives). In addition, Mental Capacity Act training is mandatory for all clinical staff.</p> <p>Plans are in place to align consent forms across all of MWL sites and discussions are ongoing about using e consenting but this is not likely to be in place until 2026/27</p> <p>Reported incidents in relation to consent issues are identified, including through claims and complaints, continue to be investigated through the Trust Patient safety Plan and reviewed at divisional level to identify learning and support to staff on consent processes with exceptions coming to executive safety panel.</p>
5. Safety	12 - Safe care and treatment	Assessing risks against health and safety standards, mitigating risks, staff providing care have relevant qualifications, competence, skills and experience, ensure premises and equipment used are safe for intended purpose. Ensure sufficient quantities of medicines/ equipment to remain safe. Proper oversight of safe	Safe	Quality; Strategic People, Executive	CPO, CNO CMO, COO, DoCS,	<p>Health and safety (H&S) risk assessments in place and outlined in H&S Policy & supporting documents. Workplace inspections reported to Health and Safety committee which reports to the Estates and Facilities Governance Council.</p> <p>Annual appraisals confirm staff have maintained knowledge and expertise to undertake roles and responsibilities.</p> <p>Trust Five Star Accreditation assessments have continued throughout 2025/26 providing assurances against health and safety standards, equipment and medical device maintenance, staff competence, skills and safe management of medicines and Infection Prevention and Control (IPC). Improvement plans support ongoing actions.</p> <p>All medicine safety incidents themes are identified via the Medicines Safety Group and maintenance and training for medical device use are reviewed at the Medical Device Group. Both Groups report into Patient Safety Council for assurance with escalation to Quality Committee. Compliance with infection prevention is regularly audited and reported into Patient Safety Council and reviews are now in line with PSIRF.</p>

Appendix 1

Fundamental Standard	Regulation	Summary	Domain	Committee	Exec Lead	
		management of medicines. Infection prevention and control (IPC).				<p>Ongoing improvement actions reported continue to be into the Quality Committee.</p> <p>Regulatory breaches x 2 received for UEC Whiston – delays with triage and ambulance handover, and audit compliance. Action plans in and reviewed at Medicine & Urgent Care Governance Meetings.</p> <p>From the recent CQC inspection at St Helens UCT noted that safety was a priority, and the service had a proactive and positive culture of safety, based on openness and transparency. Systems in place to identify hazards and risks and action was taken to mitigate these.</p> <p>There was an effective approach to assessing and managing the risk of infection, that was in line with current relevant national guidance and standards.</p>
6. Safeguarding from abuse	13 - Safeguarding service users from abuse and improper treatment	Zero tolerance approach to abuse and unlawful discrimination and restraint, including neglect, degrading treatment, unnecessary restraint, deprivation of liberty. All staff to be aware of local safeguarding policy and procedure and actions needed if	Safe	Quality, Strategic People	CNO, CPO	<p>The Trust has dedicated Safeguarding Adult and Children’s operational teams covering all sites offering support and advice to staff when required. There is a suite of safeguarding policies which includes:</p> <ul style="list-style-type: none"> • Safeguarding Children • Safeguarding Adults • Mental Capacity Act and DoLS • Management of Allegations against Trust Staff • Prevent • Management of Domestic Abuse • Restrictive Practice and Interventions • Chaperone • Management of FGM <p>The Chief Nurse holds executive responsibility for Safeguarding supported by the Assistant Directors.</p> <p>Members of the Safeguarding Teams provide representation at relevant Trust Patient Safety Meetings to ensure there is consideration of</p>

Appendix 1

Fundamental Standard	Regulation	Summary	Domain	Committee	Exec Lead	
		suspicion of abuse.				<p>safeguarding process within any incidents, particularly patient falls and hospital acquired pressure ulcers.</p> <p>The Safeguarding Training Needs Analysis identifies Safeguarding Training for all staff dependant on role as per the Inter Collegiate Documents, this is regularly reviewed and amended where needed.</p> <p>Safeguarding reports which provide an overview of activity and training compliance are presented to Trust Quality Committee on a quarterly basis as well as Divisional Specific reports presented at Divisional Governance meetings.</p> <p>External Assurance in relation to Safeguarding Policies, procedures and processes is received via the Safeguarding KPI's and Commissioning standards. Positive feedback has been received consistently during 2025/26.</p> <p>Any concerns / allegation relating to abuse are managed in conjunction with external providers including adult and children's social care. When an allegation is made against a staff member LADO / PIPOT processes are considered and initiated where applicable with input from HR colleagues who advise regarding Trust Investigation and Disciplinary Process.</p> <p>CQC St Helens UTC inspection report noted that 'the service worked to safeguard people from the risk of abuse and there were systems and processes to respond when it was suspected that people may be subject to abuse or neglect and staff had been provided with safeguarding training at a level that was appropriate to their roles and responsibilities'.</p>
7. Food and drink	14 - Meeting nutritional and hydration needs	People who use services have adequate nutrition and hydration to	Effective	Quality	CNO, DoCS.	The Trust uses the Malnutrition Universal Screening Tool (MUST) for adults to ensure compliance with NICE guidance. Patients are required to have a MUST risk assessment within 24 hours of admission, which is repeated every 7 days. Patients identified as at risk of malnutrition have appropriate care plans in place. All inpatient wards are required to

Appendix 1

Fundamental Standard	Regulation	Summary	Domain	Committee	Exec Lead	
		maintain life and good health.				<p>operate protected mealtimes. Patients are regularly assessed to note any changes in nutrition and hydration status. Regular audits are conducted to maintain focus on high standards of hydration and nutrition throughout the Trust and nutrition remains within the Trust Objectives.</p> <p>Mersey Internal Audit Association (MIAA) reviewed MUST compliance as part of the 2025 Quality Spot Check assessment, the overall rating was Substantial Assurance ongoing. There are Trust Quality Improvement (QI) initiatives in place including Nutrition is a MUST lead by the Dietetic service and Corporate Quality Matrons quality improvement initiatives are monitored through quality and safety walkabouts reportable to Quality Committee and through divisional governance meetings.</p> <p>In line with the National Standards for Healthcare Food and Drink, the MWL Food and Drink Strategy for 2026/29 has been drafted and is scheduled for executive approval. Monthly Nutrition groups have been established to provide ongoing oversight, ensure evidence- based practice, and maintain continuous assurance around safe, person-centred food and hydration provision.</p>
8. Premises and equipment	15 - Premises and equipment	Premises and equipment are clean, secure, suitable, properly used/maintained, appropriately located and able to maintain standards of hygiene. Management of hazardous/clinical waste within current legislation. Security arrangements in	Safe	Quality	DoCS	<p>In March 2026, the Trust achieved an overall PLACE score of 98.37%, placing 1st in the North West and 2nd nationally, reflecting the continued commitment of staff and partners to maintaining high standards across the hospital environment.</p> <p>A comprehensive internal environmental audit is undertaken to maintain these exceptionally high standards.</p> <p>Key results include:</p> <ul style="list-style-type: none"> • Cleanliness: 99.83% – ranked 16th nationally and 5th in the North West • Condition and Appearance: 99.73% - ranked 9th nationally and 3rd in the Northwest

Appendix 1

Fundamental Standard	Regulation	Summary	Domain	Committee	Exec Lead	
		place to ensure staff are safe.				<p>These results demonstrate the Trust’s ongoing focus on delivering a high-quality care environment that supports patient safety, dignity and experience.</p> <p>Workplace inspections and COSHH risk assessments in place.</p> <p>Waste Management Policy in place with regular awareness raising and training provided for staff.</p> <p>Security service provided 24 hours per day and Lone Worker Policy in place. Body cameras are in place for clinical staff within areas identified.</p>
9. Complaints	16 - Receiving and acting on complaints	All staff to know how to respond when receiving a complaint. Effective and accessible system for identifying, receiving, handling and responding to complaints, with full investigation and actions taken. Providers must monitor complaints over time looking for trends and areas of risk.	Responsive	Quality	CNO	<p>Trust has reviewed its patient concerns process up to executive level.</p> <p>A comprehensive review of the Ask Rob Process has been completed by the Deputy Chief Nurse. This led to more streamlined working and an internet interface improvement which makes contacting the Trust more streamlined.</p> <p>Staff aware of how to manage complaints at a local level, including local resolution where possible, with involvement of Trust PALS and complaints team.</p> <p>Work remains ongoing to increase the response times for complaints, with effective system in place via InPhase for recording and monitoring each complaint.</p> <p>Themes and actions taken identified and reported to Patient Experience Council, the Quality Committee and the Board, to support Trust-wide lessons learned.</p>
10. Good governance	17 - Good governance	Robust assurance and auditing processes in place to drive improvement in quality and safety,	Well-led, Responsive	Board	CEO	<p>An annual Board effectiveness review is undertaken, including a review of the Board Committees and the outcomes are considered by the whole Board. Progress in delivering the Trust’s objectives is reported to the Board annually. The Board and its committees review key performance indicators via the corporate performance report (CPR) monthly,</p>

Appendix 1

Fundamental Standard	Regulation	Summary	Domain	Committee	Exec Lead	
		<p>health, safety and welfare of patients and staff.</p> <p>Effective communication system for users/staff/regulatory bodies/stakeholders so they know the results of reviews about the quality and safety of services and actions required.</p>				<p>identifying areas where compliance could be improved to target actions appropriately.</p> <p>MIAA review the governance arrangements within the Trust and undertook an audit of the Trust Assurance Framework in 2025 with conclusions reported to Audit Committee.</p> <p>External Audit review the annual governance statement.</p> <p>Five-star accreditation scheme launched in June 2024 and is aligned to CQC standards - MIAA undertook a review in 2025 and rated as high assurance.</p> <p>The comprehensive Ward to Board review of each clinical area through the annual Quality Ward Rounds continued during 2025/26. The quality team are in the process of reviewing a proposal which will include renaming to 'Floor to Board Round' as the proposal will be inclusive to additional clinical services, as well as inpatient ward areas.</p> <p>Monthly Chief Executive Blog is circulated to all staff and is available on the intranet.</p> <p>Trust Team Brief Live weekly provides update to all MWL staff.</p> <p>Monthly Team Talk sessions in place for all staff with Non-Executive and Executive colleagues covering all main sites.</p> <p>Annual Staff Survey 2025 - response rate of almost 4000 staff with the Trust scoring equal to or higher than the national average in 5 out of 9 areas:</p> <ul style="list-style-type: none"> • we are compassionate & inclusive. • we are safe & healthy. • We each have a voice that counts • staff engagement, and • staff morale.

Appendix 1

Fundamental Standard	Regulation	Summary	Domain	Committee	Exec Lead	
						Regulation received following Whiston UEC inspection regarding inter-speciality review and referral times. Action plans are monitored through Medicine and Urgent Care Governance Meetings
11. Staffing	18 - Staffing	Sufficient numbers of suitably qualified, competent, skilled and experienced persons deployed to meet CQC requirements.	Safe, Effective	Strategic People	CPO, CNO	<p>The Trust has a comprehensive Workforce Strategy supported by a Recruitment and Retention Strategy which focuses on addressing workforce hotspots and ensuring the organisation attracts and retains suitably qualified and experienced staff. Recruitment activity is targeted toward areas of workforce pressure across clinical services including nursing, midwifery and support roles. The Trust is compliant with NQB guidance and complete twice yearly staffing reviews.</p> <p>A range of initiatives are in place to support attraction and retention of staff. Flexible working opportunities are promoted across the organisation to support workforce wellbeing and improve retention. The Trust operates a preceptorship programme to support newly qualified nurses transitioning into practice and continues to strengthen internal workforce pipelines through internal transfer opportunities and career development pathways.</p> <p>The Trust actively promotes early career entry routes through nursing apprenticeships, Healthcare Assistant (HCA) development pathways and Healthcare Academies which support the recruitment and training of support staff. Student nurse recruitment events are also held to attract newly qualified nurses into the organisation.</p> <p>Recruitment campaigns are supported through targeted advertising via NHS Jobs and social media platforms to maximise the reach of vacancies and promote the Trust as an employer of choice. In addition, plans are in development to hold divisional HCA recruitment events once funded establishments have been finalised, supporting targeted recruitment into areas of greatest workforce need.</p> <p>2 regulatory breaches received for UEC Whiston – nurse staffing and mandatory training for medical staff. Action plans in development to</p>

Appendix 1

Fundamental Standard	Regulation	Summary	Domain	Committee	Exec Lead	
						return to CQC by 15 April. Action plans are monitored through Medicine and Urgent Care Governance Meetings
12. Fit and proper staff	19 - Fit and proper persons employed	Staff to be of good character with appropriate qualifications, competence, skills and experience ie all staff are fit and proper – honest, trustworthy, reliable and respectful	Well-led	Strategic People	CPO, CNO	<p>The Chief Nursing Officer is the nominated individual (accountable person) registered with the CQC.</p> <p>Effective procedures in place for pre-employment and on-going revalidation of relevant staff.</p> <p>The Trust has a range of HR policies and procedures in place. Staff are aware of the requirement to raise any concerns about patient care and anything that may affect them personally in fulfilling their duties.</p> <p>Staff are required to provide examples of how they have demonstrated a positive commitment to the Trust’s shared values and behaviours and to equality, diversity and inclusion.</p> <p>Robust Fit and Proper Person process in place in line with NHSE FPPT Framework.</p>

Appendix 1

Fundamental Standard	Regulation	Summary	Domain	Committee	Exec Lead	
13. Duty of candour	20 - Duty of candour	Open and transparent with people who use services/people acting lawfully on their behalf. Promote culture of openness, transparency at all levels, with focus on safety to support organisational and personal learning. Actions taken to ensure bullying, and harassment is tackled in relation to duty of candour.	Safe	Quality Committee	CNO, CMO	<p>The electronic reporting system, InPhase, includes mandatory fields to confirm compliance with Duty of Candour and the current Duty of Candour process has been revised for 2026/27 to ensure consistency across the organisation.</p> <p>Compliance included in Patient Safety Quality Committee report and Patient Safety Incident Investigation Report to Board.</p> <p>Training is provided to staff within the following training programmes:</p> <ul style="list-style-type: none"> • Trust's induction. • Mandatory training • PSIRF training. • InPhase training. <p>There are several routes for raising concerns across the Trust readily available on the Trust Intranet including speaking in confidence electronic system as a route for staff to report concerns anonymously and directly by telephone to the Trust Freedom to Speak up Guardians. Regular reports in relation to Freedom to Speak Up are presented to the Quality Committee to provide assurance that issues raised are addressed.</p>
14. Display of ratings	20A - Requirement as to display of performance assessments	Notify via all websites and in each premise where services are provided the latest CQC rating, including principal premises. The information is to include the CQC's website address and where the rating is to be found and for each service/premise	Responsive, Well-led	Executive	DoCS	Ratings available on MWL website with links to the full reports.

Appendix 1

Fundamental Standard	Regulation	Summary	Domain	Committee	Exec Lead	
		the rating for that service/premise.				

Title of Meeting	Trust Board	Date	25 March 2026
Agenda Item	TB26/021		
Report Title	Elimination of Mixed Sex Accommodation Annual Declaration		
Executive Lead	Sarah O'Brien, Chief Nursing Officer		
Presenting Officer	Sarah O'Brien, Chief Nursing Officer		
Action Required	X	To Approve	To Note
Purpose			
<p>To provide the Trust Board with a summary of the number of Mixed Sex Accommodation breaches reported between April 2025 and February 2026.</p> <p>For Trust Board to approve Mersey and West Lancashire Teaching Hospitals NHS Trust annual statement of compliance.</p>			
Executive Summary			
<p>All Trusts are 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 must be published on the Trust website - see Appendix 1.</p> <p>National reporting of unjustified mixing (i.e. breaches) in relation to sleeping accommodation commenced on 01 February 2010.</p> <p>For the reporting period April 2025 to the end of February 2026, Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL) reported 25 unjustified MSA breaches and a total of zero justified breaches, which is an improved position on the previous years' reported numbers.</p> <p>The Trust Board at Mersey and West Lancashire Teaching Hospitals NHS Trust can declare mixed sex accommodation is minimised in our hospitals.</p> <p>The Trust continues to adhere to the Provision of Same Sex Accommodation Policy in order to prevent any breaches of MSA.</p>			
Financial Implications			
None noted			
Quality and/or Equality Impact			
Not applicable			
Recommendations			
The Board is asked to approve the Elimination of Mixed Sex Accommodation Annual Declaration for uploading to the Trust's website.			
Strategic Objectives			
X	SO1 5 Star Patient Care – Care		
X	SO2 5 Star Patient Care - Safety		
	SO3 5 Star Patient Care – Pathways		

	S04 5 Star Patient Care – Communication
X	S05 5 Star Patient Care - Systems
	S06 Developing Organisation Culture and Supporting our Workforce
	S07 Operational Performance
	S08 Financial Performance, Efficiency and Productivity
	S09 Strategic Plans

Eliminating Mixed Sex Accommodation Declaration

1. Background

- 1.1. In November 2010, the Chief Nursing Officer (CNO) and Deputy NHS Chief Executive wrote to all NHS Trusts. The letter (PL/CNO/2010/3) set out the expectations that all NHS organisations 'are expected to eliminate mixed sex accommodation, except where it is in the overall best interests of the patient, or their personal choice'. The CNO letter included detailed guidance on what was meant by 'overall best interests', including situations, for example, when a patient is admitted in a life-threatening emergency.
- 1.2. This was followed by another letter from the Chief Nursing Officer and Deputy NHS Chief Executive in February 2011 (Gateway ref 15552) setting out expectations regarding annual declarations of compliance by Trust Boards.
- 1.3. Further guidance, 'Delivering same-sex accommodation' was issued by NHS England and NHS Improvement in September 2019 which provided clarification about what constitutes a breach.
- 1.4. During the Covid-19 Response, a letter dated 28 March 2020 from NHSE/I provided the Trust with guidance relating to reducing burden and releasing capacity for staff so that emergency planning can be undertaken as part of the local NHS response to the Covid-19 pandemic. The letter stipulated that MSA breaches did not need to be returned to NHS Digital from 1 April 2020 to 30 June 2020.

2. Declaration of Compliance

- 2.1. The Trust Board of Mersey and West Lancs Teaching Hospitals NHS Trust confirms against the Department of Health Guidance outlined in September 2019 and the Mental Health Code of practice (2015) that mixed sex accommodation has been virtually eliminated within all its hospitals, except where it is in the overall best interest of the patient, clinical need or reflects their personal choice.
- 2.2. We have the necessary facilities, resources, and culture to ensure that patients who are admitted to our hospitals will only share the room where they sleep with members of the same sex, and same sex toilets and bathrooms will be close to their bed area. Sharing with members of the opposite sex will only happen by exception based on clinical need, for example, where patients need specialist equipment such as in critical care areas.
- 2.3. Sleeping accommodation does not include areas where patients have not been admitted, such as cubicles in the Emergency Department or assessment areas.
- 2.4. If our care should fall short of the required standard, the Trust will report it. Mersey and West Lancashire Teaching Hospitals NHS Trust have assurance mechanisms in place to monitor compliance, the management structure to manage any breaches and the desire to ensure we are communicating to patients and the public that we are continuing to meet our commitment to providing same-sex accommodation.
- 2.5. The Trust board monitors compliance with mixed sex accommodation compliance monthly as reported in the integrated performance report (IPR) at the Quality Committee.

3. Data collection and performance reporting

- 3.1. There are times when the need to urgently admit and treat a patient can override the need for complete segregation of sexes with some clinical circumstances where mixing can be justified. These are few, and confirmed to patients who need highly specialised care, such as that delivered in critical care units. An unjustified breach is where mixing occurs that cannot be clinically justified.
- 3.2. For the reporting period April 2025 to the end of February 2026, Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL) have significantly reduced the number of mixed sex accommodation breaches, reporting 0 justified mixed sex accommodation breaches and a total of 25 unjustified breaches, which is down on the previous year's same reporting period (92).
- 3.3. The majority of the breaches are attributed to the Critical Care Unit on the Southport site whereby there was a delayed step down for patients into the ward areas.
- 3.4. 7 breaches are attributed to a male patient being allocated to a side room co-located in a female bay on a general ward area.

4. Current Situation

- 4.1. Gender mixing is reflective of the national guidance and routinely only occurs within critical care units and the emergency department. This is in line with the overall best interests' criteria stated by the Chief Nursing Officer for England.
- 4.2. All adult in-patient wards are either single sex, or where they are mixed sex, areas within the ward are designated as male or female, with separate designated toilets and bathrooms. Where admissions and transfers may potentially cause a mixed sex breach ward teams are able to move patients to prevent this.
- 4.3. Children, young people, and their parents will be asked at time of admission if they wish to be cared for with others of a similar age in a single sex bay or in a single room. This preference is used to determine where to place a child or young person in our children's wards.
- 4.4. Any changes proposed to the ward environment include a risk assessment to ensure that the requirements for single sex accommodation can continue to be met.
- 4.5. The Trust's Provision of Same Sex Accommodation Policy is available for staff on the Trust's intranet.

5. Patient experience

- 5.1. Year to date the Trust has not received any feedback of concerns regarding privacy and dignity in relation to mixed sex accommodation via the patient experience feedback methods.

6. Recommendation

- 6.1. The Trust Board are asked to approve the annual statement of compliance (appendix 1). This will then be published on Trust website and submitted to NHS England

Eliminating Mixed-Sex Accommodation

Declaration of Compliance

Same Sex Accommodation

The Trust Board at Mersey and West Lancashire Teaching Hospitals NHS Trust can declare mixed sex accommodation is minimised in our hospitals.

Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. Mersey and West Lancashire Teaching Hospitals NHS Trust is committed to providing every patient with same sex accommodation, because it helps to safeguard their privacy and dignity when they are often at their most vulnerable.

Patients who are admitted to any of our hospitals will only share the room where they sleep with members of the same sex, and same sex toilets and bathrooms will be close to their bed area.

Sharing with members of the opposite sex will only happen by exception based on clinical need. This would only occur in very specialist departments such as critical care.

We will never turn a patient away who needs emergency care even if this means we have to breach the standard for a limited time because the right sex bed isn't available.

What does this mean for patients?

Same sex accommodation means:

- Single room, some with ensuite
- The room where your bed (known as a bay) will only have patients of the same sex as you
- Your toilet and bathroom will be just for your gender, and will be close to your bed area

The ward will have patients of both sexes, but you will never have to share a bay with patients of the opposite sex.

You may have to cross a ward corridor to reach your bathroom, but you will not have to walk through opposite-sex areas.

You may share some communal space, such as day rooms or dining rooms, and it is very likely that you will see both men and women patients as you move around the hospital (e.g. on your way to x-ray or the operating theatre).

It is probable that visitors of the opposite gender will come into the room where your bed is, and this may include patients visiting each other.

It is almost certain that both male and female nurses, doctors and other staff will come into your bed area.

If you need help to use the toilet or take a bath (e.g. you need a hoist or special bath) then you may be taken to a "unisex" bathroom used by both men and women, but a member of staff will be with you, and other patients will not be in the bathroom at the same time.

What are our plans for the future?

In the very unlikely event that we have a temporary situation in which we accommodate a patient of the opposite sex in the same bay as you (this would only happen in one of the emergency admission departments), we will apologise to you formally and will ensure that a member of staff is based in the room with you to ensure that your privacy is maintained.

If we have to undertake mixing of sexes in a bay for any length of time, we will view this as a failure on our part and will declare to the organisations who commission our services that we have breached NHS good practice guidelines.

How will we measure success?

Each month we will check with a number of patients what their experience has been in the hospital.

We will report any breaches in compliance daily via the Trust internal reporting system (InPhase).

We will monitor our compliance with mixed sex accommodation compliance monthly and report to Trust Board level.

We will react quickly if we encounter a situation where we have breached standards.

Please follow the link below to access our Provision of same sex accommodation policy:

[Provision of same sex accommodation policy](#)

[Click here to download](#)

Title of Meeting	Trust Board	Date	25 March 2026
Agenda Item	TB26/022		
Report Title	2026/27 Financial and Operational Plan		
Executive Lead	Gareth Lawrence, Chief Finance Officer		
Presenting Officer	Gareth Lawrence, Chief Finance Officer		
Action Required	X	To Approve	To Note
Purpose			
To set out the final Operational Plan and associated workforce, performance and financial statements for the 2026/29 financial years submitted on 12 February to NHS England (NHSE).			
Executive Summary			
<p>The Trust has prepared an operational plan in line with the Trust integrated planning paper approved by the Board in October. It incorporates the formal planning guidance and emerging details from Integrated Care Board (ICB) and NHS England (NHSE).</p> <p>At the time of writing this report there are still a number of ongoing workstreams, particularly around ICB contracting and strategic capital to agree the final detail of the plan with commissioners. Relevant updates including any material changes will continue to be provided to the Finance and Performance Committee and Board.</p> <p>This paper contains the current plan based on all information known and understood. It contains several strategic capital schemes which the Trust has been notified it should include but will be subject to further scrutiny before they can progress.</p> <p>This plan contains a set of assumptions regarding commissioner income. At the time of plan sign off, commissioner contracts have not been agreed and discussions remain ongoing. This paper sets out the Trust position included within the submitted plan.</p> <p>Final three year plans were submitted on Thursday 12 February 2026 to NHSE, following approval by the Board.</p> <p>The Trust submitted a plan of a £16.8m deficit in line with the ‘control total’ received which is based on the current income and expenditure estimates and includes the following for 2026/27:</p> <ul style="list-style-type: none"> • Recurrent Cost Improvement Programme (CIP) of £49.7m (5% of operating expenditure) • Capital Expenditure of £42.2m • Deficit Support Funding assumed in both Income and Expense (I&E) and cash of £16.8m in line with planning guidance. • 7% improvement in Referral to Treatment (RTT) • 5% improvement in 4 hr ED waits • 15% improvement in ambulance turnover time over 45 minutes • 1% improvement in Diagnostics • 4% improvement in faster diagnosis standard, 2% improvement in 62 day performance <p>Future years are included in the paper in the relevant sections.</p>			
Financial Implications			

None as a direct consequence of this paper	
Quality and/or Equality Impact	
None as a direct consequence of this paper	
Recommendations	
The Board are asked to approve the 2026/27 Financial and Operational Plan	
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
	SO6 Developing Organisation Culture and Supporting our Workforce
X	SO7 Operational Performance
X	SO8 Financial Performance, Efficiency and Productivity
X	SO9 Strategic Plans

1. Introduction

- 1.1. The purpose of this paper is to provide an update to the Board on the operational plans for Mersey & West Lancashire Teaching Hospitals (MWL) for the financial years 2026/27 – 2030/31.
- 1.2. The publication of the NHS Planning Framework in September set out the ambition for all Trusts to prepare integrated medium-term plans. The document set out the five key foundations to this and provided a road map for delivery.
- 1.3. The annual planning process at MWL and the wider NHS was spread from November to March with Boards signing off fully triangulated annual plans in February/ March.
- 1.4. The NHS Planning Framework has set out to bring forward this timeline to move away from annual cycles towards a rolling five-year planning horizon. The requirement for this year is submission of a three-year numerical plan in December and a five-year narrative plan in February.
- 1.5. In December 2025, commissioner allocations were agreed for the financial years 2026/27 and 2027/28 only, with 2028/29 still to be agreed. Following release of these allocations NHSE advised trusts to submit in December two year financial plans only rather than the three previously requested. This February submission is for three financial years.
- 1.6. The Integrated Planning paper reviewed by Committee in October contains the MWL approach to doing this in line with the guidance received at the time.
- 1.7. The planning update reviewed by the Committee in November set out the guidance received to date alongside an overview of the impact of the current information on our underlying position.
- 1.8. The draft plan was reviewed by the Executive committee in December prior to submission.
- 1.9. NHSE NW have released indicative control totals or 'plan limits' for organisations setting out the expectations regarding deficit reduction.
- 1.10. The control totals set for MWL are a £16.8m deficit in 2026/27 reducing to a break-even position in 2027/28 and 2028/29. The Trust has developed plans to deliver the control totals as set by NHSE NW. Plans include an assumption that the trust will receive £20m additional contract income through the contract rebasing exercise. For the Trust to achieve this plan it will need to deliver Cost Improvement Schemes (CIP) of £59.7m which equates to c5% of operating expenditure. These equate to a reduction in WTE of 520.
- 1.11. The Trust has been offered an income value from the ICB for 2026/27, the offer received at the time of submission contained differences in assumptions made. The Trust has shared its position regarding these items and is awaiting formal feedback from the ICB. This plan assumes the full terms of the MWL plan.

- 1.12. The submitted plan meets the performance improvements set out for MWL via local workstreams and national assumptions. Further work with system stakeholders will be undertaken to ensure that the assumptions made regarding external input is backed up by clear action plans for all partners and not just MWL.

2. National Guidance

2.1. Revenue

- The NHS Planning Framework issued in September 2025 set out national requirements for medium-term planning. It marked a significant shift to a medium-term planning and accountability framework across the NHS. This reflects the move away from annual cycles towards a rolling five-year planning horizon. The future system is underpinned by five key foundations:
 - Sharper incentives – New blended and outcome-based payment models designed to drive productivity, efficiency, and integrated care delivery.
 - New approach to capital – Introduction of multi-year capital budgets and potential reintroduction of Foundation Trust capital freedoms.
 - Shift to longer-term planning – multi-year settlements for both revenue and capital, enabling more sustainable transformation planning
 - Fairer resource distribution – Updated allocation formulae and the removal of Deficit Support Funding (DSF) from 2026/27.
 - Enhanced financial accountability – Stronger governance expectations and clearer organisational accountability for financial performance.
- Key planning principles of the NHS Planning Framework include being outcome-focused, accountable, evidence-based, multidisciplinary, and deliverable. Boards must ensure triangulation of finance, quality, workforce, and activity with clear risk mitigation. Roles and responsibilities will sit with NHS England (strategic oversight), ICBs (system-level commissioning), and providers (delivery and productivity).
- Planning guidance directed that all Trusts and ICB's were to submit draft 3-year financial plans in December 2025, with a further submission of final 3-year financial plans accompanied by a 5-year strategic plan narrative in March 2026.
- In December 2025, commissioner allocations were agreed for the financial years 2026/27 and 2027/28 only, with 2028/29 still to be agreed. Following release of these allocations NHSE advised trusts to submit in December two year financial plans only rather than the three previously requested.
- NHSE have provided a triangulation tool to review financial, workforce, activity and productivity plans to ensure consistency and delivery of specified targets. This tool has been applied for MWL's draft plan submissions and confirms the triangulation of the draft 26/27 plan across these metrics.

2.2. Capital

- Multi-year operational capital envelopes allocated directly to providers for the first time, providing firm funding until 2029/30 and indicative assumptions for a further 5 years.
- A new balance between national control and regional autonomy, giving regions a lead role in strategic estates planning and delivery oversight.
- Expanded capital freedoms and flexibilities, including greater delegated authority and the ability for high-performing providers and newly authorised foundation trusts to reinvest surpluses.
- Streamlined approvals and higher delegated limits, with HM Treasury approval required only for schemes above £300 million, and no further approval required at Full Business Case stage unless total costs exceed £1 billion or scope changes materially. This enables faster delivery of capital schemes.
- Integration with the 10 Year Health Plan shifts – hospital to community, analogue to digital, sickness to prevention – ensuring that capital investment underpins the long-term transformation of NHS services.
- Under the new oversight model Trusts are required to evidence clear prioritisation, strong governance processes, and value-for-money assessments for all capital investments.
- Organisations in deficit or under enhanced oversight will experience greater scrutiny and conditional approvals.
- Providers must demonstrate alignment between capital bids, financial trajectories, workforce planning, and activity assumptions.
- The guidance reinforces specific capital priorities, including:
 - Delivery of constitutional standards, particularly urgent & emergency care, elective recovery, and diagnostics.
 - Investment in Frontline Digitisation, EPR and digital interoperability programmes.
 - Backlog maintenance reduction, including eradication of high-risk (RAAC and other Category A/B) estate issues.
 - Supporting net zero and sustainability objectives.
- NHSE regions and ICBs have been tasked with prioritising the strategic capital available. This work had not been undertaken at the time of the draft plan. The Trust received values for inclusion in the final submission however these items are still subject to external approval.

2.3. Workforce

- Develop workforce plans which:

- set out the workforce assumptions to deliver the shift from hospital to community, and sickness to prevention, while taking full advantage of productivity improvements, for example, from the shift from analogue to digital.
 - Triangulate with finance and activity plans.
- Fully implement the 10 Point Plan to improve resident doctors' working lives, with action plans informed by feedback and national survey results, and progress reported publicly
- Demonstrate progress in reducing sickness absence rates, which are higher in the NHS (5.1%) than in other industries and are a significant driver of expensive temporary staffing use. Providers must set out how they intend to support the 10 Year Health Plan ambition to reduce sickness absence rates to the lowest recorded national average level (approximately 4.1%)
- Continue to reduce agency staffing usage in support of the ambition to eliminate this by August 2029.
- Implement the reformed statutory / mandatory training framework due for publication in March 2026, alongside a new approach to staff safety management
- Implement the reforms to consultant job planning to improve productivity and staff satisfaction (specifically, a trust-wide process for demand and capacity planning linked into service-level activity plans). Effective service level job planning is essential to delivering innovation, education and training because it ensures clinical capacity is aligned to both service and education and training needs, providing transparency for funding allocation. Providers must:
 - for each year, ensure that 95% of medical job plans are signed-off in line with the business cycle, underpinned by service level demand and capacity planning
 - by the end of 2026/27, ensure a system for monitoring and assurance is in place for tracking job planned activity
 - by the end of 2027/28, achieve tracking of job planned activity for the full year
 - by the end of 2028/29, ensure multiprofessional service level activity and job planning are in place
- Staff Survey – use the staff survey findings to:
 - Undertake a full and detailed analysis of all free text comments generated through their staff survey
 - Identify, as a minimum, 3 areas where the data shows the greatest staff dissatisfaction, generating a detailed analysis where those issues impact most within their organisation and developing detailed action plans to resolve those issues within year wherever possible.

- Redouble efforts to create workplaces where our staff and patients alike feel safe and welcome, and in particular where racism, antisemitism, Islamophobia and discrimination are not tolerated.
- Tackle sexual misconduct, including regularly assessing progress on the Sexual Safety Charter, in line with the letter of 20 August 2025
- Embed the NHS Leadership & Management Framework into recruitment and appraisal practices, with all leaders and managers self-assessing against the Code and senior leaders obtaining 360 degree feedback.
- Incorporate national leadership programmes as part of personalised development pathways for leaders and managers.

3. Future Financial System in the NHS

- 3.1. Both ICBs and NHS trusts are required to deliver financial breakeven as individual bodies in future years, which reflects a change from the current business rules where ICBs and NHS trusts are required to support the delivery of financial breakeven in aggregate across their system.
- 3.2. NHS England will set every ICB and NHS trust a revenue financial plan limit ('control total) for 2026/27, 2027/28 and 2028/29. This is a change from 2025/26, where plan limits were issued to systems.
- 3.3. Where ICBs and NHS trusts have a deficit control total, non-recurrent deficit support funding will be made available in the relevant years so that organisations can submit a breakeven financial plan after the inclusion of deficit support funding for each year in the planning period.
- 3.4. NHSE's national productivity target requires a minimum 2% annual improvement between 2026/27 and 2030/31. Focus areas include theatre and outpatient utilisation, sickness absence, reduction of bank and agency spend, digital transformation, and shifting care into community settings. The Trusts operational plans include a 2% productivity saving.

4. Consequences for plan delivery

- 4.1. The NHS Oversight Framework 2025/26 already reflects the respective roles and responsibilities of ICBs and NHS trusts in the new operating model. It sets out how organisations will be segmented, including a financial override for all organisations in deficit, and the oversight consequences for organisations depending on their segmentation, aligned to the new NHS operating model. It is expected that an updated NHS oversight framework will be published for 2026/27.
- 4.2. The Trust must deliver the agreed plan position each year of the planning period to ensure it does not face further financial consequences. The trust will continue to access non-recurrent deficit support funding in the following year where required, subject to the trust having submitted a plan for the following year that delivers the required plan limit and is accepted by NHS England.

- 4.3. There is no further deficit support funding available for organisations beyond the planned values issued by NHS England. Where the Trust does not deliver the plan position, there will be in-year and future year consequences
- 4.4. The deficit support funding made available to the Trust in year will be reduced by an amount proportionate to the variance to plan excluding deficit support funding (capped at the total value of the planned deficit support funding).

5. The Trust Planning Process

- 5.1. As part of the planning process for 2025/26 the board reviewed and approved a 3-year recovery plan. This recovery plan formed the basis of the Trust 5-year plan supplemented by the Shaping Care Together strategy and Divisional Strategies.
- 5.2. Divisional strategy sessions were held in Q1 2025, building on this each service were asked to produce a forward look, which demonstrates how it will deliver sustainable, efficient, and effective services that meet future demand and contribute to system priorities. Specifically, the forward look was to evidence:
 - Service sustainability – ability to meet demand with available workforce and estate.
 - Efficiency – plans to improve productivity, reduce unwarranted variation, and maximise value for money.
 - Effectiveness – delivering safe, high-quality care and improving patient outcomes.
 - Innovation & transformation – opportunities for digital adoption, pathway redesign, and community-based care.
 - System contribution – how the service supports ICB/ICS priorities, collaboratives, and neighbourhood health plans.
- 5.3. Each division/service used the following checklist when preparing its forward look. This ensured clarity on expectations and consistency across the Trust.
 - How will demand for this service change over the next 3–5 years? Are demographics, technology, and patient expectations factored in?
 - Do we have the right workforce pipeline (consultants, registrars, nursing, AHPs)? Are there risks of shortages or skill gaps?
 - How will we continue to meet national standards and improve patient outcomes sustainably?
 - Where are the unwarranted variations in practice, and how will we address them? Are we using benchmarking and GIRFT data?
 - What technology, AI, or pathway redesign opportunities can transform the service?
 - How does this service align with system/ICB plans, collaboratives, or neighbourhood models?
 - Is the estate fit for future service needs? How do we contribute to net zero?
 - What is our medium-term financial sustainability plan? Are CIPs recurrent and linked to transformation, not short-term fixes?
 - What are the key risks to future delivery (workforce, estates, demand, finance), and how are we mitigating them?

- How have patients, staff, and local communities shaped the future direction of the service?

5.4. The guiding principles of the Trusts planning process are:

- Accountability – ownership of budgets by operational and clinical leaders, with clear responsibility for delivery.
- Transparency – open, well-documented process with a clear audit trail of assumptions, decisions, and approvals.
- Alignment – budgets reflect national NHS planning guidance, Trust strategy, and system priorities.
- Operational Grip – realistic baselines, measurable deliverables, and performance monitoring built in.
- Inclusion – wide involvement of clinical, operational, and corporate teams, with space for challenge and feedback

5.5. The planning process set out in the committee paper in October detailed the approach for 2026/27 – 2030/31. Divisions have worked since October to set out their plans including planned performance, workforce and associated financial figures. This has been undertaken alongside the Trust wide underlying position reviewed by F&P monthly.

5.6. The Trust wide plan has been compiled by reviewing the underlying position and incorporating information generated by a detailed ‘bottom-up approach’ with updated activity and workforce plans alongside known cost pressures informing the income, expenditure and performance metrics for 2026/27 – 2030/31.

5.7. Weekly meetings have been in place since October with key leads from across HR, Finance & Information to ensure planning is fully triangulated and all assumptions made are reflected in each part of the plan. Divisional plans will undergo a check and challenge review in January prior to submission in February.

5.8. The Trust continues to engage with all budget holders, clinical and operational senior leaders through various forums, which include:

- Finance and Performance Committee
- Executive Committee
- Team to Team
- Division Finance and Performance Committees
- Finance Improvement Group
- Capital Planning Council
- CIP Council
- Budget review meetings with key leads and heads of service within each Division

5.9. National planning guidance has been reviewed alongside Trust plans and incorporated into the Division strategies on an ongoing basis.

5.10. Each sub section below will set out the planning process in more detail across the key headers of:

- Activity/Performance
- Workforce
- Finance

5.11. **Activity / Performance specific assumptions / risks**

5.11..1. Headline performance metrics required are set out below.

- 4 Hour A&E Performance – every Trust to maintain/ improve to 82% by March 2027.
- 12 Hour A&E Waits – higher % of patients admitted, discharged and transferred from ED within 12 hours across 2026/27 compared to 2025/26.
- RTT 18-week performance – deliver a minimum 7% improvement in 18-week performance or a minimum of 65%, whichever is greater. Baseline performance is the March 2026 position submitted in the 2025/26 operational plans (*MWL 63.7%*).
- 28-day Cancer Faster Diagnosis Standard – maintain performance against the 28-Day Cancer Faster Diagnosis Standard at the new threshold of 80%. This will be average performance over 2026/27.
- Percentage of patients receiving a first definitive treatment for cancer within 62 days – every trust delivering 80% performance for 62-Day standard by March 2027.
- Percentage of people treated beginning first or subsequent treatment of cancer within 31 days – every Trust delivering 94% performance for 31-Day standard by March 2027.
- Percentage of patients waiting for a diagnostic test or procedure for 6 weeks or over – every system delivering a minimum 3% improvement in performance or performance of 20% or better, whichever is greater by March 2027.

5.11..2. Supporting metrics – wider targets/ baselines mentioned throughout the text in the Medium-Term Planning Framework.

- Reduce waiting list sizes will be expected at all Trusts, year on year reduction in providers in order to deliver ICB-level targets. Baseline position is the March 2026 position submitted in the 2025/26 operational plans (*MWL 70,630*).
- Reduce ambulance handover times toward the 15-minute standard, year-on-year improvement in average handover time compared to 2025/26 average. No handovers over 45 minutes by Mar-27.
- Improve emergency department paediatric performance, with the expectation of returning to 95% over the coming months. Achieve a minimum of 95% by Sep-26 and maintain 95% or higher from that point onwards.

5.11..3. Baseline performance, trajectory & forecast

- Trust mapped ED 4-hour performance was 76.9% in November 2025, 78.5% YTD. Type 1 performance remains challenged with a YTD position of 62.5%. the benefit of St Helens UTC, Ormskirk UTC and mapped activity from several walk-in-centres (Skelm etc.) improving the overall footprint.
- National average performance in 2025/26 is 75.03%, Cheshire & Merseyside 72.1% so MWL has outperformed both regional and national performance this year.
- In order to achieve the 82% ED target Type 1 performance will need to improve at both the Southport and Whiston sites. Southport improving over 2026/27 from current position of 65.4% (Dec 25) to 79.6% by March 27. For Whiston a baseline of 49.2% (Dec 25) to 63.7% by March 27.
- Other Type ED departments have maintained good performance this year (98.6% YTD) which needs to be at least maintained in 2026/27.
- Paediatric performance for MWL is currently short of the 95% target, with YTD position 89.8%. Ormskirk is currently achieving target, 95.6% YTD however Whiston Paediatrics YTD position is 81%.
- 12-hour waits in our emergency departments reached 20.6% in December 2025, 18.1% YTD. Southport performing better than Whiston YTD (12.1% vs 22.5%).
- With an increasing trajectory since summer 2025, especially at Whiston, meeting the 12-hour reduction in ED waits is going to require an incremental decrease over 2026/27. This will mean overall performance falling to 15.6% by March 2027 to give the average over the year at 16.6%.
- The baseline RTT performance has been taken from the 2025/26 operational planning submission, for MWL this was 63.7% so our target for 2026/27 is 70.7%. Performance in 2025/26 has averaged 64%.
- National RTT average performance in 2025/26 is 61.2%, Cheshire & Merseyside 59.1% so MWL has outperformed both regional and national performance this year.
- The forecast growth in the Division's activity plans for 2026/27 has been used to derive an anticipated increase in RTT clock stops, also factored in activity growth (clock starts) and how clock stops are apportioned between waiters over and under 18 weeks. The RTT performance target of 70.7% is expected to be achieved by March 2027.

- It is expected that activity growth will continue to exceed referral demand and the reduction of the Trust ongoing waiting list, which was over 80,000 in April 2024, will continue to reduce to below 70,000 by March 2027.
- The Trust 28-day Cancer Faster Diagnosis Standard, with successive month on month improvement since July 25, reported 75.9% in November, 67.8% average 2025/26.
- National 28-day Cancer Faster Diagnosis Standard performance year-to-date is 75.7%, ICB 72.8%.
- Achievement of the 80% average performance over 2026/27 will be achieved using an incremental improvement trajectory from 71.7% in April to 86.2% by March 2027.
- Cancer 62-day performance, averaging 78.3% in 2025/26, has achieved the 80% target on multiple occasions this year, so is expected to achieve the 80% target across 2026/27.
- National 62-day performance year-to-date is 68.9%, ICB 74.7%.
- For 31-day Cancer performance, the YTD Trust average performance of 93.3% is in line with planned performance of an average 94% in 2026/27.
- National 31-day Cancer performance benchmark is 91.7%, ICB 94.8%.
- Diagnostic performance for MWL in 2025/26 is 10.9%, however recent improved performance has seen October and November at <6%.
- National diagnostic performance in year is 22%, regionally C&M is better at 11.2%. MWL currently performing better than both national and regional.
- The planned trajectory for 2026/27 is for incremental improvements across the year to improve performance to consistently achieve <5% each month.
- MWL average ambulance handover time in 2025/26 is 32:52, this will be reduced to 30 minutes in 2026/27 with seasonality factored in over winter with a peak of 32 minutes. Handovers over 45 minutes is 15.2% YTD, with Southport 6.3% and Whiston 20.3%. This will reduce to 0% for MWL by March 27.
- Nationally average handovers are 28:09, North-West 26:30. LUFT highest regionally on 37:23. Handovers over 45 minutes nationally 14%, North-West 13.9%. MWL is highest regionally followed by Wirral on 23.1%.

5.11.4. Assumptions and Risks

- Achieving performance targets in our emergency department is reliant on hospital flow across wider non-elective pathways, recognised in this year's operational planning submission with the inclusion of a number of metrics pertaining to flow and discharges.
- Reducing the average number of days between Discharge Ready Date (DRD) and Discharge; and increasing the percentage of patients discharged on their DRD will both reduce non-elective bed days and average length of stay. With an anticipated fixed general & acute bed base for 2026/27 this will a) reduce bed occupancy and b) facilitate admissions from ED, ultimately improving ED performance in 12 and 4-hour waits.
- The assumption in 2026/27 is that we will see reductions in delays between DRD and Discharge, current baseline of 10.3 days (Apr-Sep 25), as well as more patients discharged on their DRD – baseline 92% (Apr-Sep 25).
- The most likely risks to achieving required ED performance is from challenges in timely discharges impacting flow, which often require a multi-agency response especially for more complex patients (P2 and P3), for which the Trust is seeing a growing trend.
- With bed occupancy already running at a maximum any unanticipated reduction in beds will also impact flow, such as beds closed to IPC etc.
- For elective performance an RTT modelling tool has been developed. This model uses input variables such as demand (referrals), activity growth, and the split of activity between short and long waiters, to derive a trajectory for RTT performance and the overall waiting list.
- Assumptions made in the model include but are not limited to a) the Trust rate of referrals from the past 3 years being maintained. b) the proportion of activity undertaken in both an admitted and non-admitted setting stopping a clock at the same rate as historic performance would suggest. c) continued split of clock stops for both pathways under and over 18 weeks. d) levels of non-activity-based interventions being maintained such as Advice & Guidance and pathway validation.
- Significant changes in referral demand or shifts in 2-week wait referrals meaning resource must be moved to patients at the start of their pathways to meet cancer targets.
- 2-week wait referrals into MWL have increased by 2.8% year-on-year average since 2022/23. MWL is expected to receive more than 43,000 2-week wait referrals in 2026/27 – an increase of 15,000 patients (54%) since 2019/20.

5.12. Population Health Analysis

- Population health analysis enables a Trust to plan activity based on need, not just historical demand, ensuring services, workforce and financial plans are aligned to the actual health profile of the communities served.
- By analysing demographic trends, disease prevalence, multi-morbidity, deprivation and QOF burden, the Trust can forecast future activity levels more accurately, or highlight likely areas of risk to capacity. This moves planning from reactive demand management to proactive, needs-based capacity planning.
- A detailed population health data pack has been compiled, providing a shared view across Place, Trust and the ICB of inequalities in access and outcomes and variation between neighbourhoods.
- This is central to the Medium-Term Planning steers and CORE20PLUS5 requirements and the information compiled will be used by the Trust in conjunction with Place partners in delivering the plan.
- Some example highlights include:
 - Knowsley sub ICB region is forecasting the highest population growth over the next 10 years (8.68%), with Sefton (3.55%) and St Helens (4.37%). This is expected to lead to an additional 1,600 ED attendances for Hypertension over this time, 1,500 for Depression, 976 for Obesity and 635 for Chronic Kidney Disease based on QOF registers.
 - Total first attendances for Trauma & Orthopaedics is forecasted to increase by 832 by 2035, Physiotherapy 541, Paediatrics 586 and Gynaecology 450.
 - Emergency admissions for falls is expected to increase by more than 200 by 2035, admissions from Care Homes by nearly 200.
 - The number of patients classed as living with Severe Frailty to increase by 1,500 by 2035, moderate frailty 2,000 and mild frailty 5,000.

5.13. Workforce specific assumptions/process

- The Trust workforce planning process has been informed through a robust analysis of workforce data including core drivers for variable pay. This data has been cross referenced with divisional priorities and challenges to ensure that the workforce plan is triangulated and reflective of the operational needs of our services and our financial position.
- In addition, we have reviewed our workforce profile to ensure a robust understanding of our current workforce, determine future needs and to identify workforce gaps.
- The workforce plan prioritises frontline care and the focuses on recruiting and retaining staff across all staff groups whilst also reducing sickness and turnover.

- There is a continuous focus on continuing to deliver against our 4 people priorities and the national People Promise actions: including being compassionate and inclusive, safe & healthy and working flexibly.
- Any changes in workforce numbers are reflected in financial CIP

5.14. Finance specific assumptions/process

Recurrent run rate at Month 6 2025/26 (September 2025) formed the basis for the budget setting cycle. Adjustments to the recurrent budget were made for known changes to run rate.

- Inflationary uplifts for 2026/27 (pay and non-pay) and any inflationary impact for 2025/26 not yet reflected in recurrent budgets at cost centre level.
- Pay increments
- Full year effect of agreed developments starting during 2025/26
- Expected changes based on 2026/27 activity plans
- Changes in tariff payments/income arrangements
- Known developments for 2026/27
- Other known changes e.g. PFI

The following assumptions have been made within the plan to continue the strong financial management that is already in place within the Trust:

- All vacant posts funded at the bottom of the scale.
- No additional funding allocated for avoidable cost pressures.
- Inflation and incremental increases have been calculated on their own specific rates.

The above principles should help to ensure that the Trust has set a reasonable yet challenging budget to ensure the best possible value for money within the resources that are available.

6. Activity / Performance plan

- 6.1. The Trust has planned for elective activity in 2026/27 by building on the forecast outturn for 2025/26 and increasing assumptions by productivity growth. The planning process has also included assessing funded capacity within the operational team's expenditure plans and using these to develop Division specific plans based on funded capacity. This will enable Divisions to target key areas where productivity can be improved. As per the planning guidance this assumes that the impact of industrial action will not continue into the new financial year.
- 6.2. The required improvement in RTT of 7% is anticipated to be met partly through improvements in productivity, referral management and additional funded activity.
- 6.3. 2026/27 has seen the introduction of 'Deconstructing Block Guidance' which begins a phasing in journey across several years for Commissioners & Providers moving back to a rules-based framework for all activity including block and fixed payment services. To limit risk, NHS England are proposing a ceiling on adjustments for funding differences of +/-2.5% of contract values,

which will be subject to Commissioner and Trust agreement. For 2026/27 this capped value is worth c£20.1m based on latest know 2025/26 offers at 2025/26 prices, excluding drugs and devices. The Trust is working with commissioners to understand the impact of this guidance when compared with rebasing the commissioner contracts to reflect the activity at NHSPS tariff prices.

- 6.4. The activity figures below reflect the Divisions funded Operational Activity Plans regardless of if funded or not on a rules-based framework funding basis. As above this highlights the opportunity available in 2026/27 to improve productivity over and above run rate. The funded capacity does not change for 2027/28 onwards. Deconstructing Block Guidance will support moving back to a full rules-based framework across several years which has yet to be concluded between the Trust and Commissioners. Updates will be provided once this price of work has been completed.

MWL Activity Plan				Growth %	
Metric	24/25	25/26 FOT	26/27 Plan	24/25-26/27	25/26-26/27
Elective	9,093	9,587	11,080	21.9%	15.6%
Daycase	78,441	78,251	85,618	9.1%	9.4%
Outpatient Firsts	239,093	240,023	273,127	14.2%	13.8%
Outpatient Procedures	163,870	174,670	185,885	13.4%	6.4%
Advice & Guidance	8,794	11,627	12,503	42.2%	7.5%
Elective variable total	499,291	514,158	568,213	13.8%	10.5%
Non-Elective specific acute	129,657	137,595	136,692	5.4%	-0.7%
ED Attends	203,422	209,622	208,820	2.7%	-0.4%

- 6.5. The activity figures below reflect the Trusts formal SUS based activity plans submitted in the MTP Activity Provider template. This is limited to English patients and excludes non acute activity.
- 6.6. Growth has been included for non-electives and A&E attendances based on national anticipated percentages post left shift assumptions.
- 6.7. Note that activity has been moved between Consultant-led follow up activity to Consultant-led first attendances, this productivity gain is required to facilitate meeting the 7% improvement in RTT and will be achieved through the increased use of Patient Initiated Follow Up (PIFU).

MWL Activity Plan (SUS)						Growth			
Metric	24/25	25/26 FOT	26/27 Plan	27/28 Plan	28/29 Plan	24/25-26/27	25/26-26/27	26/27 - 27/28	27/28-28/29
Elective	77,574	76,104	81,399	87,096	93,193	4.9%	7.0%	7%	7%
Daycase	8,891	9,242	9,885	10,577	11,318	11.2%	7.0%	7%	7%
Consultant Led First Attendances	217,674	220,414	247,749	265,091	283,648	13.8%	12.4%	7%	7%
Consultant Led Follow Ups	445,354	456,608	464,369	496,874	531,656	4.3%	1.7%	7%	7%
Consultant Led Follow Ups with Procedure	102,975	107,821	115,322	123,395	132,032	12.0%	7.0%	7%	7%
Non-Elective specific Acute	98,587	102,959	105,388	107,074	108,787	6.9%	2.4%	1.6%	1.6%
Total Attendances Type 1 A&E Departments	206,462	211,401	214,476	218,123	221,831	3.9%	1.8%	1.7%	1.7%

7. Workforce Plan

- 7.1. For 2026/27 the Trust has planned for workforce based on the underlying worked WTE position for 2025/26, adjusted for required bank and agency reductions in line with mandated spend caps provided by NHSE and further planned CIP reductions reducing establishment.
- 7.2. The plan accounts for existing pressures such as cover for sickness, maternity leave and urgent care pressures.
- 7.3. Workforce productivity, reductions in temporary staffing usage and support services have been included within CIP plans.
- 7.4. Increases in WTE have also been included for invest to save items included within the plan.
- 7.5. High level table showing projected Staff in post vs funded Establishment (full breakdown in Appendix E:

Annual Workforce Plan 205/26 WTE	Baseline		Plan		Plan		Plan	
	Staff in Post	EST	Staff in Post	EST	Staff in Post	EST	Staff in Post	EST
	Year End (31-March-26)		Year End (31-March-27)		Year End (31-March-28)		Year End (31-March-29)	
Total Substantive	9524.27	10304.09	9714.28	10308.57	9902.93	10420.74	9930.10	10379.83
Total Bank	699.27		531.66		469.95		415.84	
Total Agency	80.55		62.63		47.86		33.89	
Total Workforce (WTE)	10304.09	10304.09	10308.57	10308.57	10420.74	10420.74	10379.83	10379.83

- 7.6. Planning requirements for 2026-31 related to bank and agency are as follows:
- To reduce bank and agency usage in-line with individual Trust limits working towards zero spend on agency from 2029-30. Individual annual limits will be set for Trusts based on a national target of 30% reduction in agency in 2026-27 and 10% year on year reduction in spend on bank staffing.
 - Note. The targets set by the national team are values based which translates into a different % requirement due to the skill mix of staff. This has been incorporated into the CIP plans for the Trust.

8. Income and Expenditure plans

	2026/27	2027/28	2028/29	
	£m	£m	£m	
Underlying position exc contract rebasing	-51.2	-36.8	-40.2	
Adjustments above run rate:				
Emerging pressures above run rate	(7.0)	0.0	0.0	
Innovation	(10.0)	(10.0)	(10.0)	
IFRIC12/UK GAAP impact	(0.5)	0.5	0.0	
Notional PDC impact	0.0	0.0	0.0	No current pressure however this may change depending on final capital allocations
ICB surplus redistribution	7.6			
Interest receivable	(1.2)	0.0	0.0	Reduction due to interest rates drop 0.5% and cash reduction
Activity growth	22.6	20.8	20.8	
Cost of activity (pay & non pay)	(22.6)	(20.8)	(20.8)	
	(11.1)	(9.5)	(10.0)	
Inflation/ Tariff impact:				
Tariff funded inflation (2%)	(20.0)	(20.0)	(20.0)	Assumption is that consultation tariff changes are neutral
Inflation over and above funded (PF/CNST)	(2.9)	(2.3)	(2.3)	
Impact of lower number of working days	(1.3)	2.6	2.6	
Total impact of Inflation	(24.2)	(19.7)	(19.7)	
National CIP	20.0	20.0	20.0	
Trust CIP	29.7	5.8	9.9	
Total CIP	49.7	25.8	29.9	
26/29 baseline plan pre block adj	(36.8)	(40.2)	(40.0)	
Deconstructing the block	20.0	40.0	40.0	Proxy based on Trust assumptions as values not confirmed by ICB
26/29 baseline plan	(16.8)	(0.2)	(0.0)	
Control total	(16.8)	(0.2)	0.0	
Difference	(0.0)	0.0	(0.0)	

- 8.1. The Trust has a £51.2m underlying deficit in 2025/26. As a result of the underlying challenges and new pressures identified in year, alongside inflation and CIP impacts, the Trust has submitted a draft deficit plan for 2026/27 of £16.8m in line with the allocated 'control total' including technical adjustments.
- 8.2. Bridge from 2025/26 plan to 2026/27 draft plan (Broken down by type in Appendix B).
- 8.3. Current ICB assumed level of additional income relating to increased productivity is capped at 2%, there is the opportunity for Divisions to exceed this target based on funded capacity but there is not yet agreement from commissioners of the level of additional activity to be funded.
- 8.4. National consultation pay and prices cost uplift factors have been indicatively provided by NHS England for planning purposes and subject to change when final documentation is published. Consultation percentages are currently set at 2.03% cost uplift factor with an expected efficiency saving of 2%, giving a net overall increase of 0.03%.
- 8.5. The 2026/27 National Market Forces Factor adjustment for MWL has reduced by 0.003276 (i.e. from 1.027543 in 2025/26 to 1.024267 in 2026/27)

8.6. The Trust has been working with commissioner leads on the breakdown of the respective plans, agreement has yet to be reached. This plan assumes the Trust position is agreed and these differences are reduced to zero.

9. Cost Improvement Plans (CIP)

9.1. The Trust's 3-year Cost Improvement Strategy (CIP) outlines a comprehensive and sustainable approach to delivering a minimum of 4% recurrent savings annually from 2025/26 to 2027/28. The strategy is aligned with the NHS Long Term Plan, the HFMA Value and Efficiency Framework, and national best practices including GIRFT, Model Hospital, and the NHS Impact Framework.

9.2. The strategy is not solely focused on financial savings but is designed to improve clinical outcomes, enhance patient-centred care, and support the Trust's long-term sustainability. It places a strong emphasis on digital innovation, neighbourhood health integration, waste reduction, and empowering clinical and operational teams through robust costing and improvement methodologies.

9.3. The budget setting process enables identification of the financial gap between income assumptions and expenditure requirements. This in turn is then used to set the CIP target for 2026/27, to deliver the final agreed plan. Work is underway to identify schemes for 2026/27 including schemes generated for the 2025/26 CIP Programme but not yet delivered.

9.4. The 2026/27 plans require the delivery of a £49.7m CIP, this represents c5% of the Trusts planned operational expenditure in 2026/27. For 27/28 the requirement is £25.8m and for 28/29 £29.9m. The detailed breakdown for these future years will be identified via the rolling CIP tracker throughout 2026/27 and beyond.

9.5. The Trust has made significant progress in identifying schemes to deliver this target with 186 individual schemes valued, a further 48 being worked up and 27% by value RAG rated as green or amber.

Division Risk Rating	£m
Green	1.5
Amber	7.5
Red	40.7
Total Identified	49.7

	£m
Service redesign	11.1
Productivity	18.8
Premium pay	7.1
Corporate services	3.0
Procurement	2.5
Establishment reviews	2.1
Other	5.0
Total	49.7

- 9.6. As in previous years schemes are identified by the respective Divisions and back-office functions and then assessed to ensure that there are no patient safety or quality concerns via the quality impact assessment (QIA) process.
- 9.7. The cost improvement plans are embedded within the income and expenditure plans; therefore, any non-delivery of the savings target will manifest itself within the I&E performance throughout the year.
- 9.8. There is a rolling CIP tracker – MWL have successfully achieved 4% recurrent CIP over the past 4 years and 5% in 2025/26.
- 9.9. There is no CIP mitigation reserve included within the plan. As a result the Trust will be looking to identify schemes of c£71m in year to allow for a 70% conversion rate. As in previous years any schemes that are not delivered will remain as potential opportunities for future years to contribute to a rolling programme.
- 9.10. The Trust regularly reports on these tools through Finance & Performance Committee, and the source information is used by the Divisions. The Divisions are supported by the Division based Business Partners/Service Transformation team in using the data and incorporating it into part of their CIP workstreams.
- 9.11. The Trust utilises the Model Health productivity packs by providing Divisions on a quarterly basis with associated opportunities to allow for deep dives to be undertaken to resolve the gaps.
- 9.12. The Trust also utilises Service Level Reporting (SLR) to map income against costs, this identifies services making less of a contribution to Trust overheads allowing for deep dives to be undertaken to resolve the gaps.
- 9.13. The Trust regularly reports on Model Health and SLR tools through Finance & Performance Committee, and the source information is used by the Divisions. The Divisions are supported by the Divisional based Business Partners/Service Transformation team in using the data and incorporating it into part of their CIP workstreams.
- 9.14. To reduce the deficit the Trust has set out a number of high-level strategic opportunities and will continue to work with commissioners and local leads to realise these opportunities so that MWL is a financially sustainable organisation going forward. Delivery of these strategic opportunities will require significant support from local and national leads.

10. Productivity and Efficiency

- 10.1. The NHS 10 Year Health Plan sets the ambition of delivering 2% year on year productivity gain for the next three years. This can be delivered by getting the basics right and seizing the major opportunities offered by technology, service transformation and tackling unwarranted variation.
- 10.2. Opportunities are expected to cover the full planning period (2026/27 to 2028/29).
- 10.3. These should be considered alongside other transformation and strategic opportunities. Plans should balance performance, finance and quality goals including:
 - Optimising pathways and reforming care models to avoid unnecessary activity and manage demand
 - Utilising new and existing technology investment that leads to more efficient ways of delivering services
 - Implementing initiatives to improve performance that may not be directly linked to productivity
- 10.4. Productivity opportunity packs were produced for all Trusts. These provide quantified opportunities for improving productivity that, if delivered, can contribute to delivering the 2% annual requirement.
- 10.5. For MWL the areas with highest potential for opportunity identified were Non-Electives and Electives. In particular, bed occupancy of clinically Ready For Discharge (RFD) and Non-Elective 1+ day average length of stay, capped elective theatre utilisation and BADS day case rate.
- 10.6. Opportunities are based on reducing unit costs of delivering services, based on the 2024/25 National Cost Collection Index (NCCI).
- 10.7. For non-electives services are defined in this dataset as non-elective inpatient long stays. For electives, services are defined as elective inpatients, day cases or outpatient procedures.
- 10.8. Trusts are assumed to reduce costs per spell in line with the 75th percentile (NCCI 93) and opportunities are based on services being delivered at a lower unit cost.
- 10.9. The ongoing issue the Trust is high volumes of medically fit patients, as reported through the committee performance report. The Trust is working closely with place colleagues to improve timely discharge where appropriate but is also continuing to explore internal opportunities for improvement around length of stay. These are picked up in the updates to committee regarding urgent care.
- 10.10. Internal analysis has calculated the following productivity opportunities for MWL based on the 2024/25 NCCI.

MWL 24/25 Productivity Opportunity by POD Mapping Pot

Mapping Pot	MFFd Actual Cost £000	Expected Cost £000	Potential Opportunity £000
Non-elective long stay	263,272	227,029	36,244
Elective ordinary, day case and OP procedures	206,387	182,271	24,117
Other acute services	114,641	116,153	- 1,512
Non-elective short stay and A&E	133,894	136,238	- 2,343
Consultant led Outpatient Attendances	82,599	94,616	- 12,017
Grand Total	800,794	756,306	44,487

11. Capital planning, Statement of Financial Position (Balance Sheet) and Cash

- 11.1. The latest forecast closing cash balance for 2025/26 is c. £2.5m. During 2025/26, the Trust received PDC revenue support of £21.9m and PDC funded capital support of £55.5m (as at 10/02/2026).
- 11.2. The plans assume no deterioration in the wider health economy's ability to service its debt to the Trust. An environment of arguably increasing cash pressures on organisations renders this a risk. The summarised cash flow statement can be found within Appendix C of the paper.
- 11.3. With the inclusion of deficit support funding this plan is a break even plan. Depending on the final financial position for 2025/26 this could result in a continued breach in the statutory break-even duty as it would not recover the deficit from prior year.
- 11.4. The Trust's land and buildings are valued using the alternative single site methodology and VAT is excluded from PFI valuations. The Trust has currently no surplus estate and therefore does not anticipate any sales of surplus assets.
- 11.5. The Statement of Financial Position and Cash flow can be found in Appendices B and C.

12. Interest, Tax, Depreciation and Amortisation (ITDA)

- 12.1. Depreciation and amortisation is anticipated to be less than the current 2025/26 forecast outturn. During 2025/26 the Trusts capital programme was in excess of £55.5m (incl. PFI), which has reduced depreciation charges in year.
- 12.2. The Trust is assuming no deterioration or improvement in the aged debt relating to Lead Employer contracts. This will continue to be managed separately in order to understand and respond to any changes within the working capital.

13. Accounting treatment for PFI / Technical adjustments

- 13.1. In 2025/26 the PFI has been accounted for on an IFRS16 basis and then adjusted out back to UK GAAP in the national templates.
- 13.2. Within the Trust 2024/25 plan there was an I&E pressure of c£7m reflecting the move from IAS 17 to UK GAAP. The 2026/27 planning guidance is consistent and requires PFI to be accounted for under IFRS 16 and then adjusted back out to UK GAAP.
- 13.3. The technical adjustment is not an accounting methodology; it is a national notional adjustment to the Trusts accounts intended to remove the significant pressure the change in accounting standards introduced.
- 13.4. We are working with the national team to ensure the Trust is not financially penalised by changes to accounting standards and long term PFI arrangements.

14. Capital

14.1. There are four key elements to the funding of the capital plan:

- Internal depreciation £25.5m
- IFRS 16 leases (excluding PFI) £3.0m
- Public Dividend Capital £6.7m

14.2. The Capital Plan includes PFI lifecycle replacement costs deferred from previous year's UP funding. It also includes a small amount for finance lease renewals, an allowance set aside for other expenditure including new and replacement equipment and essential developments. PFI lifecycle costs are recognised at actual replacement costs at the time of delivery; the figures below are only estimated costs and are therefore subject to potential change.

14.3. The Trust's high level capital plan (including PFI) is shown below:

Capital Plan	Fcast 2025/26 £m	Plan 2026/27 £m	Plan 2027/28 £m	Plan 2028/29 £m
Internally Funded Consisting of:	4.9	25.5	14.4	14.9
Estates Misc Schemes	0.0	18.5	8.4	9.9
IT Misc Schemes	0.0	2.5	2.0	2.0
Divisions Misc Schemes	1.2	3.5	3.0	2.0
Rev to Cap	3.7	0.5	0.5	0.5
Contingency	0.0	0.5	0.5	0.5
PDC consisting of:	16.7	6.7	15.8	12.3
GBE Solar Partnerships Scheme	0.0	0.0	0.0	0.0
Misc Schemes	13.6	0.0	0.0	0.0
Audiology	0.1	0.3	1.0	0.0

	Fcast 2025/26 £m	Plan 2026/27 £m	Plan 2027/28 £m	Plan 2028/29 £m
Capital Plan				
CDC	0.0	5.0	2.5	0.0
Estates Safety Fund	2.9	1.4	1.2	1.2
Shaping Care Together: ED Co Location	0.0	0.0	11.1	11.1
PFI Lifecycle consisting of:	7.8	7.0	9.4	8.8
Routine maintenance (non-backlog) - Land, Buildings and dwellings	5.9	7.0	9.4	8.8
Equipment - clinical diagnostics	1.9	0.0	0.0	0.0
System Capital Support (incl. PDC funded) consisting of:	23.7	0.0	0.0	0.0
S&O Backlog	8.0	0.0	0.0	0.0
Estates (system funded)	5.4	0.0	0.0	0.0
IT General (system funded)	1.5	0.0	0.0	0.0
Equipment (system funded)	0.8	0.0	0.0	0.0
S&O Transformation (system funded)	8.0	0.0	0.0	0.0
Leases	2.3	3.0	5.0	5.0
Lease Remeasurements	2.3	3.0	5.0	5.0
Total	55.5	42.2	44.7	40.9

- 14.4. The approach for capital planning will be managed via the Capital Planning Council which will report back to F&P Committee and the Executive Committee.
- 14.5. The Trust will continue to work with its partners on the respective PFI sites to deliver enhanced assets. As a result of the elongated process of approvals, this process sometimes involves pre-payments to ensure the best possible value.
- 14.6. National capital allocations have been announced for 2026/27 to 2029/30 for schemes to address constitutional standards. These allocations have been allocated to ICBs and we were invited to submit bids across a range of areas at short notice. MWL has submitted details for a number of schemes across the Diagnostic and Urgent and Emergency Care (UEC) allocations totalling c£95m over the four-year period.

Scheme	26/27	27/28	28/29	29/30	TOTAL
	Cap Ex	Cap Ex	Cap Ex	Cap Ex	Cap Ex
	(£m)	(£m)	(£m)	(£m)	(£m)
UEC	17.0	19.8	13.9	12.5	63.2
Diagnostics	5.6	15.0	7.5	-	28.1
Diagnostic Equipment	3.9				3.9
Total	26.5	34.8	21.4	12.5	95.2

- 14.7. The diagnostic submission includes schemes to develop a standalone Community Diagnostic Centre (CDC) in Southport, as well as capital to support radiology, audiology and pathology services as well as a number of pieces of diagnostic equipment.

- 14.8. The UEC submission includes an ongoing capital requirement for reshaping urgent care including delivery of co-located ED services, development of co-located UTC and GP services and additional Discharge to Assess capacity (step down beds). The schemes extend beyond the current capital timeframes with bids linked to the delivery of the ten year plan. Final values and timeframes will depend on full options appraisal.
- 14.9. The Trust has received notification of a number of these schemes which have been approved for inclusion in this plan. These are incorporated into the capital plan above however it is acknowledged that these will have not gone through the full assurance process and so these allocations are not a green light to proceed.
- 14.10. The remaining schemes will be reviewed and submitted for future bids or incorporated into the Trusts internal capital plan.

15. Drivers of Deficit/Mitigations

- 15.1. The Trusts adjusted financial position has improved from a planned £40.9m deficit (excluding deficit support funding) in 2025/26 to a £16.7m deficit as set out in this document.
- 15.2. As part of the planning process the Trust has outlined a number of drivers of this deficit, principally being the underfunding of fixed elements of the contract, premium costs associated with urgent care pressures due to full capacity and ongoing inflation over and above nationally funded levels (particularly relating to PFI contract).
- 15.3. The Trust is committed to addressing the deficit and has worked to set out the historical financial position to commissioners, providing detailed activity breakdowns to support the assertions regarding the fixed elements of the contract.
- 15.4. 2026/27 has seen the introduction of 'Deconstructing Block Guidance' whereby to limit risk, NHS England are proposing a ceiling on adjustments for funding differences of +/-2.5% of contract values, which will be subject to Commissioner and Trust agreement. For 2026/27 this capped value is worth c£20.1m based on latest 2025/26 offers at 2025/26 prices, excluding drugs and devices. The Trust is working with commissioners to understand the impact of this guidance when compared with rebasing the commissioner contracts to reflect the activity at NHSPS tariff prices.
- 15.5. This plan contains a set of assumptions regarding commissioner income. At the time of plan sign off commissioner contracts have not been agreed and discussions remain ongoing. This paper sets out the Trust position.
- 15.6. Reflecting the true financial position of the organisation and realising improvement opportunities is reliant on active participation and leadership at both a local and national level from ICB and NHSE.

16. Risks

16.1. There are a number of risks and outstanding issues which may impact on the plans:

- Commissioner income: As outlined in this paper there are a number of areas where the ICS/NHSE income / contract negotiations are yet to be concluded. This includes caps on variable elective activity, deconstructing cap / rebasing of the fixed elements of the contract, funding of items removed by the ICB including decommissioning of services and Associate Commissioners agreeing with the financial arrangement principles of the Host Commissioner (e.g. Local Prices, A&G, RAS, etc). Changes from the Trust assumptions in these areas could have a material impact on the plan for 2026/27. NHS Payment Schedule for 2026/27 has yet to be finalised and so figures are currently in draft form.
- Transaction support is included based on historic values with an anticipation that strategic plans to ensure sustainable services will reduce this over time. Opportunities to do this have been shared with system partners and there is agreement to further develop these over the coming year.
- This plan assumes the Trust continues to receive PFI support in line with national guidance. The Trust has shared its understanding of PFI pressures with system partners and will continue to discuss with national leads to ensure appropriate funding is agreed. For 2026/27 the figures are reflective of the Trust understanding of the national rules.
- Underlying exit run rate assumes delivery of the 2025/26 forecast as set out in the monthly forecast papers. Failure to deliver this recurrently will result in a gap in the 2026/27.
- Recurrent delivery of cash releasing CIP is required over and above the stretch items achieved above core CIP delivery in 2025/26. Without these efficiencies the Trust will not achieve the finance or workforce plans and will need to implement cash preservation actions.
- Final plan puts the Trust into a cumulative deficit (B/Even duty).
- No industrial action impact is assumed in 2026/27; any IA may impact on the Trust workforce and therefore the Trusts ability to deliver this plan.
- Plan underpinned by delivery of significant elective activity assumed to be paid for on a per procedure basis; under delivery will result in a financial pressure.
- The plan includes reductions in the use of variable premium cost staffing, based on expenditure limits set by NHSE of £7.8m for agency and £39.9m for bank staffing. In line with national planning requirements the Trust is working to reduce the usage of variable staff but this is reliant on recruitment pipelines which are affected by national shortages and improved retention compounded by national living wage decisions impacting on our lowest banded staff
- The short turnaround on strategic capital bids increases the risk of short term decision making overriding long term delivery of plans.

17. Conclusion and Next Steps

- 17.1. The Trust has produced a financial plan that delivers a deficit of £16.8m in line with the trust 'control total'.
- 17.2. The plan is underpinned by delivery of the respective Divisional activity plans, a 5% CIP target and agreeing contract values with the commissioners.
- 17.3. The Trust is working with external partners to conclude the ongoing issues regarding contract negotiations, but it has not been possible to do this in time for this plan submission.
- 17.4. The Trust will continue work to deliver the finance, performance and workforce plans as set out in this paper.

Appendix A – I&E Plan

	Plan 2025/26	Amended Plan 2025/26	Forecast 2025/26	Plan 2026/27	Plan 2027/28	Plan 2028/29
	£m	£m	£m	£m	£m	£m
Operating income from patient care activities	855.2	855.2	868.7	901.0	928.0	951.2
Other operating income	110.6	110.6	103.4	118.0	117.7	117.7
Total Income	965.8	965.8	972.1	1018.9	1045.7	1068.9
Employee expenses	-628.9	-628.9	-635.8	-656.4	-672.0	-684.6
Operating expenses excluding employee expenses	-312.7	-312.7	-312.2	-324.4	-335.9	-346.8
Total Operating Expenses	-941.7	-941.7	-948.0	-980.9	-1007.9	-1031.4
EBITDA	24.2	24.2	24.2	38.1	37.8	37.5
IIDA	-30.3	-30.3	-29.5	-32.9	-32.7	-32.4
Surplus/De ficit	-6.1	-6.1	-5.4	5.1	5.1	5.1
Technical Adjustment	-4.6	-4.6	-5.3	-5.1	-5.1	-5.1
Surplus/De ficit	-10.7	-10.7	-10.7	0.0	0.0	0.0
Remove Non-Rec Deficit Funding	0.0	-30.2	-30.2	-16.8	-0.2	0.0
Surplus/De ficit excl. DSF	-10.7	-40.9	-40.9	-16.8	-0.2	0.0

Appendix B – I&E Bridge by type

2026/27									
		£m	£m	£m	£m	£m	£m	£m	
		Income	Exp.	EBITDA	IIIDA	Net Surplus / (Deficit)	Tech Adj	Surplus / (Deficit)	Notes
Underlying 25/26 position		943.5	(957.4)	(13.9)	(32.1)	(46.1)	(5.1)	(51.2)	
Adjustments above run rate:									
	Emerging pressures above run rate	0.0	-7.0	-7.0	0.0	-7.0	0.0	-7.0	
	Innovation	0.0	-10.0	-10.0	0.0	-10.0	0.0	-10.0	
	IFRIC12/UK GAAP impact	0.0	0.0	0.0	-0.5	-0.5	0.0	-0.5	
	Notional PDC impact	0.0	0.0	0.0	0.0	0.0	0.0	0.0	No current pressure however this may change depending on final capital allocations
	ICB surplus redistribution	7.6	0.0	7.6	0.0	7.6	0.0	7.6	
	Interest receivable	0.0	0.0	0.0	-1.2	-1.2	0.0	-1.2	Reduction due to interest rates drop 0.5% and cash reduction
	Activity growth	22.6	0.0	22.6	0.0	22.6	0.0	22.6	
	Cost of activity (pay & non pay)	0.0	-22.6	-22.6	0.0	-22.6	0.0	-22.6	
	C&M Dermatology	0.2	-0.4	-0.2	0.0	-0.2	0.0	-0.2	
	Sexual Health	-4.4	4.4	0.0	0.0	0.0	0.0	0.0	
	Pathology transfer	12.8	-12.8	0.0	0.0	0.0	0.0	0.0	
	UCR transfer	1.0	-1.0	0.0	0.0	0.0	0.0	0.0	
	Other	0.0	-0.7	-0.7	0.9	0.2	0.0	0.2	
		39.9	(50.1)	(10.2)	(0.8)	(11.0)	0.0	(11.1)	
Inflation/ Tariff impact:									
	Tariff funded inflation (2%)	0.0	-20.0	-20.0	0.0	-20.0	0.0	-20.0	Assumption is that consultation tariff changes are neutral
	Inflation over and above funded (PFI/CNST)	0.0	-2.9	-2.9	0.0	-2.9	0.0	-2.9	
	Impact of lower number of working days	-1.3	0.0	-1.3	0.0	-1.3	0.0	-1.3	
Total impact of inflation		(1.3)	(22.9)	(24.2)	0.0	(24.2)	0.0	(24.2)	
CIP:									
	National CIP	0.0	20.0	20.0	0.0	20.0	0.0	20.0	
	Trust CIP	0.0	29.7	29.7	0.0	29.7	0.0	29.7	
Total CIP		0.0	49.7	49.7	0.0	49.7	0.0	49.7	
26/29 baseline plan pre block adj		982.1	(980.7)	1.3	(32.9)	(31.6)	(5.1)	(36.8)	Trust CIP @5%
Block adjustment:									
	Deconstructing the block	20.0	0	20.0	0.0	20.0	0.0	20.0	Proxy based on Trust assumptions as values not confirmed by ICB
26/29 baseline plan		1,002.1	(980.7)	21.3	(32.9)	(11.6)	(5.1)	(16.8)	Trust CIP @5%
	Deficit Support Funding	16.8	0	16.8	0.0	16.8	0.0	16.8	
26/29 baseline plan incl. DSF		1,018.9	(980.7)	38.1	(32.9)	5.2	(5.1)	0.0	Trust CIP @5%

2027/28									
		£m	£m	£m	£m	£m	£m	£m	
		Income	Exp.	EBITDA	IIA	Net Surplus / (Deficit)	Tech Adj	Surplus / (Deficit)	Notes
Underlying position exc contract rebasing & DSF 26/27		982.1	(980.7)	1.3	(32.9)	(31.6)	(5.1)	(36.8)	
Adjustments above run rate:									
	Emerging pressures above run rate	0.0	0.0	0.0	0.0	0.0	0.0	0.0	No pressures included over and above run rate
	Innovation	0.0	-10.0	-10.0	0.0	-10.0	0.0	-10.0	
	IFRIC12/UK GAAP impact	0.0	0.0	0.0	0.5	0.5	0.0	0.5	
	Notional PDC impact	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	ICB surplus redistribution	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	Interest receivable	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	Activity growth	20.8	0.0	20.8	0.0	20.8	0.0	20.8	
	Cost of activity (pay & non pay)	0.0	-20.8	-20.8	0.0	-20.8	0.0	-20.8	
	Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
		20.8	(30.8)	(10.0)	0.5	(9.5)	0.0	(9.5)	
Inflation/ Tariff impact:									
	Tariff funded inflation (2%)	0.0	-20.0	-20.0	0.0	-20.0	0.0	-20.0	Assumption is that consultation tariff changes are neutral
	Inflation over and above funded (PFI/CNST)	0.0	-2.3	-2.3	0.0	-2.3	0.0	-2.3	
	Working days	2.6	0.0	2.6	0.0	2.6	0.0	2.6	
Total impact of inflation		2.6	(22.3)	(19.7)	0.0	(19.7)	0.0	(19.7)	
CIP:									
	National CIP	0.0	20.0	20.0	0.0	20.0	0.0	20.0	
	Trust CIP	0.0	5.8	5.8	0.0	5.8	0.0	5.8	
Total CIP		0.0	25.8	25.8	0.0	25.8	0.0	25.8	
26/29 baseline plan pre block adj		1,005.5	(1,008.0)	(2.6)	(32.4)	(35.0)	(5.1)	(40.2)	
Block adjustment:									
	Deconstructing the block	40.0	0	40.0	0.0	40.0	0.0	40.0	Proxy based on Trust assumptions as values not confirmed by ICB
26/29 baseline plan		1,045.5	(1,008.0)	37.4	(32.4)	5.0	(5.1)	(0.2)	
	Deficit Support Funding	0.2	0	0.2	0.0	0.2	0.0	0.2	
26/29 baseline plan incl. DSF		1,045.7	(1,008.0)	37.6	(32.4)	5.2	(5.1)	0.0	

2028/29									
		£m	£m	£m	£m	£m	£m	£m	
		Income	Exp.	EBITDA	ITDA	Net Surplus / (Deficit)	Tech Adj	Surplus / (Deficit)	Notes
Underlying position exc contract rebasing & DSF 27/28		1,005.5	(1,008.0)	(2.6)	(32.4)	(35.0)	(5.1)	(40.2)	
Adjustments above run rate:									
	Emerging pressures above run rate	0.0	0.0	0.0	0.0	0.0	0.0	0.0	No pressures included over and above run rate
	Innovation	0.0	-10.0	-10.0	0.0	-10.0	0.0	-10.0	
	IFRIC12/UK GAAP impact	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	Notional PDC impact	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	ICB surplus redistribution	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	Interest receivable	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	Activity growth	20.8	0.0	20.8	0.0	20.8	0.0	20.8	
	Cost of activity (pay & non pay)	0.0	-20.8	-20.8	0.0	-20.8	0.0	-20.8	
	Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
		20.8	(30.8)	(10.0)	0.0	(10.0)	0.0	(10.0)	
Inflation/ Tariff impact:									
	Tariff funded inflation (2%)	0.0	-20.0	-20.0	0.0	-20.0	0.0	-20.0	Assumption is that consultation tariff changes are neutral
	Inflation over and above funded (PFI/CNST)	0.0	-2.3	-2.3	0.0	-2.3	0.0	-2.3	
	Working days	2.6	0.0	2.6	0.0	2.6	0.0	2.6	
Total impact of inflation		2.6	(22.3)	(19.7)	0.0	(19.7)	0.0	(19.7)	
CIP:									
	National CIP	0.0	20.0	20.0	0.0	20.0	0.0	20.0	
	Trust CIP	0.0	9.9	9.9	0.0	9.9	0.0	9.9	
Total CIP		0.0	29.9	29.9	0.0	29.9	0.0	29.9	
26/29 base line plan pre block adj		1,028.9	(1,031.2)	(2.4)	(32.4)	(34.8)	(5.1)	(40.0)	
Block adjustment:									
	Deconstructing the block	40.0	0	40.0	0.0	40.0	0.0	40.0	Proxy based on Trust assumptions as values not confirmed by ICB
26/29 base line plan		1,068.9	(1,031.2)	37.6	(32.4)	5.2	(5.1)	0.0	
	Deficit Support Funding	0	0	0.0	0.0	0.0	0.0	0.0	
26/29 base line plan incl. DSF		1,068.9	(1,031.2)	37.6	(32.4)	5.2	(5.1)	0.0	

Appendix C – Summarised Statement of Financial Position (Balance Sheet)

Summarised Statement of Financial Position (Balance Sheet)	Forecast 2025/26 £m	Plan 2026/27 £m	Plan 2027/28 £m	Plan 2028/29 £m
Non Current Assets	534.5	546.4	560.8	563.6
Current Assets				
Inventories	9.3	9.3	9.3	9.3
Receivables & Other Current Assets	90.0	76.7	78.2	79.9
Cash at Band and in Hand	0.1	3.3	3.3	3.3
Total Current Assets	99.5	89.4	90.8	92.5
Current Liabilities				
Payables & Other Current Liabilities	(49.0)	(43.0)	(43.0)	(35.2)
Borrowings	(23.4)	(17.9)	(17.9)	(17.9)
Provisions	(2.0)	(2.0)	(2.0)	(2.0)
Total Current Liabilities	(74.4)	(62.9)	(62.9)	(55.1)
Net Current Assets/ (Liabilities)	25.1	26.5	27.9	37.4
Non Current Liabilities	(464.4)	(465.8)	(465.8)	(465.8)
Total Assets Employed	95.3	107.0	122.9	135.1
Taxpayers Equity				
Public Dividend Capital	388.8	395.5	411.3	423.6
Retained Earnings Reserve	(322.1)	(317.0)	(317.0)	(317.0)
Revaluation Reserve	28.5	28.5	28.5	28.5
Total Taxpayers Equity	95.3	107.0	122.9	135.1

Appendix D – Summarised Cash Flow

Summarised Statement of Cash Flows	Forecast 2025/26 £m	Plan 2026/27 £m	Plan 2027/28 £m	Plan 2028/29 £m
Operating Surplus/(Deficit)	24.2	38.1	32.9	32.9
Excluding non-cash items	32.4	30.0	30.0	30.0
Movement in working capital				
Receivables	(6.8)	13.3	11.8	11.5
Inventories	(1.0)	0.0	0.0	0.0
Trade and Other Payables	(26.2)	(6.0)	(11.0)	(11.0)
Cash Flows from Operating Activities	22.5	75.4	63.8	63.5
Investing				
Interest Received	4.1	2.7	2.7	2.7
Capital Payments net of Disposals and Donations	(54.3)	(38.9)	(39.7)	(35.9)
Cash Flows from Investing Activities	(50.2)	(36.3)	(37.0)	(33.2)
Financing				
PDC Receipts	55.2	6.7	15.8	12.3
Capital and Other Loan/Liability Repayments	(19.9)	(25.0)	(25.0)	(25.0)
Interest on Loans/Liabilities	(17.7)	(17.6)	(17.6)	(17.6)
Cash Flows from Financing Activities	17.6	(35.9)	(26.8)	(30.3)
Net Cash Inflow/(Outflow)	(10.1)	3.2	0.0	(0.0)
Opening Cash Balance	10.2	0.1	3.3	3.3
Closing Cash Balance	0.1	3.3	3.3	3.2

Appendix E – Annual Substantive Workforce Plan

Annual Workforce Plan 205/26 WTE	Baseline		Plan		Plan		Plan	
	Staff in Post	EST	Staff in Post	EST	Staff in Post	EST	Staff in Post	EST
	Year End (31-March-26)		Year End (31-March-27)		Year End (31-March-28)		Year End (31-March-29)	
Medical & Dental	1240.95	1292.25	1222.42	1220.09	1219.70	1208.09	1197.71	1219.88
Registered Nursing, Midwifery & Health Visiting Staff	3135.02	3241.73	3133.10	3158.86	3208.44	3275.75	3178.87	3261.40
Reg/Qual Scientific, Therapeutic & Technical Staff	1147.39	1236.14	1204.75	1277.29	1204.75	1276.29	1204.75	1276.29
Clinical Support	1922.92	2204.15	1974.16	2256.30	2002.22	2248.78	1993.34	2106.86
Infrastructure	2077.26	2329.82	2179.12	2396.03	2267.09	2411.83	2354.70	2515.40
Other Staff	0.73	0.00	0.73	0.00	0.73	0.00	0.73	0.00
Total Substantive	9524.27	10304.09	9714.28	10308.57	9902.93	10420.74	9930.10	10379.83
Adult Nursing	2467.47	2578.59	2483.24	2495.72	2558.60	2612.61	2529.03	2598.26
Children Nursing	219.92	203.19	219.92	203.19	219.92	203.19	219.92	203.19
Registered Midwives	285.39	287.08	285.39	287.08	285.39	287.08	285.39	287.08
Community Nursing	157.09	172.87	139.40	172.87	139.38	172.87	139.38	172.87
Mental Health Nursing	5.15	0	5.15	0	5.15	0	5.15	0
Registered Nursing, Midwifery & Health Visiting Staff	3135.02	3241.73	3133.10	3158.86	3208.44	3275.75	3178.87	3261.40
Allied Health Professionals	675.30	741.87	676.30	737.34	676.30	736.34	676.30	736.34
Other ST&T Staff	235.58	240.05	236.38	233.91	236.38	233.91	236.38	233.91
Healthcare Scientists	236.50	254.22	292.06	306.04	292.06	306.04	292.06	306.04
Reg/Qual Scientific, Therapeutic & Technical Staff	1147.39	1236.14	1204.75	1277.29	1204.75	1276.29	1204.75	1276.29
Support to Nursing Staff	1441.50	1688.14	1478.52	1702.04	1513.37	1694.52	1512.86	1563.87
Support to Allied Health Professionals	151.29	147.21	151.29	147.21	151.29	147.21	151.29	147.21
Support to Other Clinical Staff	330.13	368.80	344.35	407.05	337.56	407.05	329.19	395.78
Support to Clinical Staff	1922.92	2204.15	1974.16	2256.30	2002.22	2248.78	1993.34	2106.86

Appendix F – Board Assurance statements

Reference since first	Updates since first	Category / Area For Assurance	Statement	Response at first submission	Response for full submission	Commentary (required against a response of 2-4. Limited to 500 characters - see guidance above)
1	No change	Foundational activities	The board has reviewed the outputs from the foundational work undertaken as part of phase one of planning. This includes reviewing demand and capacity analysis.	2. Maturing	2. Maturing	Comprehensive capacity & demand modelling including initial forecasts and scenario planning has informed decisions and plans. This has incorporated service-level performance and quality metrics, unwarranted variation & benchmarking data, assessment of fragile services and potential pathway re-design
2	Updated	Governance and leadership	The board can confirm strong clinical leadership has been involved in the development of plans.	2. Maturing	2. Maturing	Plans have been developed with input from clinicians and their clinical leaders at Chief Medical Officer level and within the divisions and services. Divisional Medical Directors work alongside other senior leaders supporting review and development of plans through the senior leadership group and contributing to workshops to develop service level plans.
3	Updated	Governance and leadership	The board can confirm that plans reflect the consideration of population needs, underserved communities and inequalities when developing plans.	3. Developing	3. Developing	To ensure data-driven decision-making, comprehensive population health assessments were completed using tools such as the Shape Atlas and local and C&M Health inequalities dashboards to identify priority areas and target interventions. This includes triangulating deprivation indices with service utilisation and DNA rates to reduce unwarranted variation across specialities. Population projections in Trust facing Boroughs have also been included.
4	Updated	Governance and leadership	Robust quality and equality impact assessments (QEIA) have been undertaken and reviewed by the board to inform the sign off of the organisation's plan.	2. Maturing	2. Maturing	Quality and Equality Impact Assessments form part of the development of any potential service change or improvement. All changes to service delivery and all efficiencies are risk assessed and approved at executive level where appropriate. This is done by clinical leaders and quality specialists. Where risks are identified, mitigations are built into implementation plans and monitored through committee governance.
5	Updated	Governance and leadership	The board has played an active role in setting direction, reviewing drafts, and constructively challenging assumptions – rather than simply endorsing the final version of the plan.	2. Maturing	1. Embedded [Full Assurance]	Planning is underpinned by evidence-based methodologies, including demand and capacity modelling, workforce analytics, and financial forecasting, aligned with the Medium-Term Planning Framework and national priorities which is reviewed at executive committee and by Board through formal reporting and within Board development days
6	No change	Governance and leadership	The board is confident that there is a data-driven and clinically-led continuous improvement approach in place. The organisation has a systematic approach to building improvement capacity and capability.	2. Maturing	2. Maturing	The Continuous Improvement Strategy demonstrates improvement activity is clinically led, data-driven, & systematically embedded across the organisation; it aligns to the MWL 5-Star Patient Care priorities and NHS Impact Framework, supported by a robust training programme to empower staff to lead change, strengthen local initiatives, and ensure measurable improvements in efficiency, quality, and patient outcomes.
7	No change	Governance and leadership	The board confirms that the organisation has established structures to work effectively with commissioners and system partners, ensuring that system working is constructive and efficient.	2. Maturing	1. Embedded [Full Assurance]	The Trust participates actively in system-level governance through partnership boards, planning groups, and joint committees. These forums enable shared decision-making, alignment of priorities, and transparent resolution of interdependencies across providers and commissioners. The Trust offers all partners opportunities to engage with Trust strategies and builds in feedback when received. Members of the executive team have additional system leadership roles supporting the wider C&M Blueprint.
8	No change	Plan development	The board can confirm that the plan is evidence-based, robust and deliverable. The board is content that the phasing of the plan across three years is realistic.	2. Maturing	2. Maturing	The Board has reviewed the plan and recognises the challenges related to delivery noting potential contingencies and interdependencies which need to be addressed to enable full delivery.
9	No change	Plan development	The board can confirm that plans have been triangulated across finance, workforce and performance, ensuring each element of the plan reinforces the others, making the plan internally consistent.	2. Maturing	1. Embedded [Full Assurance]	The Trust has developed its plans via a group comprising of workforce, finance and Analytics. This has ensured plans are triangulated and consistent.
10	Updated	Productivity	The Board can confirm that the organisation has fully considered and incorporated productivity opportunities into plans, and that any phasing is credible and realistic. The board can provide justification where any identified opportunities cannot be fully delivered during this planning round, especially in the context of decisions to submit non-compliant financial or performance plans or plans that do not deliver the 2% productivity improvement.	2. Maturing	2. Maturing	We have systematically reviewed the NHS England productivity data packs, GIRFT and other benchmarks and internal performance data to incorporate relevant opportunities into our planning process. This includes actions to optimise clinical pathways, reduce unwarranted variation, and improve utilisation of digital tools to streamline administrative and clinical workflows.
11	No change	Risk	The board can confirm that the organisation has a robust approach to risk management in place including the ability to demonstrate a comprehensive understanding of financial risk and an agreed approach to managing and mitigating risks in year.	2. Maturing	2. Maturing	Risk management is tested annually to ensure it remains robust and is part of the statements in the annual report. The Board uses the BAF and CRR to monitor risks to the delivery of its plans. The risks of delivering the agreed plans and achieving financial sustainability feature in the BAF and CRR, specific risks have been escalated from F&P to ensure the Board is clear on the financial risks and actions taken to mitigate any variance. This is cascaded through the organisation.
12	Updated	NHS standard contract and commissioning	The board can confirm that the organisation has engaged with its ICB to ensure contract values used in planning submissions are agreed across (commissioner and provider) activity and financial plans.	4. Not Embedded [No Assurance]	3. Developing	The Trust has engaged positively with the planning process and provided updates to ICB colleagues since Sep. Due to ongoing pressures at the ICB there has been delays with regards to agreeing the assumptions included in the plan however there is a continuing open dialogue about differences. The Trust has used national guidance to inform the plan/contract proposals and continues to work with ICB colleagues.
13	No change	NHS standard contract and commissioning	The board can confirm that there is an effective process in place to manage the sign-off of contracts.	3. Developing	3. Developing	The Trust has provided updates on the planning process to ICB colleagues at each contract review meeting and has commenced biweekly contract planning meetings with ICB from the 9th Dec. The contract is not yet signed however constructive discussions continue as above.
14	No change	NHS standard contract and commissioning	The board can confirm that there is a timetable in place to ensure that the board will be updated on the sign-off of contracts and any delays to signing contracts will be reviewed by the board.	1. Embedded [Full Assurance]	1. Embedded [Full Assurance]	Updates with regards to the status of contracts is included within the monthly F&P reporting and in all planning documentation. A planning timetable was shared and reviewed in September and progress updates provided each month since.
15	Updated	Workforce	The board can confirm the impact of the 10 Year Health Plan on the workforce has been considered in plans. This includes the impact of productivity gains and how staff are deployed including the three shifts - from hospital to community, from analogue to digital, from sickness to prevention.	3. Developing	3. Developing	This is being considered within the planning process aligned to our People plan and improvement/transformation programmes. The Trust is working closely with place and system partners to develop the neighbourhood model and this remains part of the Trust strategy.
17	New	Plan development	The board can confirm that the organisation has worked with its ICB to ensure their plans are fully aligned.	N/A	3. Developing	The Trust has engaged positively with the ICB and provided bi-weekly updates on the Trust planning process since November. The Trust works closely with place commissioning colleagues on plans to develop new models of care. As the contracts have yet to be agreed this is rated developing.
18	New	Plan development	The board can confirm plans have been developed in line with the ambition to move care from hospital to community and this shift is evident in plan returns and the integrated delivery plan.	N/A	3. Developing	The Trust works positively with place colleagues to develop appropriate models of care for patients in the local community. This is embedded in current strategy and the plan has been developed within this context. Plans from place partners are developing and the Trust continues to work positively to support and deliver the ambition in conjunction with partners.
19	New	Plan development	The board can confirm that the five year integrated delivery plan is fully aligned with the numerical returns.	N/A	1. Embedded [Full Assurance]	The Trust has established a formal, structured and continuous planning cycle that ensures planning is integrated and triangulates across all domains.

Appendix G – Performance plan

POD	Success Measure	2026/27 Target	National Target	Trust Target	Current Performance 25/26 YTD	Benchmarking	Plan
Elective	Improve the percentage of patients waiting no longer than 18 weeks for treatment	Minimum 7% improvement or minimum 65%, whichever is greater, in order to deliver national performance target of 70%.	70%	70.70%	64.00%	National 61.2% C&M 59.1%	Achieve
	Improve performance against cancer constitutional standards	Maintain performance against the 28-day cancer Faster Diagnosis Standard at the new threshold of 80%	80%	80%	67.80%	National 75.7% C&M 72.8%	Achieve
	Improve performance against cancer constitutional standards	Every trust delivering 94% performance for 31-day and 80% performance for 62-day standards	94% 31-Day 80% 62-Day	94% 31-Day 80% 62-Day	31 Day 93.3% 62 Day 78.3%	National 31-Day 91.7% 62-Day 68.9% C&M 31-Day 94.8% 62-Day 74.7%	Achieve
	Improve performance against the DM01 diagnostics 6-week wait standard	Every system delivering a minimum 3% improvement in performance or performance of 20% or better, whichever level of improvement is greater (in order to achieve national performance of no more than 14% of patients waiting over 6 weeks for a test)	14%	5%	10.90%	National 22% C&M 11.2%	Achieve
Urgent Care	4-hour A&E performance	Every trust to maintain/improve to 82% by March 2027, with no lower than 80% as an average across the year	82%	82%	62.5% (Type 1) 78.5% (Mapped)	National 75.03% C&M 72.1%	Achieve
	12-hour A&E performance	Higher % of patients admitted, discharged and transferred from ED within 12 hours across 2026/27 compared to 2025/26	<25/26	<25/26	18.10%		Achieve

References

Medium Term Planning Framework – delivering change together 2026/27 to 2028/29

<https://www.england.nhs.uk/publication/medium-term-planning-framework-delivering-change-together-2026-27-to-2028-29/>

Medium-term planning framework: Revenue finance and contracting guidance for 2026/27 to 2028/29

<https://www.england.nhs.uk/publication/medium-term-planning-framework-revenue-finance-and-contracting-guidance-for-2026-27-to-2028-29/>

NHS finance business rules from 2026/27: guidance for integrated care boards and NHS trusts

<https://www.england.nhs.uk/publication/nhs-finance-business-rules-from-2026-27-guidance-for-integrated-care-boards-and-nhs-trusts/>

Capital guidance

<https://www.england.nhs.uk/publication/capital-guidance/>

2026/27 NHS Payment Scheme consultation

<https://www.england.nhs.uk/publication/2026-27-nhsps-consultation/>

Planning framework for the NHS in England

<https://www.england.nhs.uk/publication/planning-framework/>

Title of Meeting	Trust Board		Date	25 March 2026
Agenda Item	TB26/023			
Report Title	2025 Staff Survey Report and Action Plan			
Executive Lead	Malise Szpakowska, Chief People Officer			
Presenting Officer	Malise Szpakowska, Chief People Officer			
Action Required	X	To Approve		To Note
Purpose				
To approve the 2025 Annual Staff Survey report and future actions.				
Executive Summary				
<p>The NHS 2025 Staff Survey took place at MWL between 06 October and 28 November 2025, with the results released in stages – 16 December 2025 Initial High-Level Results, 12 January 2026 Detailed results under embargo, 12 March 2026 embargo lifted and national results available.</p> <p>A total of 3,855 staff responded (35% response rate), slightly lower than the previous year and in line with the national trend of lower responses.</p> <p>MWL performs above the national average in four themes, is average in one, and below average in four, with ‘We Work Flexibly’ notably underperforming nationally, regionally, and locally.</p> <p>Areas where MWL remains above comparator averages include:</p> <ol style="list-style-type: none"> 1. Equality & Diversity 2. Advocacy 3. Negative Experiences 4. Compassionate Culture <p>And performs best in Cheshire and Merseyside (C&M) for the sub theme ‘work pressure’.</p> <p>The subthemes showing the greatest negative responses are:</p> <ol style="list-style-type: none"> 1. Work–Life Balance 2. Appraisals 3. Flexible Working 4. Line Management <p>When looking at individual questions, staff remain extremely positive about the standard of care provided by the Trust ranking it the top Acute Trust in the North West.</p> <p>In response, MWL is adopting a new Theory of Change approach to define long-term improvements in culture, behaviour, and staff experience.</p> <p>Priority actions for 2026 are:</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 FTSU, behaviours, development and 				

advocacy.	
Financial Implications	
Not applicable	
Quality and/or Equality Impact	
Actions from staff survey feedback can positively impact staff with protected characteristics, increase staff engagement and drive the quality of care	
Recommendations	
The Board is asked to note the 2025 Staff Survey Report and approve the Action Plan.	
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
X	SO7 Operational Performance
	SO8 Financial Performance, Efficiency and Productivity
X	SO9 Strategic Plans

2025 Annual NHS Staff Survey Overview

1. Background

The NHS 2025 Staff Survey took place at MWL between 6 October and 28 November 2025. There were 3855 responses (down from 3944 in 2024) which represented 35% of the workforce (down from 37% in 2024).

The results of the staff survey are themed into the People Promise plus additional elements of Staff Engagement and Morale. These are then further divided into sub-themes that give a more detailed view of staff experience.

2. Summary of results

MWL performs above the national average in four of the People Promise themes, is average in one and below average in the remaining four, with 'We Work Flexibly' underperforming.

Areas where MWL remains above comparator averages are:

1. Equality & Diversity
2. Advocacy
3. Negative Experiences
4. Compassionate Culture

The areas where the Trust is showing the greatest negative responses are in the areas of:

1. Work–Life Balance
2. Appraisals
3. Flexible Working
4. Line Management

The areas showing the largest shift since 2024 are *Morale*, *Staff Engagement* and the theme '*We are safe & healthy*', all with a reduction of 2.9% or more.

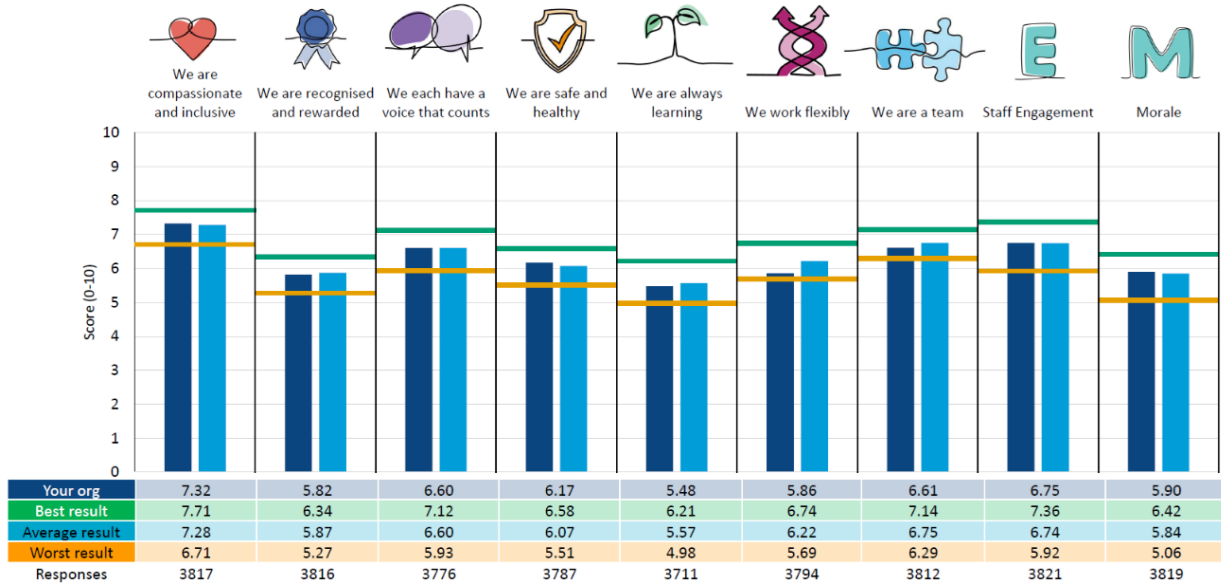
Staff are extremely positive about the standard of care provided by the Trust, ranking it the top Acute Trust in the NW. Respondents also rate the Trust positively in relation to the sub theme '*work pressure*,' where MWL performs best in C&M.

3. Results at organisational level

The following shows how the Trust performed for the People Promise Themes when compared to organisations in its comparator group comprising 121 Acute and Acute & Community Trusts.

People Promise elements and themes: Overview

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Mersey and West Lancashire Teaching Hospitals NHS Trust Benchmark report

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Table 1 below shows a comparison of the performance of MWL against each of the National average, North-West region average and Cheshire and Mersey average. MWL performing above average for all areas with the exceptions of *We are recognised and rewarded*, *We work flexibly* and *We are a team*.

Regionally, the Trust is performing better than its neighbours for *We are always learning* where it is above average.

Table 1.

Theme	MWL	National Average	MWL v National	NW Average	MWL v NW	C&M Average	MWL v C&M
We are compassionate and inclusive	7.32	7.27	0.05	7.26	0.06	7.31	0.01
We are recognised and rewarded	5.82	5.88	-0.06	5.84	-0.02	5.84	-0.02
We each have a voice that counts	6.60	6.60	0	6.56	0.04	6.59	0.01
We are safe and healthy	6.14	6.07	0.10	6.03	0.14	6.05	0.12
We are always learning	5.46	5.57	-0.09	5.41	0.07	5.41	0.07
We work flexibly	5.90	6.22	-0.36	6.15	-0.29	6.16	-0.30
We are a team	6.61	6.75	-0.14	6.70	-0.09	6.70	-0.09
Staff engagement	6.73	6.74	0.01	6.62	0.13	6.67	0.08
Morale	5.88	5.54	0.36	5.75	0.15	5.78	0.12

4. Results at a Divisional level

Table 3 sets out the results the results at the divisional level.

Table 3.

Theme	MWL	Corporate - Estates and Facilities	Corporate - Finance & Information	Corporate - Human Resources	Corporate - IM&T	Corporate - Medical Director (Research & Development)	Corporate - Nursing Director (Corporate Nursing team)	Medicine and Urgent Care	Surgery	Women and Children's	CSS & Community
We are compassionate and inclusive	7.23	6.53	7.18	7.63	7.52	7.31	7.41	7.09	7.21	7.23	7.31
We are recognised and rewarded	5.82	5.34	6.07	6.29	6.53	6.15	6.26	5.64	5.69	5.61	5.80
We each have a voice that counts	6.60	6.10	6.31	6.89	6.91	7.03	7.01	6.56	6.67	6.53	6.58
We are safe and healthy	6.14	6.19	6.49	6.48	6.77	6.84	6.33	5.65	6.16	5.77	6.23
We are always learning	5.46	4.52	5.46	5.95	5.61	4.95	5.63	5.36	5.51	5.24	5.53
We work flexibly	5.90	5.48	6.36	6.97	6.80	7.58	6.73	5.59	5.80	5.01	5.80
We are a team	6.61	5.77	6.68	7.16	7.05	6.76	7.03	6.45	6.55	6.40	6.67
Staff engagement	6.73	6.72	6.26	6.42	6.86	6.88	6.99	6.94	6.67	6.87	6.72
Morale	5.88	5.92	5.78	5.76	5.98	6.06	6.49	5.95	5.69	6.11	5.92

5. Results by Staff Group

Table 4 shows the breakdown of results for the staff groups across MWL against the Trust average score is shown below.

Table 4.

Theme	MWL	Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Estates and Ancillary	Healthcare Scientists	Medical and Dental	Nursing and Midwifery Registered
We are compassionate and inclusive	7.23	6.80	7.14	7.32	7.37	6.58	7.39	7.37	7.26
We are recognised and rewarded	5.82	5.39	5.37	5.98	5.99	5.37	6.18	6.38	5.79
We each have a voice that counts	6.60	6.20	6.42	6.56	6.60	6.22	7.05	6.68	6.78
We are safe and healthy	6.14	5.75	6.04	6.40	5.97	6.33	6.50	6.08	5.90
We are always learning	5.46	5.12	5.14	5.49	5.70	4.32	5.71	5.78	5.67
We work flexibly	5.90	4.93	5.57	6.34	6.09	5.45	5.93	5.85	5.69

Theme	MWL	Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Estates and Ancillary	Healthcare Scientists	Medical and Dental	Nursing and Midwifery Registered
We are a team	6.61	6.07	6.37	6.78	6.75	5.78	6.58	6.74	6.70
Staff engagement	6.73	6.30	6.58	6.59	6.84	6.33	7.20	7.00	6.93
Morale	5.88	5.29	5.87	5.83	5.83	6.00	6.28	6.19	5.90

6. Equality, Diversity and Inclusion (ED&I)

While progress has been made, further improvement is needed, particularly in tackling harassment and discrimination, ensuring fair career progression, and strengthening support for disabled staff. The ED&I survey results (Tables 6–9) inform annual Trust objectives, including WRES and DRES actions measured between April and June. These findings have shaped the current Equality Delivery System (EDS) submission to the Executive Committee and will guide the ED&I priorities within the MWL People Plan.

Table 6 - Age

Theme	MWL	Age					
		16-20	21-30	31-40	41-50	51-65	66+
We are compassionate and inclusive	7.32	7.56	7.31	7.35	7.29	7.34	7.52
We are recognised and rewarded	5.82	6.89	5.52	5.77	5.76	5.97	6.33
We each have a voice that counts	6.60	6.52	6.44	6.60	6.56	6.69	6.78
We are safe and healthy	6.20	6.58	6.00	6.14	6.11	6.32	7.12
We are always learning	5.46	5.85	5.63	5.65	5.43	5.34	5.25
We work flexibly	5.90	6.27	5.33	6.03	5.97	5.95	6.55
We are a team	6.61	7.01	6.52	6.72	6.55	6.61	6.89
Staff engagement	6.73	6.45	6.41	6.72	6.74	6.83	7.30
Morale	5.88	6.31	5.65	5.80	5.76	6.07	6.86

Table 7 - Disability, Ethnicity, and Gender Reassignment

Theme	MWL	Long Term Condition / Disability		Ethnicity		Gender Reassignment	
		No	Yes	Ethnic Min	White	Not Trans	Trans
We are compassionate and inclusive	7.32	7.46	7.02	7.43	7.31	7.37	7.32
We are recognised and rewarded	5.82	6.02	5.37	6.21	5.77	5.88	5.95
We each have a voice that counts	6.60	6.76	6.23	6.96	6.56	6.64	7.06
We are safe and healthy	6.20	6.43	5.67	6.54	6.15	6.24	6.28
We are always learning	5.46	5.65	5.07	6.49	5.33	5.52	5.89
We work flexibly	5.90	6.10	5.46	6.31	5.85	5.96	5.57
We are a team	6.61	6.77	6.27	6.99	6.56	6.66	7.06
Staff engagement	6.73	6.90	6.35	7.29	6.66	6.78	7.25
Morale	5.88	6.07	5.46	6.37	5.82	5.93	5.99

Table 8 - Religion, Sex, and Sexuality

Theme	MWL	Religious Belief		Sex		Sexuality	
		None	Yes	Female	Male	Hetero	LGBO
We are compassionate and inclusive	7.32	7.21	7.45	7.35	7.45	7.38	7.34
We are recognised and rewarded	5.82	6.60	6.90	5.81	6.11	5.86	5.94
We each have a voice that counts	6.60	6.42	6.76	6.63	6.72	6.64	6.65
We are safe and healthy	6.20	6.04	6.33	6.18	6.46	6.25	6.03
We are always learning	5.46	5.17	5.71	5.46	5.72	5.51	5.56
We work flexibly	5.90	5.69	6.09	5.87	6.23	5.93	5.98
We are a team	6.61	6.43	6.77	6.62	6.80	6.66	6.64
Staff engagement	6.73	6.46	6.94	6.76	6.85	6.78	6.67
Morale	5.88	5.65	6.09	5.91	6.06	5.95	5.71

KEY

	Score >= 3% / 0.3 better than Trust average
	Score >= 3% / 0.3 worse than Trust average
	Scores in between

Table 9 - Violence, Harassment & Equality questions

	MWL 2024	MWL 2025	MWL 24 v 25	National Ave	MWL v Nat	NW Ave	MWL v NW	C&M Ave	MWL v C&M
Physical Violence from Patients	11.93	12.46	0.53	14.47	-2.01	13.40	-0.94	11.94	0.52
Physical Violence from Managers	0.23	0.48	0.25	0.75	-0.27	0.60	-0.12	0.53	-0.05
Physical Violence from Colleagues	1.01	1.47	0.46	1.80	-0.33	1.46	0.01	1.42	0.05
Harassment from Patients	19.99	20.23	0.24	25.25	-5.02	22.71	-2.48	20.53	-0.3
Harassment from Managers	7.95	8.44	0.49	9.11	-0.67	8.68	-0.24	8.35	0.09
Harassment from Colleagues	14.38	15.45	1.07	17.01	-1.56	15.49	-0.04	14.50	0.95
Fairness in Career Progression	58.08	55.73	-2.35	53.74	1.99	53.70	2.03	54.91	0.82
Discrimination from Patients	4.58	4.59	0.01	9.26	-4.67	7.20	-2.61	5.66	-1.07
Discrimination from Staff	6.48	6.57	0.09	8.77	-2.2	7.76	-1.19	6.81	-0.24
Sexual Harassment from Patients	6.76	7.03	0.27	9.07	-2.04	8.46	-1.43	7.38	-0.35
Sexual Harassment from Staff	2.94	2.84	-0.1	3.51	-0.67	3.12	-0.28	2.76	0.08
Respect for individual differences	70.68	69.80	-0.88	69.74	0.06	68.77	1.03	70.12	-0.32
Reasonable Adjustments provided	75.84	74.78	-1.06	74.81	-0.03	74.85	-0.07	75.07	-0.29

7. Staff Survey Actions

The 2025 Staff Survey results have been reviewed and shared across all Divisions to support targeted, evidence-based improvements in staff experience. In line with the national Medium-Term Planning Framework, the Trust is prioritising action in the four areas showing the greatest dissatisfaction *Staff Involvement, Stressors, Inclusion, and Compassionate Leadership*.

To deliver more sustainable change, the Trust is adopting a new Theory of Change (ToC) model, which sets out the long-term impact desired, the outcomes required, and the activities and resources needed to achieve them. This approach recognises that cultural change requires time, consistent leadership, meaningful staff involvement, and measurable progress.

An outline ToC is provided in Appendix 1 and will be further developed with staff. Key actions for 2026 include extensive engagement with staff at all levels to co-define the impact statements, outcomes, outputs, and activities required to create the conditions needed for a consistently positive staff experience.

Milestone Plan

Milestone	Deadline	Owner
Trust-wide engagement events <ul style="list-style-type: none"> Listening activities to take place across all sites and virtually Online response forms will be available for those unable to attend 	Apr 2026	L&OD, EDI, Exec Office, Comms
MWL Behavioural Framework launch <ul style="list-style-type: none"> Manager's toolkit and supporting material available on the Intranet 	Apr 2026	Comms, L&OD, DDs
Leadership engagement programme	Apr 2026	L&OD, CPO
Draft Trust-wide Impact Statement for the Theory of Change <ul style="list-style-type: none"> To set out the longer term expected change described by the outputs of the listening activity 	May 2026	OD Programme Lead, CPO
Launch priority theme interventions	May 2026	HRBP, DDs, EDI
Divisional implementation plans <ul style="list-style-type: none"> To be reported through VOPC quarterly 	May 2026	DDs, HRBP
Executive approval of plans	May 2026	CEO, CPO
Communications cycle <ul style="list-style-type: none"> Develop the narrative of the impact we want to achieve, activity to be part of, and outcomes to observe 	From Apr 2026	CEO, Comms
Pulse surveys (early + routine)	From Jun 2026	BI, L&OD
Integrate feedback into outcome map <ul style="list-style-type: none"> To determine specific short, medium and long term outcomes To identify more detailed follow up activities and resource implications 	Jun 2026	OD Programme Lead

8. Recommendations

The Board is asked to note the content of this paper and support the proposed actions for implementation.

Appendix 1 – Outline Theory of Change for MWL Staff Survey

Note that these are examples of statements that will be tested by the staff listening and engagement events.

Problem Statement		Staff experience is strongly associated with care quality, staff retention, patient satisfaction and organisational effectiveness. The 2025 Staff Survey showed a decline in scores across all areas of the People Promise.			
Inputs	Activities	Outputs	Short-Mid Term Outcomes 1 -year	Mid-Term Outcomes 2-3 years	IMPACT
<p>Resources needed to conduct your activities efficiently.</p> <p>Staff time</p> <p>Resource to produce supporting material</p> <p>Communications</p>	<p>Activities needed to reach your outcomes.</p> <p>Develop MWL Behavioural Framework</p> <p>Listening events to ascertain what a positive staff experience would feel like</p> <p>Deliver MWL leadership and management development programme</p>	<p>Tangible results you produce through your activities.</p> <p>Launch Behaviour framework at STAR conference (Apr 2026)</p> <p>Toolkit, supporting resources</p> <p>MWL has better understanding of staff expectations</p> <p>Wide range of leadership and management development offer for all levels</p>	<p>Outcomes expected of your intervention(s).</p> <p>Behavioural framework widely understood and applied across MWL</p> <p>Framework embedded in policies and processes, eg:</p> <ul style="list-style-type: none"> -Recruitment -Grievance -Absence -Appraisal <p>Leadership programme widely available and engagement increased</p>	<p>Outcomes you want to see in your intervention timeframe.</p> <p>Reduction in grievances</p> <p>Improved behaviour scores in staff survey</p> <p>Clear reduction in staff absence due to anxiety / stress/ depression</p> <p>Values and behaviours embedded in all activities and decisions</p> <p>Staff can articulate how it feels to work in a kinder environment</p>	<p>Impact you hope to observe beyond your intervention timeframe.</p> <p>MWL has a positive staff experience as described by staff</p> <p>Staff feel valued and included in decision making</p> <p>Trust values truly underpin staff experience</p> <p>Line managers are confident in their roles and have support</p> <p>Staff trust their managers and leaders</p>
Causal Pathways			Moderating Factors (Assumptions)		
<p>What are the key steps that must happen for the activity to lead to the impact?</p> <p>What pathways from inputs and activities to outcomes and impact will lead to the change? For example:</p> <p>Behavioural framework will lead to an improvement in behaviours</p> <p>Leadership and management development will lead to improved practice in the workplace</p>			<p>What are the moderating factors that influence when, for whom, and under what conditions the activity will succeed? What contextual factors may strengthen or prevent change? For example:</p> <p>Leadership teams at all levels will engage, model and embed the behavioural framework</p> <p>Divisions will support and engage with listening events</p> <p>Staff will attend and contribute to listening events</p> <p>Staff will be released to engage in development activities</p> <p>Leadership and management learning will be applied in the workplace</p>		

Title of Meeting	Trust Board	Date	25 March 2026
Agenda Item	TB26/024		
Report Title	Trust Objectives 2026-27		
Executive Lead	Rob Cooper, Chief Executive		
Presenting Officer	Nicola Bunce, Director of Corporate Services		
Action Required	X	To Approve	To Note
Purpose			
For the Board to review and approve the 2026/27 Trust Objectives.			
Executive Summary			
<p>The Executive Team have developed proposed Trust objectives for 2026/27, for consideration by the Board.</p> <p>The objectives are aligned to the Trust vision to deliver Five Star Patient Care: with five overarching objectives representing the Five Star Patient Care criteria of care, safety, pathways, communication, and systems, and a further four categories covering: organisational culture and support for the workforce; operational performance; financial performance, efficiency, and productivity; and strategic planning.</p> <p>There are 29 objectives in total (appendix 1).</p> <p>Some of the objectives are adapted or rolled over from the 2025/6 objectives where the mid-year review or lead Director assessed they would not be fully delivered by year end. Others are new objectives.</p> <p>The 2026/27 Trust objectives will be converted into the poster format and launched at the Trust Leadership Start of the Year event on Monday 20 April 2026.</p> <p>Progress on delivery will be reported to the Board at the mid-year point (November 2026) and following the end of the financial year (May 2027). The assurance committees will monitor delivery on a more frequent basis. Wherever appropriate the measures of success for each objective will be incorporated into the Integrated Performance Report or Committee Performance Reports as local targets for 2026/27.</p>			
Financial Implications			
Included in 2026/27 budgets			
Quality and/or Equality Impact			
Not applicable			
Recommendations			
The Board is asked to approve the Trust objectives for 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
X	SO7 Operational Performance
X	SO8 Financial Performance, Efficiency and Productivity
X	SO9 Strategic Plans

Mersey and West Lancashire Teaching Hospitals NHS Trust

2026/27 Trust Objectives

No	Objective	Lead Director	Measurement	Governance Route	Comments
1. 5 STAR PATIENT CARE – Care We will deliver care that is consistently high quality, well organised, meets best practice standards and provides the best possible experience of healthcare for our patients and their families					
1.1	Transitional Care – Keeping Mothers and Babies Together	CNO	<ul style="list-style-type: none"> Implement comprehensive and uniform transitional care service across MWL, in line with CNST MIS action plan 	Quality Committee	New
1.2	Ensure improvement and sustainability of nutritional & hydration standards for patients	CNO	<ul style="list-style-type: none"> Achieve 95% of adult inpatients screened for malnutrition on admission using the MUST tool 90% of the highest risk patients (with a MUST score of 2+ or AKI Stage 2 or above) have a fluid balance chart in place and accurately completed 	Quality Committee	Continued from 2025/26
1.3	Eradicate corridor care and patient boarding	CNO	<ul style="list-style-type: none"> No patients to be cared for in a non-clinical space (using national definition of corridor care) by 31 March 2027 Achieve 95% of appropriate patients triaged in the emergency departments within 15 minutes in line with the national standard Achieve 80% of observations completed within tolerance 	Quality Committee	New
2. 5 STAR PATIENT CARE – Safety We will embed a culture of safety improvement that reduces harm, improves outcomes, and enhances patient experience. We will learn from mistakes and near-misses and use patient feedback to enhance delivery of care					
2.1	All patients with a working diagnosis of sepsis receive antibiotics in line with the NICE guidance	CMO	<ul style="list-style-type: none"> Administration of Antibiotics within 1 hour of diagnosis for high-risk patients Administration of Antibiotics within 3 hours of diagnosis for moderate risk patients 	Quality Committee	New

No	Objective	Lead Director	Measurement	Governance Route	Comments
2.2	Safer Surgery Every Time: embed WHO 5 Steps, NatSSIPs2 (safety checklists) and PSIRF consistently across all surgical sites	CMO	<ul style="list-style-type: none"> 0 Never Events in 2026/27 Audit compliance with WHO 5 Steps and NatSSIPs2 (safety checklists) across theatres and peri-operative pathways Evidence PSIRF learning loops embedded within Surgical Governance 	Quality Committee	New
2.4	Increase Infection Prevention Control awareness and adherence to best practice standards	CNO	<ul style="list-style-type: none"> Eliminate methicillin-resistant Staphylococcus Aureus (MRSA) bacteraemia infections resulting from lapses of care Deliver the improvement plan to reduce avoidable hospital onset MSSA bacteraemia Achieve minimum aseptic non-touch technique (ANTT) practical training compliance of 85% for Level 2 across MWL (practical) 90% compliance with visual infusion phlebitis (VIP) monitoring 	Quality Committee	Continued from 2025/26
3. 5 STAR PATIENT CARE – Pathways As far as is practical and appropriate, we will reduce variations in care pathways to improve outcome, whilst recognising the specific individual needs of every patient					
3.1	Continue to improve the effectiveness of the discharge process for patients and carers	COO	<ul style="list-style-type: none"> Achievement of 25% target for patients discharged before noon by March 2027 10% improved utilisation of the discharge/transfer lounges against the 2025/26 position Reduce average take home prescription arrival time to pharmacy by 60 minutes 	Finance & Performance Committee	Continued from 2025/26
3.2	Improve Cancer pathways to deliver the national cancer performance cancer standards	COO	<ul style="list-style-type: none"> Maintain 80% of patients to receive diagnosis or ruling out of cancer within 28 days of referral 	Finance & Performance Committee	Continued from 2025/26

No	Objective	Lead Director	Measurement	Governance Route	Comments
3.3	Standardise pre-operative and admissions processes Trust-wide to improve readiness and reduce avoidable cancellations.	COO	<ul style="list-style-type: none"> Implement a standardised pre-op pathway across MWL sites, reducing repeat pre-op appointments and reducing late/on-day cancellations for fitness reasons by 10% 	Finance & Performance Committee	New
4. 5 STAR PATIENT CARE – Communication We will respect the privacy, dignity and individuality of every patient. We will be open and inclusive with patients and provide them with more information about their care. We will seek the views of patients, relatives and visitors, and use this feedback to help us improve services					
4.1	Support clinicians to spend more time with patients	Dolnf	<ul style="list-style-type: none"> Piloting Ambient Voice Technology (AVT) within selected clinical specialties to support clinical documentation to commence April 2026 and develop options appraisal and business case to determine adoption at scale by November 2026. Expand the digitisation of clinical documentation within the EPR, reducing reliance on paper-based records 	Executive Committee	New
4.2	Enhance digital communications with patients	Dolnf	<ul style="list-style-type: none"> Expand the use of digital waiting list management solutions Enable patient access to outpatient letters through the NHS App via Phase 1 of the Patient Engagement Portal (PEP) 	Finance & Performance Committee	New
4.3	Improve patient feedback	CNO	<ul style="list-style-type: none"> Using existing sources (FFT, Patient Surveys, Complaints/PALs trends etc.) set a baseline and trajectories for improvement and action plans in Q1 Deliver the year one action plans and produce quarterly progress reports against the improvement trajectories 	Quality Committee	New
5. 5 STAR PATIENT CARE – Systems We will improve Trust arrangements and processes, drawing upon best practice to deliver systems that are efficient, patient-centred, reliable and fit for their purposes					
5.1	Launch collaborative procurement for a single EPR for MWL in conjunction with North Cheshire and Mersey Healthcare Partnership (WHH until transaction approved).	Dolnf	<ul style="list-style-type: none"> OBC approval by July 2026 ITT to be launched July 2026, with preferred bidder to be identified by December 2026 	Trust Board	Continued from 2025/26

No	Objective	Lead Director	Measurement	Governance Route	Comments
			<ul style="list-style-type: none"> Deliver the 2026/27 milestones for the EPR readiness programme 		
5.2	Implement a single maternity information system (BadgerNet) across MWL to support consistent, high-quality maternity care and improved data integration	DoInf	<ul style="list-style-type: none"> BadgerNet Go-live November 2026 	Executive Committee	Continued from 2025/26
5.3	Develop a plan for community digital systems, initially focusing on the consolidation and standardisation of the Trust's community EPR platforms (EMIS)	DoInf	<ul style="list-style-type: none"> First draft completed Q2 2026/27, followed by an options appraisal and business case 	Executive Committee	New
6. DEVELOPING ORGANISATIONAL CULTURE AND SUPPORTING OUR WORKFORCE					
We will use an open management style that encourages staff to speak up, in an environment that values, recognises and nurtures talent through learning and development. We will maintain a committed workforce where our people feel valued and supported to care for our patients.					
6.1	Strengthen core management and leadership skills focusing on our operational and nursing leaders in 2026/27	CPO	<ul style="list-style-type: none"> Deliver the leading operational excellence programme for all band 8a – 8d operational managers Create a leading clinical excellence programme for all nurses in year 1 in line with the leading operational excellence programme for operational managers 	Strategic People Committee	New
6.2	Create a sustainable, preventative approach to workforce health, wellbeing and attendance, by reducing sickness, burnout and work-related stress through stronger prevention, early intervention and supportive working environments	CPO	<ul style="list-style-type: none"> A reduction of the 12-month rolling average of sickness absence rate (%) – total and by division/occupation (ESR) A reduction of the 12-month rolling average of long-term sickness cases (28+ days) per 1,000 FTE (ESR) A reduction of the 12-month rolling average of stress/anxiety/depression absence days as % of all absence days (ESR) A reduction of the 12-month rolling average of MSK absence days as % of all absence days (ESR and staff survey 11b) 	Strategic People Committee	New
6.3	Embed compassionate, inclusive and accountable leadership at every level by ensuring all leaders and managers have the capability and confidence to lead change, manage performance fairly, support	CPO	<ul style="list-style-type: none"> Launch and embed the new MWL behaviours framework Maintain an 85% appraisal completion rate (%) (ESR) 	Strategic People Committee	New

No	Objective	Lead Director	Measurement	Governance Route	Comments
	wellbeing, and consistently role-model the Trust's Values and Behaviours in everyday practice		<ul style="list-style-type: none"> Improvement in mandatory training compliance for managers from all staff groups across Core and Compulsory subjects (%) (ESR) Increase numbers of staff attending leadership programme (ESR / OD) Improvement in relevant NHS Staff Survey sections: <ul style="list-style-type: none"> I am able to make suggestions to improve the work of my team / department (NHS Staff Survey) My immediate manager works together with me to come to an understanding of problems (NHS Staff Survey) Staff survey health and wellbeing themes to measure impact - specifically work stress/burnout/wellbeing 		
6.4	Enable Staff Networks to play an active role in shaping policy, culture and workforce decisions, ensuring the voices and lived experiences of colleagues with protected characteristics drive meaningful improvements in their everyday experience	CPO	<ul style="list-style-type: none"> Improvements in network participation/attendance compared to previous years (Staff Networks) Improvements in the Confidence to speak up compared to peer benchmark (NHS Staff Survey) Improvements in the Belief that organisation will address concerns compared to the peer benchmark (NHS Staff Survey) 	Strategic People Committee	New
6.5	Strengthen career development across MWL by creating transparent, supported routes for progression and expanding clear career pathways. We will ensure all staff have access to high quality learning and development opportunities, enabling them to grow their skills, receive meaningful guidance and development planning, and access the ongoing support they need to achieve their career ambitions.	CPO	<ul style="list-style-type: none"> Improve the score for <i>"There are opportunities for me to develop my career in this organisation"</i> (Staff Survey) Improve the score for <i>"My appraisal helped me to improve how I do my job"</i> (Staff Survey) Improve the score for <i>"My appraisal helped me agree clear objectives"</i> (Staff Survey) Apprenticeship starts/completions (count) and % retained 6/12 months 	Strategic People Committee	New

No	Objective	Lead Director	Measurement	Governance Route	Comments
7. OPERATIONAL PERFORMANCE					
We will meet and sustain national and local performance standards					
7.1	Deliver the NHS operational plan access and waiting time targets for 2026/27	COO	<ul style="list-style-type: none"> Improve A&E waiting times so that no less than 82% of patient are seen within 4 hours by March 2027 100% of Ambulances handed over within 45 minutes by March 2027 RTT 18-week performance: deliver a minimum 7% improvement or 65%, whichever is greater, by March 2027 Reduce 52+ week waits to no more than 1% of the waiting list by March 2027 Meet the diagnostics 6 week wait standard by March 2027 	Finance & Performance Committee	New
7.2	Improve theatre productivity in line with GiRFT recommendations and expand "Right Procedure, Right Place" (RPRP) delivery plans to release premium theatre capacity.	COO	<ul style="list-style-type: none"> Improve capped theatre utilisation by 5% by March 2027 from March 2026 Reduce late starts and early finishes by 10% by March 2027 from March 2026 	Finance & Performance Committee	New
8. FINANCIAL PERFORMANCE, EFFICIENCY AND PRODUCTIVITY					
We will achieve statutory and other financial duties set by regulators within a robust financial governance framework, delivering improved productivity and value for money					
8.1	Deliver the agreed financial plan including outturn, cash balances and capital resourcing limits	CFO	<ul style="list-style-type: none"> Achieve the approved financial plan for 2026/27 Deliver the agreed Cost Improvement Programme Minimum cash balance of 1.5 working days with aged debt below 1.5% of cash income Deliver the approved capital programme, to progress the strategic estates delivery plan, equipment replacement and IT investments 	Finance & Performance Committee	New

No	Objective	Lead Director	Measurement	Governance Route	Comments
8.2	Work with partner organisations across the ICS to develop and deliver opportunities for collaboration at scale and increased efficiency	CFO	<ul style="list-style-type: none"> Deliver services at scale where this supports the strategic direction of the Trust and the wider system Drive forward other opportunities for collaboration with system partners e.g., payroll and East Pathology Hub 	Executive Committee	Continued from 2025/26
8.3	Deliver the agreed capital schemes to deliver the capacity needed to meet service demand and a safe, high-quality environment for patients and staff	CEO	<ul style="list-style-type: none"> Deliver the planned estates capital developments for 2026/27 to optimise capacity/space utilisation and improve patient experience Deliver year three of the backlog maintenance reduction programme at Southport and Ormskirk Hospitals, including options for decant spaces where required Deliver the 2026/27 PFI lifecycle programme for St Helens and Whiston Hospitals to maintain the quality of the built environment Deliver Year 1 Plans for the Shaping Care Together option for the location of an “all age” ED for Southport, Formby and West Lancashire 	Finance & Performance Committee	New
9. STRATEGIC PLANS We will work closely with NHS Improvement, and commissioning, local authority, and provider partners to develop proposals to improve the clinical and financial sustainability of services					
9.1	Establish 5 strategic transformation programmes to deliver improvements for UEC, Surgery, Outpatients, Administrative Services and Community	Dof S	<ul style="list-style-type: none"> Establish the strategic transformation programmes with robust Programme Management Office and Service Improvement support to achieve quality, safety and productivity improvements (based on benchmarking and best practice e.g. GiRFT, Model Hospital), with defined objectives for year 1 and 2. 	Executive Committee	New
9.2	Work with the C&M ICB Urgent Care Recovery Programme to achieve Non Criteria to Reside (NCTR) rates of less than 15%.	Dolnt	<ul style="list-style-type: none"> Reducing patients who are NCTR to < 15% by March 2027 Reducing the patients ready for discharge days to < 8 days by March 2027 	Executive Committee	New
9.3	Continue to deliver the Trust Health Inequalities Strategy	Dolnt	<ul style="list-style-type: none"> Deliver the year 2 strategy implementation plan, agree health inequalities objectives with Commissioners 	Trust Board	New

No	Objective	Lead Director	Measurement	Governance Route	Comments
			<ul style="list-style-type: none"> • Monitor the impact of Health Inequalities on: <ul style="list-style-type: none"> ○ waiting lists ○ outpatient appointment DNAs 		
9.4	Support the development of Neighbourhood Health Models of Care (Integrated Neighbourhood Teams)	DoInt	<ul style="list-style-type: none"> ○ Work with each Neighbourhood to deliver selected areas of focus and monitor the impact on the acute setting <ul style="list-style-type: none"> ○ Sefton = Frailty ○ St Helens = Frailty and Respiratory ○ Halton = CVRM and Frailty ○ Outpatient's pilots 	Executive Committee	New

Title of Meeting	Trust Board	Date	25 March 2026
Agenda Item	TB26/025		
Report Title	MWL Strategy 2026 - 2031		
Executive Lead	Dr Kate Clark, Director of Strategy		
Presenting Officer	Rob Cooper, Chief Executive Officer		
Action Required	X	To Approve	To Note
Purpose			
To approve the principles of the MWL five-year Strategy			
Executive Summary			
<p>This strategy is built on our clear and simple ambition and commitment to provide local people with 5 Star Patient Care and outcomes underpinned by our track record of being an outstanding organisation. This is our approach to deliver improvement and progress based on what our patients, local communities and staff have told us. It also incorporates national policies, the latest advances in clinical practice and science and harnesses new digital technology and skills.</p> <p>The strategy describes our vision to deliver 5-star patient care and what that will mean for our patients and staff. It connects our vision, values and aims to the three key shifts of the national plan 'Fit for the Future: The 10 Year Health Plan for England'.</p> <p>Our MWL 5 Star Patient Care Framework is strengthened to embed our values and enabling strategies within our approach to continuous improvement. This will enable us to deliver our vision, where we will:</p> <ul style="list-style-type: none"> • Provide responsive services closer to the population, offering advice and guidance, virtual appointments and easier access to diagnostic services • Provide community services with seamless care enabling a skilled workforce with resource to meet peoples' needs at home, avoiding unnecessary hospital attendances and admissions • Provide services that support prevention of illness and maintain wellness, to reduce the future burden on healthcare and enable people to live healthier lives • Provide services utilising technology to reduce duplication and streamline data to enable people to receive care across different boundaries • Provide staff with the right training and skills to innovate and improve with our patients at the centre of everything we do <p>The document describes the future state within a transformation map and introduces the reader to performance and measurements for improvement and delivery. It concludes with 'Our 5 Star Pledge' reiterating key messages and that 5 Star Patient Care is our way of working, our culture of care and our pledge to you.</p>			
Financial Implications			
Considered within each programme			
Quality and/or Equality Impact			
Completed for each programme			
Recommendations			

The Board is asked to approve the MWL Strategy 2026-2031

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
	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

MWL Strategy 2026 -2031

Rob Cooper

OUR VISION

5 star patient care

What This Means for You

- **Shorter waits and better access:** Faster access to NHS care and services by reducing waiting times for tests, treatments, and emergency care.
- **New services and treatments:** new services using the latest clinical science and knowledge and deploying new medicines, technology and skills.
- **More care closer to home:** You'll see more services, flexibly available, online, on your high street and in your community.
- **Focus on prevention:** We'll help you stay healthy and manage conditions early, to prevent serious illness, avoid preventable deterioration and maintain independence and wellbeing.
- **Joined-up care:** We'll work with local doctors, mental health services, councils, charities, schools, and businesses to make sure your care is well-coordinated.
- **Better experience and outcomes:** Your care is safer, easier to access, more personal.

We have 6 Strategic Aims to deliver between 2026 and 2031:



These aims align with 'Fit for the Future: The 10 Year Health Plan for England' published in July 2025 which describes 3 key shifts:

Shift from Hospitals to Community

Focus on analogue to digital

Focus on Prevention over Treatment

MWL is well placed as an anchor institute to deliver 5 Star Patient Care through a fully integrated health system that improves population health, reduces inequalities, and delivers seamless care across organisational boundaries, making the most efficient use of resources.

MWL 5-star Patient Care Framework



**We are
KIND**



**We are
OPEN**



**We are
INCLUSIVE**



★ CARE

We will deliver care that is consistently high quality, well organised, meets best practice standards and provides the best possible experience of healthcare for our patients and their families

★ SAFETY

We will embed a culture of safety improvement that reduces harm, improves outcomes, and enhances patient experience.
We will learn from mistakes and near-misses and use patient feedback to enhance delivery of care

★ PATHWAYS

As far as is practical and appropriate, **we will** reduce variations in care pathways to improve outcomes, whilst recognising the specific individual needs of every patient.

★ COMMUNICATION

We will respect the privacy, dignity and individuality of every patient.
We will be open and inclusive with patients and provide them with more information about their care.
We will seek the views of patients, relatives and visitors, and use this feedback to help us improve services

★ SYSTEMS

We will improve Trust arrangements and processes, drawing upon best practice to deliver systems that are efficient, patient-centred, reliable and fit for their purposes

To Deliver Our Vision, we will:



Provide responsive services closer to the population, offering advice and guidance, virtual appointments and easier access to diagnostic services



Provide community services with seamless care enabling a skilled workforce with resource to meet peoples' needs at home, avoiding unnecessary hospital attendances and admissions



Provide services that support prevention of illness and maintain wellness, to reduce the future burden on healthcare and enable people to live healthier lives



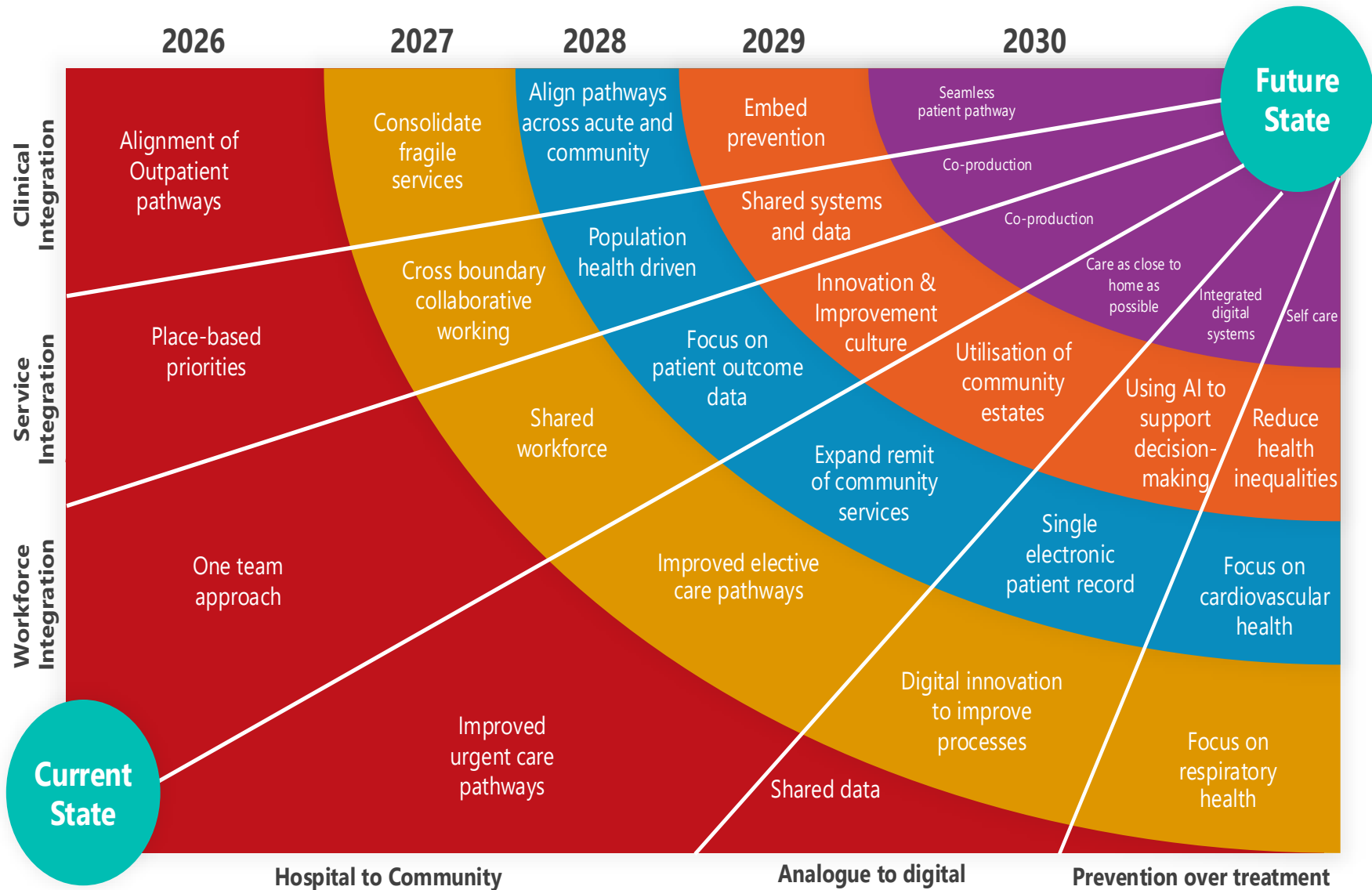
Provide services utilising technology to reduce duplication and streamline data to enable people to receive care across different boundaries



Provide staff with the right training and skills to innovate and improve with our patients at the centre of everything we do

Making the most efficient use of our resources

5 Year Transformation Map 2026-2031



Measuring Progress and Reporting Achievement

Key outcomes will be aligned to the objectives where we will:

- **Provide responsive services closer to the population, offering advice and guidance, virtual appointments and easier access to diagnostic services**
- **Provide community services with seamless care enabling a skilled workforce with resource to meet peoples' needs at home, avoiding unnecessary hospital attendances and admissions**
- **Provide services that support prevention of illness and maintain wellness, to reduce the future burden on healthcare and enable people to live healthier lives**
- **Provide services utilising technology to reduce duplication and streamline data to enable people to receive care across different boundaries**
- **Provide staff with the right training and skills to innovate and improve with our patients at the centre of everything we do**

Our 5 Star Pledge



This strategy comes at a pivotal moment for the NHS. The focus on local, community-based care is now matched by the technology to achieve it. The growing health and care needs of people in later life are better understood and planned for. Prevention and avoidance of illness, frailty risks, pain and harm to mental and physical wellbeing is being targeted rather than just be prepared for the consequences of them.

Our Strategy is designed to harness and drive this moment of progress and improvement in the health of the people and communities we serve. We will use the advantages of technology, the skills of our staff and the values of our organisation to deliver 5 Star Patient Care.

**5 Star Patient Care is our way of working,
our culture of care and our pledge to you.**