

**Appendix A****ENFORCEMENT UNDERTAKINGS****LICENSEE:**

Liverpool Women's NHS Foundation Trust ("the Licensee")  
Liverpool Women's Hospital  
Crown Street  
Liverpool  
L8 7SS

**DECISION**

NHS England, on the basis of the grounds set out below, and having regard to its Enforcement Guidance, has decided to accept from the Licensee the enforcement undertakings specified below pursuant to its powers under section 106 of the Health and Social Care Act 2012 ("the Act").

**GROUNDS****1. License**

1.1 The Licensee is the holder of a licence granted under section 87 of the Act.

**2. Breaches**

2.1 NHS England has reasonable grounds to suspect that the Licensee has provided and is providing health care services for the purposes of the NHS in breach of the following conditions of its licence:

<b>2023 Licence</b>	<b>Summary of condition</b>
NHS2(5)(a), (b), (c), (d), (e), (f) and (g)	<p>The Licensee shall establish and effectively implement systems and/or processes:</p> <p>(a) to ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;</p> <p>(b) for timely and effective scrutiny and oversight by the Board of the Licensee's operations;</p> <p>(c) to ensure compliance with healthcare standards binding on the Licensee including but not restricted to standards specified</p>

	<p>by the Secretary of State, the Care Quality Commission, NHS England and statutory regulators of health care professions;</p> <p>(d) for effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern);</p> <p>(e) to obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;</p> <p>(f) to identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the conditions of its licence;</p> <p>(g) to generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery.</p>
NHS2(7)	<p>The Licensee shall ensure the existence and effective operation of systems to ensure that it has in place personnel on the Board, reporting to the Board and within the rest of the Licensee's organisation who are sufficient in number and appropriately qualified to ensure compliance with the Licence conditions.</p>
CoS3	<p>The Licensee shall at all times adopt and apply appropriate systems and standards of corporate governance and financial management.</p>

### 3. Financial Sustainability and Governance

#### 3.1 In particular:

- 3.1.1 the Licensee reported a £28.4m deficit (excluding deficit support funding (DSF)) for the financial year (FY) 24/25, which was in line with plan.
- 3.1.2 the Licensee had a Cost Improvement Programme (CIP) Plan of £5.9m in FY24/25 with a 77.2% recurrency target. Whilst the Licensee delivered £5.9m CIP in FY24/25, only 40.9% of schemes were delivered recurrently.

3.1.3 the exit underlying position of the Licensee at 31 March 2025 was reported as a £34.3m deficit.

3.2 The PricewaterhouseCoopers FY25/26 Rapid Financial Diagnostic carried out across the Cheshire and Merseyside Integrated Care System in June 2025, highlighted the following issues and financial risks at the Licensee:

3.2.1 the National Maternity Tariff does not meet the full cost of maternity services at the Licensee - which include increased patient complexity and acuity which is driving changes in the case mix (for example, growth in deliveries by caesarean section in recent years) and interventions.

3.2.2 continued reliance on non-recurrent savings, and the risk-adjusted nature of the CIP portfolio.

3.2.3 system stretch risk remains significant, with limited scope for further system-wide support.

3.3 The matters set out above demonstrate a failure of financial governance arrangements and financial management by the Licensee, including, in particular:

3.3.1 a failure by the Licensee to adopt and apply systems and standards of corporate governance and of financial management which reasonably would be regarded as:

(a) suitable for a provider of the Commissioner Requested Services provided by the Licensee, and

(b) providing reasonable safeguards against the risk of the Licensee being unable to carry on as a going concern.

3.3.2 a failure to establish and effectively implement systems and/or processes:

(a) to ensure compliance with the Licensee's duty to operate efficiently, economically, and effectively;

(b) for effective financial decision-making, management, and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); and

(c) to identify and manage material risks to compliance with the conditions of its licence including through development and delivery of forward plans; and

(d) to ensure that it has in place personnel on the Board, reporting to the Board and within the rest of the Licensee's organisation who are sufficient in number and appropriately qualified to ensure compliance with the licence conditions.

4. Performance

4.1 In particular:

- 4.1.1 the Licensee's 18 week wait and 52 week wait elective performance has deteriorated over the past six months. As of May 2025, 18 week waits were reported as 50.9% (against the March 2026 national ambition of 65%) and 52 week waits as 2.7% (against the March 2026 national ambition of 1%).
- 4.1.2 the Licensee's elective performance against the Operational Plan has been off plan for Quarter 1 2025/26.
- 4.1.3 the Licensee has been part of the National Tiering Programme and in Tier 1 for cancer for more than a year.
- 4.1.4 there has been some improvement in performance for the Faster Diagnosis Standard (FDS). However, the Licensee continues to fail the operational target for the FDS and is behind plan.
- 4.1.5 the Licensee reported sustained poor performance for the 62-Day Cancer Standard between January 2025 and June 2025 and is below target and off plan.
- 4.1.6 although Gynaecology is a challenged tumour group nationally, the Licensee's performance remains a concern when compared to peers and the Licensee remains within the bottom five providers nationally in Quarter 1 2025/26.

The matters set out above demonstrate a failure of governance arrangements including, in particular, failure to establish and effectively implement systems or processes:

- (a) to ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;
- (b) for timely and effective scrutiny and oversight by the Board of the Licensee's operations; and
- (c) to ensure compliance with healthcare standards binding on the Licensee.

5. Need for Action

- 5.1 NHS England believes that the action, which the Licensee has undertaken to take pursuant to these undertakings, is action to secure that the breaches in question do not continue or recur.

6. Appropriateness of Undertakings

6.1 In considering the appropriateness of accepting in this case the undertakings set out below, NHS England has taken into account the matters set out in its Enforcement Guidance.

## UNDERTAKINGS

NHS England has agreed to accept, and the Licensee has agreed to give the following undertakings, pursuant to section 106 of the Act.

### 1. Financial planning

- 1.1 The Licensee will deliver the 2025/26 Financial Plan, as agreed with NHS England.
- 1.2 The Licensee will deliver a quarter-on-quarter run rate improvement from Quarter 3 2025/26 and throughout 2025/26.
- 1.3 The Licensee will comply with all documented actions required by NHS England through the oversight meetings, led by NHS England or its representative.

### 2. Funding conditions and spending approvals

- 2.1 Where interim support financing or planned term support financing is provided by the Secretary of State for Health to the Licensee pursuant to section 40 of the National Health Service Act 2006, the Licensee will comply with any terms and conditions which attach to the financing.
- 2.2 The Licensee will comply with any reporting requests made by NHS England in relation to any financing to be provided to the Licensee by the Secretary of State for Health pursuant to section 40 of the NHS Act 2006.
- 2.3 The Licensee will comply with any spending approvals processes that are deemed necessary by NHS England.

### 3. Performance

- 3.1 The Licensee will take all reasonable steps within its control to:

- 3.1.1 improve 18 week wait elective performance, with the ambition of increasing the proportion of patients waiting less than 18 weeks from referral to 60% by 31 March 2026.
- 3.1.2 improve 52 week wait elective performance, with the ambition of reducing the proportion of patients waiting over 52 weeks to 1% and to get back on plan by 31 March 2026.
- 3.1.3 further improve performance for the Faster Diagnosis Standard (FDS) to meet the operational target against the national ambition of 80% and achieve 78.1% for FDS by 31 March 2026.
- 3.1.4 improve 62-day Cancer Standard performance to meet the operational target against the national ambition of 75% and achieve 64.3% for the 62-day Cancer Standard by 31 March 2026.
- 3.1.5 improve the Licensee's national performance ranking for the Gynaecology Tumour Group to at least mid-quartile by end Quarter 4 2025/26.

#### 4. Reporting

- 4.1 The Licensee will provide regular reports to NHS England through the oversight meetings led by NHS England or its representative, on its progress in complying with the undertakings set out above.
- 4.2 The Licensee will attend monthly oversight meetings, or, if NHS England stipulates, conference calls, as required, to discuss its progress in meeting those undertakings. Oversight meetings will be led by NHS England or its representative, with attendees specified by NHS England.
- 4.3 The Licensee will provide NHS England with the assurance relied on by its Board in relation to its progress in delivering these undertakings, upon request.
- 4.4 The Licensee will comply with any additional reporting or information requests made by NHS England.

The undertakings set out above are without prejudice to the requirement on the Licensee to ensure that it is compliant with all the conditions of its licence, including any additional licence condition imposed under the Act and those conditions relating to:

- compliance with the health care standards binding on the Licensee; and
- compliance with all requirements concerning quality of care.

Any failure to comply with the above undertakings will render the Licensee liable to further formal action by NHS England. This could include the imposition of discretionary requirements under section 105 of the Act in respect of the breach in

respect of which the undertakings were given and/or revocation of the licence pursuant to section 89 of the Act.

Where NHS England is satisfied that the Licensee has given inaccurate, misleading or incomplete information in relation to the undertakings:

- (i) NHS England may treat the Licensee as having failed to comply with the undertakings; and
- (ii) if NHS England decides so to treat the Licensee, NHS England must by notice revoke any compliance certificate given to the Licensee in respect of compliance with the relevant undertakings.

**LICENSEE**



Signed (Chief Executive of Licensee)

Dated: 28.01.2026

**NHS ENGLAND**



Signed (North West Regional Director and Chair of the Regional Support Group)

Dated: **30.01.26**