

Nurse Base

Annual Report

AND ACCOUNTS

2014/15



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celebration

Countess of Chester Hospital NHS Foundation Trust
Annual Report and Accounts 2014/15.

Presented to Parliament pursuant to Schedule 7,
paragraph 25 (4) (a) of the National Health Service Act 2006.

Contents

- Overview from the Chairman and Chief Executive 2
- About The Countess of Chester Hospital NHS Foundation Trust 4

Strategic Report 6

- Business Review for 2014/15 8
- Financial Review for 2014/15 18
- Our People 24
- Equality & Diversity 35
- Sustainability 36
- Public Interest Disclosures 40
- Other Information 42

Director's Report 44

- Focusing on Governance 44
- Board of Directors 49
- Audit Committee 53
- Governor's Nominations Committee 54
- Foundation Trust Membership 55

- Remuneration Report 58
- Quality Account for 2014/15
- Annual Governance Statement
- Annual Accounts for 2014/15

Overview from the Chairman and Chief Executive

Welcome to the 2014/15 Annual Report of The Countess of Chester Hospital NHS Foundation Trust.

This year we celebrated our history: 100 years of Ellesmere Port Hospital, 30 years since our Chester city centre site was opened and 10 years working as a foundation trust. To mark these milestones we have held a number of celebrations this year which began with a service of 'Thanksgiving and Celebration' at Chester Cathedral in May 2014.

Now, together with our doctors, nurses, midwives and therapists, we are writing the story of our hospital of the future. We are very clear about the unique challenges faced by both our staff and our patients. Based in a walled city with spectacular views of the nearby rolling Welsh hills, Chester is a place that is historically, geographically and culturally rich. Boundaries and borders pervade the local landscape. Yet we work in an NHS environment where every day we are asking our workforce to push themselves, to innovate and work beyond their organisational boundaries and beyond the hospital walls.

Our staff continue to respond to the challenges of the NHS and our ageing population. This year we have had an extremely difficult winter period with pressures in the Emergency Department and difficulties discharging patients back to the community. Our expanding Ambulatory Care Unit is helping to deal with these pressures and planning is underway for acute and surgical hubs to develop integrated services for patients, along with closer working with our local GP partners and commissioners.

Safety, quality and patient experience continue to be our priorities.

Although it was disappointing to end the year with two 'never' events, after two years without any, reflective learning continues to be our focus. We will target more rigorous standardisation of checks, using tools such as the World Health Organisation (WHO) safety check list. Open and honest reporting about safe staffing levels and patient safety indicators now features prominently on the Trust website.

During 2014/15, the Trust joined the HAELO: 'Making Safety Visible' programme – an initiative based upon the Health Foundation's framework for measuring and monitoring safety (2014). The focus of this programme is to develop the Executive Board's understanding of risk and safety within the Trust. This feeds into the 'Sign up to Safety' Improvement Plan developed by the Trust.

We are seeing more patients than ever. However, we are seeing patients in less traditional, more innovative, ways, working across the health economy with other local health providers. To help achieve this we have invested in a number of new

services to deliver high quality care for our patients.

2014 saw the official opening by HRH Duchess of Cornwall of the Haygarth Building. This incorporates our new intensive care unit, relatives facilities and endoscopy unit. At a cost of £14.5m this unit provides modern state-of-the-art clinical facilities for our most critically ill patients in intensive care, as well as significantly expanding our endoscopy capacity to meet future demands. The Countess of Chester Country Park was also officially opened, providing open recreational space that contributes towards the health and wellbeing of staff, patients and the local population.

2014/15 has seen the first year of the South Mersey Arterial Centre at the Countess, in partnership with Wirral and Warrington Hospitals. From 1st April 2014 inpatient vascular surgery, emergency and elective, has been performed at the Countess, to ensure our patients receive the highest levels of consistent care by bringing clinical expertise together in one place.

At Ellesmere Port Hospital we have also developed new models of care with a Healthy Ageing Centre which

opened in 2014 to deliver essential services to frail and elderly patients in partnership with the community and voluntary sector.

The Trust and its staff won a number of awards this year in recognition of its performance. The Royal College of Midwives annual award ceremony saw the Trust's maternity and midwifery leadership recognised, with an award for 'Management Team of the Year'.

We were, however, disappointed to hear this year that we had not been successful in our bid to retain sexual health services for English patients, following a competitive tendering exercise. We extend our thanks to the dedicated team who provided this service for more than 30 years and wish them well in the future.

This year marks a new era for collaboration with the University of Chester. At the end of the year the Trust's Research & Development Team moved in to Bache Hall which is on the Countess Healthpark site. Bache Hall will become the Centre for Integrated Healthcare Science to bring together research, innovation and learning.

The Countess, as part of the West Cheshire health system, is part of a radically new model of care that will be piloted locally which is set to benefit patients. GPs have come together to form an umbrella organisation called Primary Care Cheshire, and they are one of only 29 vanguard sites selected nationally

to trail blaze the development of a 'Multi-Speciality Community Provider' as set out in Five Year Forward View for NHS England. This suggests that deeper and faster paced changes to care pathways across the local health system will be required, with increasing collective system leadership.

Financial pressures continued to be a factor this year. At the start of the year, the Trust financially forecast that it would finish 2014/2015 with a small £0.5m surplus. Given the pressures in the system, and along with 80% of hospitals nationally we forecast a deficit towards the end of the year and have posted a £2.9 million deficit at year end.

There will be a difficult start to the 2015/16 year, with a large deficit forecast. The challenge of addressing financial pressures collaboratively will be a key focus for leaders from all partners in the local health system in the year ahead. Our involvement with the *West Cheshire Way, Integrated Specialist Services and Countess 20:20* strategic programmes will help us to stabilise the financial position. High Quality Care Costs Less work streams will also be a key focus for us next year.

The Trust has been working with the Department of Health and Lord Carter of Coles on the national Procurement and Efficiency Savings programme which was launched in 2014/15. Initial work reviewing high level efficiency metrics highlights that we would appear to be an efficient

organisation when compared to the 22 Trusts within the cohort included in the programme. Further analysis is being undertaken to identify if there are further opportunities for savings.

The Council of Governors continues to focus on the issues that matter to our patients and we are extremely grateful for their time and the contribution they make. They will continue to work with us in 2015/16 to support us to work across the health economy to improve our care for patients.

Finally our staff are fundamental to our continued success in delivering high quality care and efficient and effective services that can transform to meet the needs of the future. We acknowledge and thank them for their ongoing commitment and support.



Sir Duncan Nichol CBE, Chairman



Tony Chambers, Chief Executive

About The Countess of Chester NHS Foundation Trust

The Trust comprises The Countess of Chester Hospital, a 600 bed hospital, providing the full range of acute and a number of specialist services, and also Ellesmere Port Hospital, a 70-bed rehabilitation and outpatient facility.

The Trust employs over 3,600 people and provides acute emergency and elective services, primary care direct access services and obstetric services to a population of approximately 260,000 residents mainly in Chester and surrounding rural areas, Ellesmere Port and Neston and a further 152,000 in the Deeside area of Flintshire. More than 425,000 patients attend the hospital for treatment every year, ranging from a simple outpatient appointment to major cancer surgery.

We are the main Trust serving Western Cheshire and provide services to approximately 30% of the population covered by Betsi Cadwaladr University Local Health Board in Wales. Welsh patients represent approximately one fifth of the workload of the Trust.

The Trust is arranged into three clinical Divisions: Urgent Care, Planned Care and Diagnostics and Pharmacy Division, plus support services.

Urgent Care Division

The Urgent Care Division consists of:

- Accident and Emergency
- Acute medicine
- Cardiology
- Care of the Elderly
- Respiratory medicine
- Chemical Pathology
- Clinical Haematology

- Diabetes & Endocrinology
- Gastroenterology
- Palliative Care
- Paediatrics and HIV services
- Rheumatology
- Therapies

The paediatric department also provides school health and community paediatrics alongside Neonatal unit, complex care packages and hospital at home. The Northwest Human Milk Bank provides donor milk across the country and is housed at the Food Innovation Centre, Chester University. The Accident & Emergency Department is an accredited Trauma Unit.

The division has 6 speciality medical wards, Acute Stroke unit, Acute Frailty unit, Medical Assessment unit and Ambulatory Care unit. At Ellesmere Port Hospital there are 3 intermediate care wards and a Healthy Ageing Centre providing day case assessment and support services. There is also a day case facility for haem-oncology.

Planned Care Division

The Planned Care Division provides a wide range of surgical services, including:

- Anaesthetics
- Audiology
- Bariatrics
- Breast Service
- Critical Care

- Dermatology
- Dialysis Unit
- Endoscopy
- ENT
- Fertility Services
- General Surgery, incorporating Upper & Lower GI
- Gynaecology
- Nephrology
- Obstetrics
- OMFU
- Ophthalmology
- Optometry
- Orthodontics
- Orthoptics
- Orthotics
- Pain Service
- Patient Access Services
- Plastic Surgery
- Trauma & Orthopaedics
- Urology
- Vascular (Arterial Centre)

Trauma & Orthopaedics incorporates the Osteoporosis and Trauma Nurse Teams. Orthodontics includes a dental lab on site. Our South Mersey Arterial Centre, serves Chester, Wirral and Warrington, alongside a local Vascular Service. Critical Care and Endoscopy services are based in the new Haygarth building, with state of the art facilities.

There are 7 wards within the Planned Care Division, one of which is a new dedicated Women's Unit which houses female Gynaecology, Breast and Plastic Surgery patients.

Hospital

Diagnostic and Pharmacy Division

The Diagnostic and Pharmacy Division's services are provided within three main areas:

- Radiology
- Pathology
- Pharmacy

The Radiology department provides both hospital and community based diagnostic services to inpatients, outpatient and GP direct access patients across a range of modalities including: plain x-ray, CT, MRI, ultrasound, nuclear medicine, interventional radiology and breast services including both symptomatic and breast screening.

The Pathology department provides laboratory medicine services to hospital and GP patients. On site there is a blood sciences laboratory consisting of chemical pathology, haematology, immunology and transfusion services and also a cellular

pathology laboratory for histology and cytology services. Mortuary services are also provided within the hospital. Microbiology laboratory services are provided in collaboration with Wirral University Teaching Hospital NHS Foundation Trust via a joint lab located in Bromborough.

The Pharmacy department supplies inpatient and outpatient medicines and a clinical pharmacist service integral to the delivery of patient care. This includes a manufacturing unit to support clinical services such as haematology and oncology services on site.

We provide facilities to other Trusts for Neurology, Psychiatric Liaison, Community Dental Services and Oncology.

Support Services

The Estates and Facilities Division provides what are traditionally called the 'hard' and 'soft' facilities

management services to the Trust.

The Estates Department is responsible for the day to day maintenance of the Trust estate and infrastructure. This includes routine and backlog maintenance, statutory compliance and energy management as well as equipment maintenance and technical support.

The Facilities Department provides a wide range of services which support and compliment the clinical service across the Trust. These include domestic and cleaning, portering, transport and waste management, catering, including patient and staff meals as well as a number of retail outlets, security and car parking, chaplaincy, accommodation services and the equipment and decontamination library.

The Trust was authorised as a Foundation Trust by Monitor in 2004, and celebrated its 10th anniversary in 2014.



Strategic Report

The end of 2014/15 marks the end of delivery of the first year of our 5 year strategic plan. 2014/15 has been another challenging year but also a year of innovation and service developments, with different service models emerging to fit with our strategic vision and direction.

The Trust's vision can be summarised as:

Integrated Care at its Best

Quite simply we want to deliver the best possible care to our patients, in the most appropriate location.

Our plan is about our patients. It is about delivering the best clinical outcomes, exceeding expectations of our patients in terms of the experience they receive, using all of our resources at our disposal well and supporting our staff to deliver this by being a valued employer.

Strategic direction

Our longer term strategic direction is built on three key programmes of work:

- *West Cheshire Way* - working with our local healthcare and other related partners to drive service re-design and integrate care for the residents of Western Cheshire.
- *Integrated Specialist Services* - providing the right services to meet the needs of our patients, either as part of clinical network or as a specialist centre in our own right.
- *Countess 20:20* - reviewing our core services to ensure they deliver the health outcomes and quality that our patients deserve.

Although our strategic direction highlights Western Cheshire residents, our strategy also includes our local

Welsh residents.

The three programmes are supported by key enablers in the areas of:

- *Technology* - making best use of medical and information technology available.
- *Clinically led* - to make ourselves the most clinically led and engaged organisation in the NHS.
- *Research, Education & Innovation* - to utilise the learning and creativity that exists within our organisation to ensure the delivery of quality outcomes, efficiency and sustainability.

The Western Cheshire health system made a successful application to NHS England to develop a new model of care with local people to help implement our vision for how we want to improve health care locally – a vision called the West Cheshire Way. The bid was fronted by Primary Care Cheshire (made up of all 36 GP practices in West Cheshire) supported by:

- NHS West Cheshire Clinical Commissioning Group (CCG).
- Cheshire and Wirral NHS Partnership Foundation Trust (CWP).
- Cheshire West and Chester Local Authority (CWAC).
- And ourselves

The Western Cheshire system will be working on the multi-speciality

community provider (MCP) option. This builds on existing GP practices and gives them the option to work together and in partnership with other organisations. The model of care includes; 'Starting Well', ensuring the best start in life for babies, children and young people, 'Being Well', focusing on excellent care for those with long term conditions and 'Ageing Well', focusing on excellent care for the frail/complex wherever they are living. In response we will be reorganising our structure to enable a clearer set of clinical relationships between generalists and specialists in three geographical clusters.

Strategic Objectives

Providing the best patient experience

We believe in providing the best clinical outcomes and highest quality care in a safe, friendly environment where a patient's dignity is fully respected. We will continuously improve patient experience and reduce the incidence of harm.

Efficiency & Quality in delivering services

We will deliver streamlined, accessible services to patients, where it is most convenient to them, with the lowest waiting times and seek to continuously improve our operational efficiency, whilst maintaining and improving where possible, our clinical care and outcomes.

Listening to our patients

We listen to our patients, their carers and their family about the care we provide. Recognising the importance of our close partnership with General Practitioners who refer them and care for them holistically, we will be responsive to the needs of both GPs and the bodies that commission our services. By using their feedback and by working in partnership with our commissioners and Healthwatch we will continuously improve the services we provide.

Pushing Boundaries

We will continue to change things for the better, expanding the scope and range of services, from the application of the very best clinical practice, through process transformation and use of the latest technology.

People at their best

Our staff are key. By engaging, empowering and recognising our people we will make sure they can give their best and continuously improve care.

At the heart of delivering this vision are our values.



These are the principles that determine the way we behave and what we believe in.

They help bring us together as a family, giving us a common culture.



Business Review for 2014/15

Quality, safety and patient experience continue to be our priorities and we aim to make continuous service improvements. In 2014/15 we made significant improvements across the Trust in a range of areas, against a backdrop of the challenges facing us and the wider NHS.

In line with our strategy for developing our future model, the Trust has delivered within its intentions from the 2014-16 plans for the first year:

WEST CHESHIRE WAY	INTEGRATED SPECIALIST SERVICES	COUNTESS 20:20	TECHNOLOGY	CLINICALLY LED	RESEARCH, EDUCATION & INNOVATION
<ul style="list-style-type: none"> ■ Extension to working hours of ambulatory care unit and introduction of surgical pathways ■ Introduction of a Palliative Care Nurse based in A&E ■ Children's Hospital at Home ■ Further enhancement of early supported discharge ■ Appointment of two community geriatricians ■ COPD Early Supported Discharge – decreasing length of stay ■ Appointment of two ortho-geriatricians ■ Opening of the Healthy Ageing centre ■ Extension of the frailty service 	<ul style="list-style-type: none"> ■ Interventional Radiology provision across three sites ■ Increased number of critical care beds ■ Establishment of the North West Human Milk Bank ■ Tier 3 Bariatric expansion ■ Opening of the South Mersey Arterial Surgery Centre ■ Introduction of emergency gynaecology assessment unit 	<ul style="list-style-type: none"> ■ Completion of four detailed service reviews – with collaborative outcomes in two instances ■ New additional MRI ■ Increased additional endoscopy capacity ■ Completion of the Haygarth Building ■ Expansion of Adult Critical Care Outreach team to support 7 day working ■ Introduction of Performance Assessment Framework ■ Introduction of 'open' visiting times ■ Additional car parking capacity introduced ■ Decreasing bed numbers 	<ul style="list-style-type: none"> ■ Integrated health and social care record ■ Electronic case note project ■ Twitter reach of 659,100 users ■ VOIP telephone system roll out 	<ul style="list-style-type: none"> ■ Number of front line clinical staff increased ■ Increased staff survey response rates ■ Increased staff survey score ■ Introduction of a clinical workforce & leadership programme ■ Implementation of Trust nursing strategy 	<ul style="list-style-type: none"> ■ Establishment of the Centre for Integrated Healthcare Science ■ 39 clinicians attended PG Cert ■ 6 clinicians gained PG master's degree ■ 158 medical students hosted by the Trust ■ Circa 37% increase in patients recruited to research programmes ■ Introduction of third year medical students to the Trust ■ Quality improvement programme roll-out

Improving the patient experience and the quality of patient care

Our quality, safety and patient experience work continues from last year. This supports the delivery of the Trust's 2014-2017 Quality Improvement Strategy which is reflected in the Trust's operational plan. It has been a busy year with further improvements to support the care we deliver to our patients.

We have made our choices of

improvement based on reviews of our quality and safety performance and service areas of development. We have used social media to support our public engagement.

This year the CQC (Care Quality Commission) has changed its inspection regime and although we have yet to be inspected, we have maintained our Band 6 during this

year which is the highest level of assurance using the current intelligent monitoring system. The Trust will embrace the visit from the CQC that it is anticipating next year and views this as an opportunity to showcase the high quality care we believe we deliver.

At the same time a series of major service developments and

achievements have come to fruition this year, energising our optimism and ambition for the future including:

- The opening of a Healthy Ageing Centre at our Ellesmere Port Hospital site to deliver essential services to frail and elderly patients, in partnership with the community and voluntary sectors.
- Refurbishment and upgrades to maternity services and birthing suites that provide Mums with more choices about where and how they give birth.
- A new 'Women's Ward' to support female surgical and gynaecology patients with the privacy and space they need to recover.
- Our hospital has become the hub for South Mersey Arterial Centre for specialist emergency vascular surgery, based on best practice supported by a network of consultants working collaboratively across three hospitals.
- Achieving record numbers of NHS staff within a single Acute Hospital to receive dementia friends training (over a third of the workforce) and offering it to the local community.
- The establishment of a new partnership with the University of Chester to form a Centre for Integrated Healthcare Science to pioneer new models of medical education, research and innovation.
- Open and honest reporting about safe staffing levels and patient safety indicators now features prominently on the hospital website.
- Introduction of new models of quality improvement training,

including the establishment of Quality Champions.

We have continued to drive our infection prevention and control agenda and in doing so have further reduced our cases of Clostridium Difficile, however we were disappointed with one case of MRSA Bacteremia (the first one within a 700 day period). Learning from this has been cascaded and it demonstrates that we cannot afford to be complacent.

It is two years since the Trust has had a never event, however, disappointingly this year we have had two. It is clear from the reviews that lessons need to be learned and these have been reinforced within teams. We will continue to monitor the action that we have in place supported by the campaign work from 'Sign up to Safety'; this is a campaign that the Trust has joined to support the reduction of patient harm. More detail can be obtained from the **Quality Account**.

Making sure our patients and staff are safe saw a total of 78% of frontline healthcare workers vaccinated in the flu campaign, placing the Trust among the highest performing in the country. National staff survey results show 71% of staff at The Trust agree if a relative or friend needed treatment, they would be happy with the standard of care provided by this organisation, compared with the national average of 65%.

Reporting Quality Governance

The Trust governance structures ensure that the Board has an overarching responsibility through its leadership and oversight, to ensure and be assured that the organisation

operates with openness, transparency and candour particularly in relation to its patients, the wider community and staff. The Board holds itself to account through a wide range of stakeholders and the overall effectiveness and performance of the organisation. The Board has developed a culture across the organisation which supports open dialogue and includes directors and senior managers personally listening to complaints, concerns and suggestions from partners, patients and staff.

The Board of Directors have throughout the year, regularly reviewed the relationship and responsibilities of the Board sub-committees and directors to ensure appropriate challenge and resilience across the organisation. This has been most recently demonstrated by the Board approving the People and Organisational Development Committee as a Board sub-committee with a Non-Executive Director (NED) appointed as Chair. All three sub-committees which comprise of Finance and Integrated Governance Committee, Quality, Safety and Patient Experience Committee and People and Organisational Development Committee now have NED Chairs.

The Board receives the minutes of each of the sub-committees which provides timely and accurate information which facilitates an overarching and durable framework that allows the Board to make sense of the effective use of the information and data to gain further assurance of good practice in governance and provide confidence that the organisation provides patient-centred care. To further support this Board, each of the sub-committees receive regular updates and minutes from the operational groups who are chaired

by the Executive Directors. There is an opportunity at each meeting for the relevant operational group minutes to be questioned and where needed further details requested and clarified.

The Board and its sub-committees demonstrate leadership and the rigour of oversight of the Trust's performance by having formulated an effective strategy for the organisation, ensuring accountability by robustly challenging the control systems in place and where appropriate seeking further intelligence on the current trend analysis with the Trust's performance indicators to further understand the wider community's health needs which are also informed by feedback from the Council of Governors and their links with members of the public, patients and staff.

The Trust is able to ensure itself of the validity of its corporate governance statement by engaging with its external auditors throughout the year to gain assurance that it is fully compliant with the requirements of the Care Quality Commission and Monitor Provider License with appropriate reports to the Board and Council of Governors. The Trust's Audit Committee also reviews the organisation's effectiveness and maintenance of the Trust's system of internal control and risk management.

The Trust is fully compliant with the registration requirements of the Care Quality Commission.

Supporting the delivery of patient care via informatics

The Informatics Department have worked throughout 2014/15 in support of the delivery of patient care with the following notable achievements:

- Achieved Level 2 NHS Information Governance Toolkit compliance.
- Developed the West Cheshire Care Record, in conjunction with our local health and social care partners, allowing us to better support clinicians and improve care for patients by securely sharing information.
- Worked with colleagues across Cheshire to develop the successful bid and subsequent business case to extend the West Cheshire Care Record to the whole of Cheshire.
- Upgraded the electronic case-note system and extended access to Oral Maxillofacial, Pain Management, Plastic Surgery, Colorectal, Vascular and General Surgery specialties.
- Worked with colleagues in Radiology to develop the business case to replace our digital Radiology system.
- Implemented a new resilient telephony system.
- Developed and implemented new patient discharge letter templates enhancing the information provided to GP's.

Changes at Board Level

Sue Hodgkinson was appointed as Director of Human Resources and Organisational Development in November 2014.

Hospital activity and waiting times in 2014/15

The year saw A & E attendances reduce and emergency admissions increase. The age and morbidity of the patients we are seeing has increased significantly, reflecting the predicted population and demographic trends for this locality. This has put pressure on our resources, most notably in beds and the local health system's ability to discharge patients. We continue to work with our health and social care partners to redesign patient pathways and minimise unnecessary hospital attendances and admissions.

The increase in outpatient first attendances is linked to an increase in GP referrals.

Activity

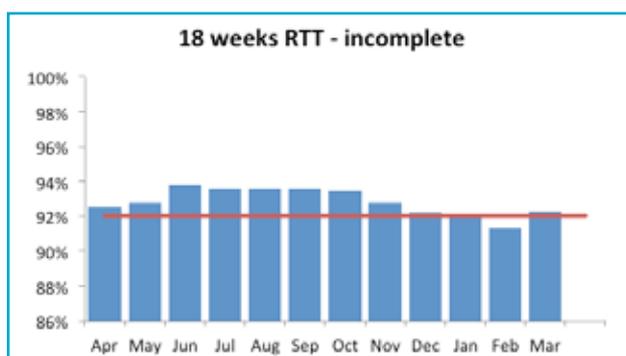
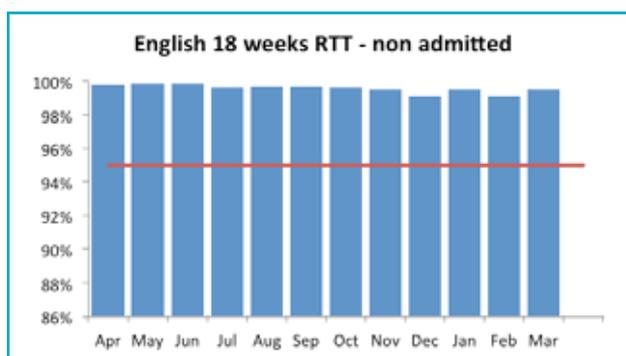
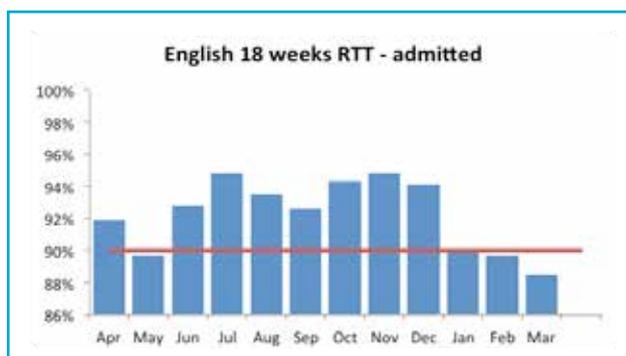
	2013-14	2014/15	% change
Elective inpatients	5,016	5,133	2%
Elective day case patients (Same day)	30,754	33,267	8%
Non-elective	29,269	31,260	7%
Outpatients - first attendance	70,160	82,203	17%
A&E	68,190	65,219	-4%



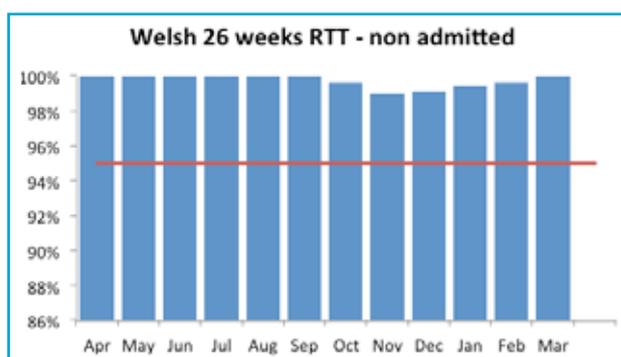
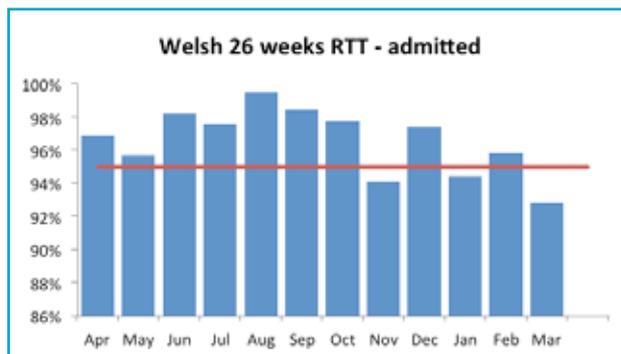
Waiting Times

The Referral to Treatment (RTT) operational standards for England are that 90 per cent of admitted and 95 per cent of non-admitted patients should start consultant-led treatment within 18 weeks of referral. In order to sustain delivery of these standards, 92 per cent of patients who have not yet started treatment (incomplete pathways) should have been waiting no more than 18 weeks. The Trust 2014/15 Quality Accounts external audit identified two issues in relation to the RTT incomplete pathway indicator (see Quality Account for further detail).

The Trust met the 18 week inpatient target for English GP registered patients in nine months of the year for admitted patients. Where this was compromised performance was just below the target. This had been a planned non-achievement of the target to ensure that all our patients that had waited over 18 weeks were treated as priority. We achieved the non-admitted target all year.



The Welsh Assembly waiting time targets are not the same as those in England, and they expect all patients to receive their first treatment no longer than 26 weeks from referral. This target was met in nine months of the year for inpatients. Where this was compromised performance was just below the target. This had been a planned non-achievement of the target to ensure that all our patients that had waited over 26 weeks were treated as priority. We achieved the non-admitted Welsh target all year.



Mortality

Further to the Summary Hospital Mortality Indicator (SHMI) reported in the last Quality Account for the period October 2012 - September 2013, of 1.06, three further quarters have been published by the Health and Social Care Information Centre by the time of completion of this report and the SHMI has been 1.09, 1.12 and most recently for July 2013 - June 2014, 1.08. All have been "within expected".

The percentage of deaths with a palliative care coding was 31.81%.

The most recent available Hospital Standardised Mortality Ratio (HSMR) is for January-December 2014 and is 98.22. The HSMR for weekday admissions was 96.85 and for weekend admissions it was 103.02. The HSMR for January -December 2013 was 101.81 with the weekday and weekend figures being 96.37 and 117.15 respectively. This means that the difference in HSMR between weekday and weekend admissions has reduced from 20.78 to 6.17 comparing calendar years 2013 and 2014.

In the past year the Trust has been required to compile a response to the Care Quality Commission following notification of a mortality outlier alert for 'epilepsy, convulsions'. This required review of eight cases. The conclusions were that we found some very good practice. Good practice was demonstrated in:

- The communication with relatives.
- The appropriateness of the decisions to cease active treatment.
- The low threshold for discussing cases with the Coroner's office.
- The early involvement of other specialties, e.g. neurology and critical care, for advice.

Areas identified for improvement were as follows:

- The timing of senior review was over the recommended 14 hours in four patients.

- The quality of documentation, the recording of signs and symptoms as opposed to diagnoses, needs review.

An action plan was compiled and completed as shown below.

Further to last year's report a further three reports have been made to the Board from the Mortality Review Group. The purpose of the Mortality Review Group is to review every in-hospital death at the Trust, to identify any areas of poor practice and any areas of failure that might have contributed to death, and to learn from these and change practice to avoid repeat. Individual cases where review has indicated areas for consideration have been escalated to the treating team for review and feedback. There have been no major concerns raised nor new trends identified. To date the process has reviewed over 600 in-hospital deaths.

Collaboration with the University of Chester

At the end of the year the Trust's Research & Development Team moved in to Bache Hall which is on the Countess Healthpark site. Bache Hall will become the Centre for Integrated Healthcare Science – a joint collaboration with the University of Chester, and other local health and social care partners, to bring together research, innovation and learning. This is intended to help shape integrated healthcare of the future, test new models, and provide a space for innovation and learning for all those who provide healthcare across our local system. We are also supported by the North West Coast Clinical Research Network and the Academic Health Science Network.

Action plan

Problem	Action	Lead	Completion Date
Timely and documented senior review (<14 hours)	1. Communication to medical staff 2. Review of 7 day working	Medical Director	November 2014
Quality of documentation to be reviewed and improved (signs and symptoms)	1. Escalate to tutors 2. New starter induction	Medical Director	August 2014



Achieving national targets and meeting regulatory standards

Monitor updates its Compliance Framework each year. The purpose of the Framework is to assess the compliance of NHS Foundation Trusts against their terms of authorisation and to ensure they make the best use of their freedoms whilst protecting the interests of patients and the public and ensuring national health targets are delivered.

Monitor's Risk Assessment Framework is designed to assess the risk of Foundation Trusts breaching the terms of their licence. The Continuity of Service Rating is a financial assessment, which is scored from 1 (high risk of failure) to 4 (low risk of failure). The Governance rating uses a traffic light system to indicate the risk of failure for the governance arrangements, including performance against national targets.

The Trust's two-year Plan sets out the operational and financial plans to ensure continued delivery of core objectives and targets and to remain fully compliant with our terms of authorisation. In-year performance is reported internally on a monthly basis and quarterly to Monitor through templates, narrative and formal Board

declarations. Monitor issues in-year risk ratings on the basis of these returns.

From a financial perspective, the Trust maintained a rating in line with, or better, than the rating derived from the annual plan, despite the challenges presented by the worsening financial climate.

The table (below) demonstrates the Trust's performance against Monitor's non-financial compliance targets:

The Trust has had particular areas of challenge in maintaining Monitor Compliance and national target achievement in the following areas:

Cancer 62 day target – The cancer target for patients being treated within 62 days from their GP referral has remained a particular challenge this year. To rectify the performance and ensure an achievement of over 85%, since October 2014 a detailed plan and investment has been agreed within our Cancer Services. This work has shown considerable improvements with a significant reduction in the number of patients waiting over 62 days. These plans aim to ensure that cancer targets are met on a more sustainable basis. The cancer performance continues to be a real focus of the Board and we are fully engaged with our community

colleagues to ensure the emphasis remains on the pathway.

Cancer patients continue to be micromanaged through their pathway by an enhanced group of cancer trackers and a robust escalation mechanism is embedded to ensure that barriers and bottlenecks can be removed.

Emergency Department/A&E access measure - This has been a very challenging year for the hospital and it has struggled to maintain the emergency standards access measure of 4hrs following Quarter 1. The Trust has continued to work in partnership with other health and social care organisations to support the performance of the Emergency Department. The start of the frailty service and increasing numbers of patient pathways being used by the Ambulatory Care Unit and other admission diversion options have ensured a continuous focus to meet this standard.

The Trust has performed again under its target of no more than 30 C.difficile in the year by two cases, ending the year at 29, one under the agreed. Disappointingly, in January 2015 the hospital had its first MRSA bacteraemia case after over 700 days without one.

The Trust's performance against financial and governance risk ratings for the last two years is summarised below –

2014/15	Annual Plan	Q1	Q2	Q3	Q4
Financial Risk Rating	3	4	3	3	3
Governance Risk Rating	Green	Green	Green	Green	Green*
2013/14	Annual Plan	Q1	Q2	Q3	Q4
Financial Risk Rating	3	3	3	4 **	4 **
Governance Risk Rating	Amber / Green	Green	Amber / Green	Green	Green

* At the date of publication, Monitor has not published the final Q4 Governance Rating.

** The Risk Assessment Framework was introduced from Q3 in 2013/14. Prior to that Monitor operated a similar regime, called the Compliance Framework. The two regimes have similar principles, but are not directly comparable.

Monitor Compliance Performance by Quarter - 2014/15

Indicator	Target	Q1	Q2	Q3	Q4
18 weeks - Referral to treatment - Admitted	90%	91.4%	93.6%	94.4%	89.4%
18 Weeks- Referral to treatment - Non Admitted	95%	99.8%	99.7%	99.4%	99.4%
18 Weeks - Referral to treatment - incomplete pathway	92%	93%	93.6%	92.8%	91.8%
A&E Clinical Quality - total time in A&E under 4 hours	95%	95.4%	94.4%	91.1%	89.9%
Cancer - 62 day wait - from urgent GP referral to treatment	85%	72.5%	77.1%	82.3%	82.8%
Cancer - 62 day wait - from NHS cancer screening service referral	90%	97.4	92.2%	93.1%	100%
Cancer - 31 day wait - Surgery	94%	97.7%	91.7%	96%	98%
Cancer - 31 day wait - Drug treatments	98%	100%	100%	100%	100%
Cancer - 31 day wait from diagnosis to first treatment	96%	99.2%	97.5%	99%	99.6%
Cancer - 14 day wait - all cancers	93%	97%	96.8%	96.6%	95.8%
Cancer - 14 day wait - for symptomatic breast patients	93%	93.8%	96.2%	92.2%	98.3%
Infection control - Clostridium Difficile	30	2	1	7	19
Infection control - MRSA	0	0	0	0	1



We are striving to return to sustainable performance during 2015.

No formal interventions were made by Monitor during the year.

Principle risks faced by the Trust

As a medium sized general and acute

trust, the risks facing the Countess are both operational (in-year) and strategic (3-5 years) and as such the risks identified below are framed on this basis. We have consulted widely in relation to the future challenges, and during 2014 significantly refreshed and strengthened the Board Assurance Framework in light of the

Francis Report. We will monitor both the operational and the strategic risks through our robust governance framework.

Below are the risks from our Board Assurance Framework and outline actions:

Strategic Risk:	Risk rating (Quarter 3)	Actions:
Failure to maintain and enhance the quality and safety of the patient experience	8	<ul style="list-style-type: none"> Quality, Safety & Patient Experience Committee chaired by a non-executive director. Governors Quality Forum. Trust joined the HAEL0: Making Safety Visible programme.
Inability to effectively manage demand	12	<ul style="list-style-type: none"> Robust monitoring, performance review and action plans where required. Integrated working with local partners.
Failure to comply with Monitor's Compliance Framework – Governance	16	<ul style="list-style-type: none"> Quality and performance dashboards and integrated ward-to-board reporting. Improved tracking. Early identification of variances.
Failure to maintain in-year Financial Compliance	8	<ul style="list-style-type: none"> Finance & Integrated Governance Committee focus. Quality and Finance Working Group function with greater focus on benefits realisation. Engagement with commissioners.
Failure to ensure compliance with Care Quality Commission Standards	8	<ul style="list-style-type: none"> Quality, Safety & Patient Experience Committee monitoring. Francis Report action plan monitoring. Speak out Safely adopted. Communications enhanced. Open and honest reporting about safe staffing levels and patient safety indicators .
Failure to recruit and retain professional staff	12	<ul style="list-style-type: none"> Development of a Trust Recruitment & Retention Strategy, as part of the revised People Strategy. Overseas recruitment. Close liaison with Deanery.
Failure to develop and deliver a robust medium term integrated service, quality, workforce and financial strategy	12	<ul style="list-style-type: none"> The Board of Directors have throughout the year, regularly reviewed the relationship and responsibilities of the Board sub-committees and directors to ensure appropriate challenge and resilience across the organisation. All three sub-committees which comprise of the Finance and Integrated Governance Committee, Quality, Safety and Patient Experience Committee and People and Organisational Development Committee, now have NED Chairs.
Failure to maintain robust corporate governance and overall assurance	6	<ul style="list-style-type: none"> Reviewed the relationship and responsibilities of the Board sub-committees and directors to ensure appropriate challenge and resilience across the organisation.
Failure to maintain Information Governance Standards	12	<ul style="list-style-type: none"> Refreshed IM&T governance structures and arrangements. Increase in the recognition and reporting of information governance incidents by staff. Increased submission score for Information Governance Toolkit.
Failure to provide appropriate Informatics infrastructure, systems and services that support the business objectives of the Trust	12	<ul style="list-style-type: none"> Develop Informatics three year strategy Electronic Patient Record replacement business case Pilot West Cheshire Care Record

Future Plans

We are committed to working in partnership with NHS West Cheshire Clinical Commissioning Group (CCG), Cheshire and Wirral Partnership NHS Foundation Trust, and Cheshire West and Chester Local Authority to manage and re-design patient services and pathways to ensure all of our patients are seen and treated at the right time and in the right place. We will also continue to work closely with our Welsh partner in Betsi Cadwaladr University Health Board.

Our strategic programme is set in the context of deteriorating financial performance across the acute care sector. This will be the first time that the organisation has planned a deficit position and therefore, the annual operational plan for 2015-16 looks to incorporate a planned period of stability and a period of

transformation to ensure that the Western Cheshire health system is safe.

Achieving the strategic priorities of the Trust requires financial sustainability. Our corporate priorities and therefore our deliverables for 2015/16 are embedded within our capital programme, cost improvement plans (CIP), collaborative working and local health system changes and within our financial assumptions.

Within the strategic work programmes of West Cheshire Way, Integrated Specialist Services and Countess 20:20, supported by our Enablers, we have identified eight corporate priorities for 2015/16 where we need to deliver a significant step change or improvement by the end of the year:

- Transforming care for patients.

- Concentrating on the right services that meet the needs of our patients.
- Driving integrated care in Western Cheshire.
- Services focused on improving health.
- Understanding patient experience.
- Not expanding the hospital site.
- Promoting sustainable partnerships.
- Building the foundations for change to happen.

We have chosen these eight priorities because together they reflect the areas where making improvements will have the most impact on patients, fit with national priorities and together continue to lay the groundwork to achieve our ambitions for the next five years. The priorities

Corporate priorities									
2015/16 Deliverables		Integrated specialist services	West Cheshire Way		Countess20:20			Enablers	
	Transforming care for patients	Concentrating on the right services that meet the needs of our patients	Driving integrated care in Western Cheshire	Services focused on improving health	understanding patient experience	Not expanding the hospital site	Promoting sustainable partnerships	The foundations for change to happen	
	High Quality Care Costs Less	●	●	●	●	●	●	●	●
	Day Case Unit Expansion	●	●			●	●		
	Acute Care Hub	●	●	●		●	●		
	Frailty Unit	●	●	●	●	●	●		
	Bariatric Decision	●	●		●		●	●	
	Orthopaedics Collaboration	●	●			●	●	●	
	The Centre for integrated Healthcare Science	●		●	●			●	●
	Integrated Health Record	●		●	●	●		●	●
	Surgical Hub	●	●			●	●		
	Primary & Secondary Healthcare Model	●	●	●	●	●	●	●	●
	Wayfinding	●				●			●
CT replacement	●	●	●		●	●			

do not reflect everything we do as an organisation, they are additional to our mandated delivery, but underpin everything that is required by us. The chart on the previous page shows how these eight priorities fit with our strategic work programmes and also with our service deliverables for 2015/16.

The Trust choices for improvement are based upon reviews of our quality and safety performance and service areas of development together with a triangulation of commissioning priorities, service user feedback and incident reporting. The Trust utilises social media to support our public engagement in areas our users believe the Trust needs to look at and improve.

Hence, our three key domains of quality are as follows:

- Experience – improving the experience as described by ‘you’, our patient, when using the services for any reason.
- Clinical effectiveness – improving the outcome of any assessment, treatment and care you receive in order to optimise health and wellbeing at all stages of illness.
- Safety – improving and increasing the safety of any care or service provided.

Responding to the NHS Five Year Forward View, the Western Cheshire health system made a successful application to NHS England to develop a new model of care with local people to help implement our vision for how we want to improve health care locally – a vision called the West Cheshire Way. The bid was fronted by Primary Care Cheshire (made up of all 36 GP practices in West Cheshire) supported by:

- NHS West Cheshire Clinical Commissioning Group (CCG).
- Cheshire and Wirral NHS Partnership Foundation Trust (CWP).
- Cheshire West and Chester Local Authority (CWAC).
- And ourselves

The Western Cheshire system will be working on the multi-speciality community provider (MCP) option. This builds on existing GP practices and gives them the option to work together and in partnership with other organisations.

Following the launch in 2014/15 of ‘High Quality Care Costs Less’ the Trust has trained and embedded service quality champions focused upon improving quality, reducing variation and identifying and

removing waste. As we move into the second year of this programme, the Trust is launching four cross-cutting work streams focused upon theatres, outpatients, flow and processes supplementary to our traditional continuous improvement programme approach.

The Trusts four work streams cut across our organisation and our patient pathways, they are the elements that patients and staff interact with daily. They are also aligned with the Ten High Impact Changes which still hold strong today with the ever continuing environmental change. The principles that will be applied to these work streams are; quality & cost, variation, remedial cost of poor quality and efficiency & productivity. The Trust recognises that long term sustainable changes are the key to delivering financial benefits; hence, this programme is focused upon medium to long term solutions, numerous changes are needed to create a step change in cost base that can only be delivered in this way. This programme encapsulates and engages our organisation, engaging with clinicians and staff at all different points in the Trust. This is our transformational programme.



Financial Review for 2014/15

The Trust reported a deficit position of £2,944k (before reversal of impairments) at the end of the 2014/15 financial year. Delivery of Monitor's compliance regime and associated financial metrics are summarised below.

Continuity of Service Risk Rating	2013/14		2014/15	
Liquidity Ratio	(4)	18.4	(4)	19.5
Capital Servicing Capacity	(4)	2.64	(1)	0.80
Overall Weighted Average	(4)		(3)	

Income and Expenditure

The following summary table shows a deficit position of £2,944k before a net reversal of impairments of £2,344k.

The Trust's income increased in 2014/15 to £213m which was mainly attributable to increased demand along with transitional funding support from Western Cheshire Clinical Commissioning Group (CCG) and the new South Mersey Arterial Centre. The majority of our income comes from our main commissioner Western Cheshire CCG at £137m, with £24m received from Betsi Cadwaladr University Health Board (BCUHB) and £13m from NHS England.

Although income increased from 2013/14, the Trust did not deliver the planned level of income anticipated. This was partially due to increased

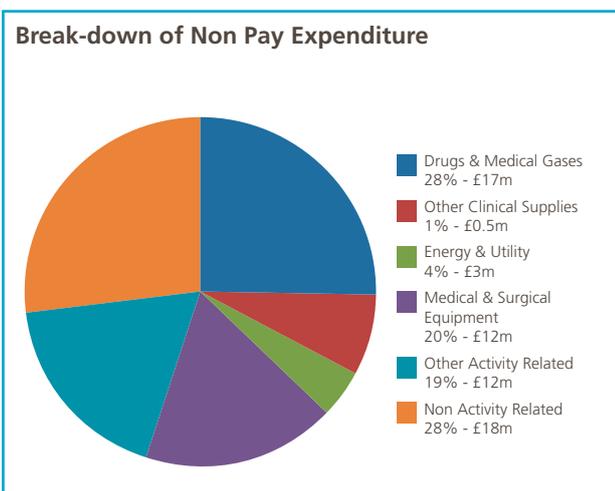
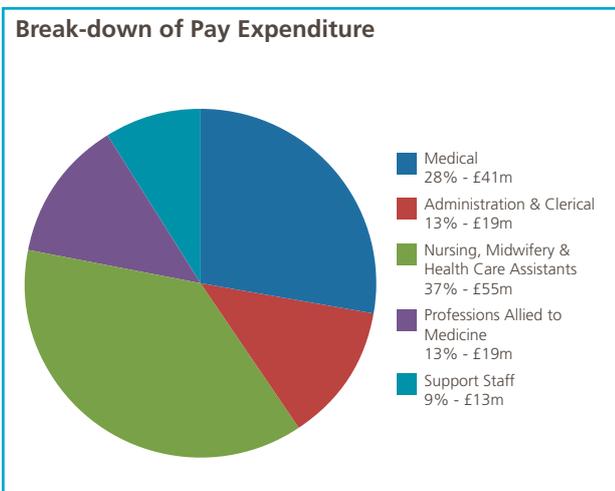
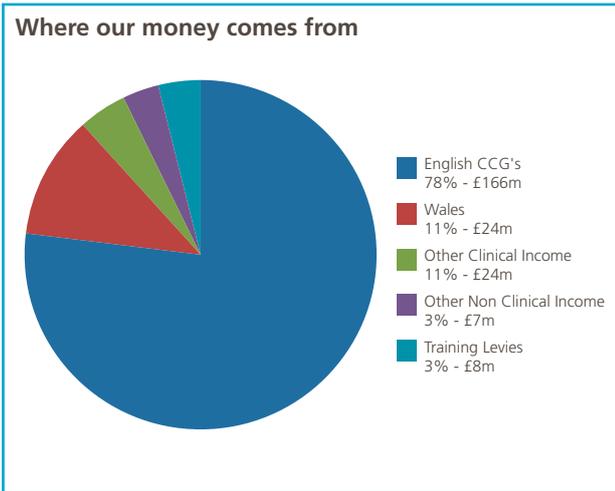
emergency admissions and an increase in medically optimised patients creating bed capacity constraints which were exacerbated by the lack of available care home beds both in Cheshire and Deeside. This led to the Trust cancelling an unprecedented number of elective procedures and losing the associated income. The birth rate during this year has been the lowest since 1975 resulting in fewer births than expected. This is also a significant factor in explaining why the Trust did not deliver the anticipated level of income. The opening of the new South Mersey Arterial Centre did not deliver the planned level of activity and complexity during the initial phase of opening, resulting in lower income than anticipated.

The Trust experienced a number of expenditure pressures on its budget

in year with medical pay continuing to exceed planned levels for the third year running. This was due to high levels of sickness and maternity leave, along with the continuing pressure of rota gaps for those junior medical staff in training due to lack of trainees allocated to the Trust. The consequent spend on medical agency has been the highest experienced in the last four years with both usage and price higher than previous years. There were also other pay pressures in relation to nursing expenditure not only to meet the increased activity demand over the winter period, but also to manage the more complex frail, elderly patients that are being admitted to the hospital whilst ensuring safe staffing levels. Agency expenditure on nursing has also increased from previous years. Consumable costs were generally in line with the increased demand.

	2010/11 £m	2011/12 £m	2012/13 £m	2013/14 £m	2014/15 £m
Income (before reversal of impairment)	179.0	185.5	193.2	200.7	213.2
Expenses (before impairment & re-organisation costs)	(168.7)	(176.6)	(185.3)	(193.6)	(209.7)
EBITDA	10.3	8.9	7.9	7.0	3.5
Interest, depreciation & dividend	(7.5)	(7.1)	(7.1)	(6.3)	(6.5)
Surplus prior to exceptional items	2.8	1.8	0.8	0.8	(2.9)
Impairments & re-organisation costs	(4.3)	(2.4)	(6.8)	(9.9)	2.3
Deficit for the year	(1.5)	(0.6)	(6.0)	(9.1)	(0.6)

The majority of Trust expenditure is spent on clinical care with staff representing the largest proportion at £147m. The charts below summarise income and expenditure by category:

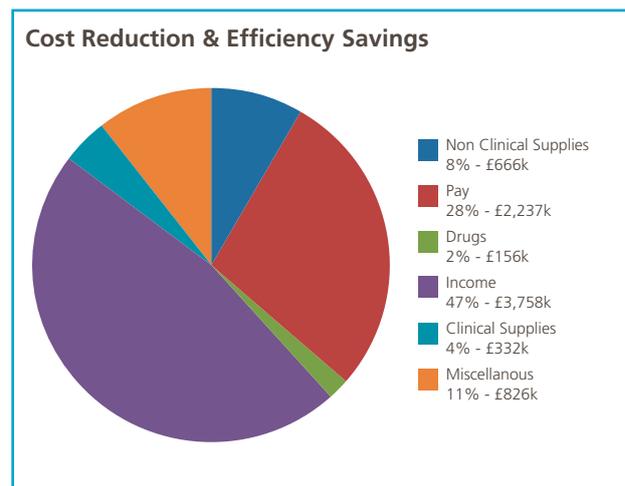


Cost Reduction and Efficiency

The efficiency target for 2014/15 was £8.9m with £8m delivered in year. This included £1m transitional relief from our commissioner Western Cheshire CCG, £800k slippage on the anticipated start date of investments and a non-recurrent reserve of £500k, all of which have been offset against the efficiency programme in 2014/15. However, only £5.4m savings were achieved on a recurrent basis, resulting in £3.5m being carried forward to 2015/16.

The main schemes delivered in 2014/15 included:

Planned Care Out Patient Efficiencies	£305k
Planned Care Day Case Efficiencies	£598k
Planned Care Repatriation of Welsh work	£404k
Urgent Care Out Patient Efficiencies	£687k
Urgent Care Sapphire Ward Closure & reconfiguration of hospital bed base	£398k
Urgent Care Winter Planning schemes	£600k
Diagnostics & Pharmacy – staff skill mixes	£208k
Diagnostics & Pharmacy – drug contract savings	£112k
Slippage on investments and transitional support	£2,266k



The Trust will be required to continue to deliver significant savings per annum for the foreseeable future, and this can no longer be achieved in isolation due to an ageing population with increased demands yet less funding available. We will need the continued support of our commissioners, along with partnership working to continue to reconfigure and transform services within the local health system, so that we can care for our patients in the most appropriate setting.

Capital Investment

Being a Foundation Trust allows us to manage our finances so that we can invest in the infrastructure and estate of the hospital.

£5.5m was spent during 2014/15 in the following areas:

- Medical Equipment (£2.2m) including additional endoscopes, ultrasound scanners and theatre equipment for the South Mersey Arterial Centre.
- Information Technology (£1.2m) which is predominantly implementing the new electronic records management system, and investing in the IT infrastructure of the hospital.
- Environment and Refurbishment (£1.4m) relating to the completion of the Haygarth Building, and a number of environmental ward alterations.

Accounting Policies

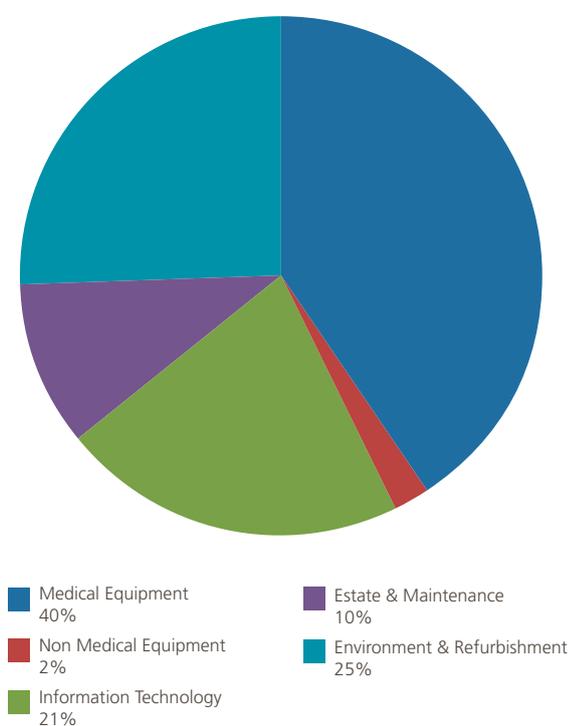
The Trust prepares the financial statements under direction from Monitor in accordance with NHS Foundation Trust Annual Reporting Manual 2014/15 which is agreed with HM Treasury. The accounting policies follow International Financial Reporting Standards (IFRS) to the extent that they are meaningful and appropriate to NHS Foundation Trusts.

Going Concern

As noted elsewhere in this report, the Trust has incurred a deficit before the reversal of impairments of £2.9m this year. Looking forward, the Board is acutely aware of the economic challenges and reductions to commissioners purchasing allocations over the coming years and as a result, the forecast for the coming twelve months is for a worsening financial position.

There are undoubtedly significant challenges ahead, but the current

Capital Expenditure 2014/15



strong liquidity means that, after making enquiries the Directors have a reasonable expectation that The Countess of Chester Hospital NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

The Trust has disclosed all facts relevant to the Companies Act in preparing the annual accounts and the annual report for 2014/15.

Other than its commissioners, the Trust has no other related parties that are material to its business.

Other than its contract and other NHS income, the Trust receives no other income that is material to its accounts.

The Directors Report includes all details concerning pensions, retirement policies, and senior directors' remuneration.



Our People

The Countess of Chester Hospital NHS Foundation Trust employs more than 3,600 people, which equates to over 3,300 whole time equivalents.

At the heart of delivering this vision, continues to be our values. These are the principles that determine the way we behave and what we believe in. They help bring us together as a family, giving us a common culture which focuses on empowerment, engagement and supporting each other as "Team Countess". It is about delivering the best clinical outcomes, exceeding the expectations of our patients in terms of the experience they receive, using all of our resources at our disposal well and supporting our staff to deliver this by being a valued employer and moving from providing a 'good' patient and staff experience to a 'great' experience.

Our ability to deliver high quality, safe services to patients rests with our staff and engaging, empowering and recognising our people will make sure they can give their best and continuously enable improvement in the delivery of our services. We need to have competent, capable and engaged teams and our revised People Strategy, to be launched in 2015/16, aims to recruit, retain, and develop the workforce we need for both now and in the future. Four themes underpin the strategy which we have been working towards during 2014/15, as part of a balanced scorecard. These focus on:

- Workforce Strategy and Planning
- Leadership & Development
- Performance and Recognition
- The Culture of the Countess, Staff Experience, Wellbeing & Engagement

Workforce Strategy and Planning

We aim to have highly skilled, engaged and empowered, flexible and affordable people working within the Trust who can deliver patient-centred services when and where they are required, both now and in the future. We have carried out a major organisation re-design around patient pathways, supported the workforce needs to deliver our new intensive care unit; the South Mersey Arterial Centre and the investments in safe staffing to support our Nursing & Midwifery Strategy. We have undertaken a number of skill-mix and service reviews across the Trust and we have joined up our workforce and pay bill planning and produce detailed monthly reports to the Board, as part of the Integrated Performance Report.

We continue to undertake detailed analysis of our workforce demographics to enable us to plan better. Consideration of the workforce demographics and challenges has been a key part of our planning for our operational plans. We have completed a thorough analysis of the workforce identifying potential hotspot areas where there is a shortage of skilled clinicians in some areas and where there are age clusters, such as midwives, that could potentially cause shortages in the near future.

We successfully extended our international recruitment into Europe and we recruited a number of clinicians and nurses from Spain. This campaign has proven successful and

we will be considering whether this is a strategy we want to pursue further in the future, given the ongoing national shortages in some key professions.

We are working closely and meet regularly with, our health system partners to understand the workforce planning requirements for an integrated health system and to identify opportunities for collaboration.

In the coming year, we will focus on developing our recruitment & retention strategy, as part of the overall People Strategy, to refresh and update our offering as a major employer in the local region. This will include focus on the opportunities and challenges presented by providing NHS services seven days a week and delivering services across a health system, whilst working alongside our partners.

Furthermore, we provide safe staffing data within our "How are we doing?" page on our internet site, so that we are open and transparent with our patients in relation to our staffing levels. We have further extended e-job planning for doctors, and we continue to try to make best use of the skills of our clinical staff.

Leadership & Development

An integral part of the refreshed People Strategy, which underpins our transformation programme, is our approach to leadership, education and the development of our staff. We aim to have capable and confident leaders

at all levels, who reinforce values, and who act in line with our leadership behaviours and cultural aspirations. This applies from Board level through to our first line managers.

Our refreshed Leadership Development programme, entitled 'Countess 20:20', continued to be cascaded further through the organisation, and in 2014/15, the programme was accredited by the Institute of Leadership and Management (ILM) in order for our staff to gain a qualification should they wish. We have added two further leadership programmes, 'Releasing Potential' and the 'Clinical Leadership Development Programme' working in collaboration with two neighbouring Trusts. We have also increased our involvement & participation in a wide range of national NHS Leadership Academy & North West Leadership Academy programmes.

To support, sustain and refresh our leadership cadre with new and challenging thinking, we have continued with our exciting programme of master classes led by external speakers, which will continue again into the coming year. We have focused on developing self-awareness amongst our leaders, and provide them with the same tools and techniques which are used on the main in-house leadership programme to enable them to facilitate change, make difficult decisions and to empower their own staff. A major part of this has been to increase the use of the Healthcare Leadership Model 360 feedback tool supported by an increased number of feedback facilitators.

Furthermore, as a Board we have undertaken both Executive Development Workshops and Board Development Workshops, including

attendance at the Advancing Quality Alliance (AQUA) and Haelo: 'Making Safety Visible' events and workshops. We have placed increased focus on the delivery and performance of the appraisal process with revised, challenging targets being adopted. Recognised as a key staffing indicator in the Francis and other national reports, we have recently achieved our highest-ever performance of this indicator and a multi-disciplinary team have been focusing on refreshing the process at the same time as ensuring quality and alignment to the nursing revalidation requirements to further support our workforce.

In line with NHSLA requirements, we have mandated compliance levels of Induction and Mandatory Training to be 95% and our focus has been to maintain and continuously improve our compliance across the Trust, which continues to be challenging in light of the excessive demand the Trust has experienced this year. We have developed access to further e-learning offerings and offer paper based options to staff who have less easy access to computers, therefore offering more flexible means of learning.

During 2014/15, a great deal of emphasis has been placed on expanding and enhancing clinical education opportunities, which has included more opportunities for secondment to nurse training, pre-degree nurse programmes and more access to Assistant and Advanced Practitioner programmes. Our clinical skills team working in conjunction with our Medical Education team have increased opportunities for simulation training and we were delighted to be able to host our first cohort of third year medical students from the University of Liverpool. We have seen a significant increase in the requests

and development of bespoke learning and development programmes, tailored to meet the needs of discreet teams and departments. The value this has added to our front line teams and the patients they support has been significant and extremely well received. Lastly, our apprenticeship scheme continues to grow with this year seeing us employ for the first time, apprentices into existing job roles. We plan to develop this even further within the Trust in 2015/16, in addition to exploring the opportunities that our partnership with the University of Chester and the development of the Centre for Integrated Healthcare Science will bring.

Performance and Recognition

We aim to have people who provide a high quality and consistent service which is valued by our patients, their relatives, and others who come in to contact with us. Our people can make this happen, supported by the right culture and mechanisms for supporting performance and recognising success.

We continued to be recognised as a high performing safe organisation, and both our clinical and corporate services continue to have a strong performance record, with staff and teams being nominated, shortlisted and in some instances winning a number of national awards during 2014/15. This includes our Midwifery management team winning the Royal College of Midwives Midwifery Management Team of the Year, our Equality & Diversity Manager winning Inclusivity Leader of the Year Awards at both regional and national level, and being Highly Commended by the HSJ as Board of the Year.



We continued to embed formal and informal recognition activities across the Trust. These include our Long Service Awards and our corporate recognition scheme, the 'Outstanding Achievements Award' (OAA) which recognises outstanding staff achievement on a regular basis. This year, we have been focusing on a refresh of recognition programmes. Our Celebration of Achievements Award Ceremony in July 2014 was a great success, with our next event planned for Autumn 2015. Nominations are on a rolling programme throughout the year. All winners of an OAA go forward as finalists in the annual 'Employee / Team of the Year' award at the Celebration of Achievement Awards (CoA). All nominees attend the CoA to celebrate their nomination and receive a signed 'Thank You' card from the Chief Executive. The categories include, Outstanding Individual/Team Achievement of the Year, Volunteer of the Year, Governor of the Year, Patient Choice Award for Exceptional Care, Lifetime Achievement Award and Inspirational Leadership.

Transactional Services

Our HR and Wellbeing Business Service, the transactional service which is a joint collaboration between ourselves and the Wirral University Teaching Hospital NHS Foundation Trust, continues to perform strongly. Hosted by the Countess of Chester, the service is approaching its fourth year of operation and has enabled significant cost savings for both organisations. Providing a transactional service to the Countess and a number of other clients, the Service focuses on the delivery of recruitment & flexible staffing solutions, payroll & pensions services, Occupational Health support and service development; which includes the delivery of projects to clients outside of the geographical area. The

Service has launched a successful website for all clients, managers and staff for support around processes and frequently asked questions.

This year, the service has managed and implemented across its client base a number of significant national initiatives. This includes the introduction of Real Time Information (RTI), which is a requirement of Her Majesty's Revenue & Customs (HMRC); the introduction of Total Reward Statements by the NHS Pension Agency, which advise all staff of their pensionable status, service and earnings; and a number of changes to the NHS Pension Scheme. Furthermore, the service successfully renegotiated an extension until March 2018 to one of its external Service Level Agreements.

Medical Education: The Countess Way

Medical Education is a key element of our Trust's core business. 2014 - 2015 has seen a change in leadership within the Medical Education Faculty with the appointment of Dr Ian Benton, consultant respiratory physician, to the role of Director of Medical Education, building on the strong position left by Mrs Linda de Cossart.

The department of Undergraduate medicine continues to grow, with the welcoming of new Liverpool University 3rd year medical students in addition to 4th and 5th year students. To support this development we have increased availability of essential facilities and services, including improved computer access, and access to clinical skills and simulation opportunities for our medical students. Dedicated placement tutors to support their learning and professional development have also seen investment.

We consistently provide access to high quality postgraduate medical

education for all our doctors. We have an increasing group of doctors and health professional with higher degrees in Medical Education, with a commitment to ongoing investment to maintain this essential and rewarding aspect of our clinical practice. Education underpins safe patient care and this is being increasingly recognised by the GMC who are beginning to mandate minimum standards in this area for all doctors.

The caring culture within the Trust is also extended to our doctors in training, via the Medical Education Faculty dedicated Professional Support Group. This comprises a group of clinicians and management staff who oversee and support numerous doctors through periods of difficulty, ensuring that their wellbeing as well as their career are attended to.

We face many challenges in the delivery of healthcare, but it is the continual enthusiasm, dedication and passion of our doctors for education for all that maintains our position in the region as a popular placement choice for doctors.

The Culture of the Countess, Staff Experience, Wellbeing & Engagement

The Trust is fully committed to, and places a high priority on, developing the culture of the Trust, the experience and wellbeing of our staff and creating effective staff engagement, understanding the potential impact it can have on morale, productivity, organisational performance and patient experience. The emphasis on staff engagement has only been heightened by the publication of the various government reports, such as Francis, Berwick, Cavendish and Keogh which all contain consistent themes. We know that staff engagement is only part of

this, the foundation that underpins this is all about culture, 'the way we do things around here' aiming for the best possible care for patients and service users and delivering the best possible service in all clinical and non-clinical areas .

Our aim is to be the most clinically led and engaged in the NHS by focusing on the culture of the organisation and having motivated staff where their positive staff experience will support a positive patient experience. We are committed to openness, transparency and candour enabling all staff to feel able to raise concerns about patient care safely and without fear of victimisation. We have signed up to the Nursing Times "Speak Out Safely" campaign & revised our Whistleblowing & Raising Concerns policy to be a joint policy, supporting the campaign, with a Non-Executive Director, Executive Directors and the Chair of Staff Side acting as part of the responsible officers reviewing any concerns that are raised.

Developing our opportunities to work in partnership with our Union colleagues has been a key focus this year. We currently meet on a monthly basis with our Staff Partnership forum and have undertaken joint walkarounds and workshops to develop the partnership working agenda. With our Medical colleagues, the Chief Executive and other members of the Executive team meet quarterly with the Local Negotiating Committee (LNC) and where appropriate, with the Medical Staff Committee.

We understand that staff engagement is not about a single initiative; it's about improving on what we do, linking the patient and staff experiences to affirm what we do, celebrating what we do well and communicating what we are achieving to everyone both internally and externally. This Trust is proud to have a good reputation and

track record for staff engagement and experience, but we are not complacent. In 2014/15, the demands and pressures placed on our staff have been unprecedented due to high demands within the health system and we have to ensure our staff continue to be engaged, experience a good supportive working environment and are resilient to the demands put upon them.

Recognising all of the above, in 2014/15 the Trust Board has committed to a programme designed to move our culture forward with a range of development and front line opportunities to further improve our staff experience and engagement. This will be a trust priority for 2015/16.

Current areas of Staff Engagement

- **Clinical engagement** - High Quality Care Costs Less, The West Cheshire Way, Clinical Leaders Development programme.
- **All staff engagement** - Monthly Staff Open Forums, 1st of the Month Executive Walkabouts, Countess 20:20 Leadership Development Programme, Releasing Potential development programme, 'Who cares' Customer Service, bespoke front line team building programmes.
- **Sign up for Safety Campaign** - as a Trust, we have now 'signed up' and submitted our declaration which sets out the actions we will undertake to meet the five Sign up to Safety pledges; Put safety first, Continually learn, Honesty, Collaborate and Support. We are analysing our patient safety data via our 'Making Safety Visible' work with an organisation called Haelo and so our self-assessment of patient safety within the Trust is well underway.

- **Speak Out Safely (SOS) Campaign** - as a Trust, we signed up to the Nursing Times "Speak Out Safely" (SOS) Campaign to support all of our members of staff, especially the largest cohort of our workforce being Nurses, to raise concerns around Patient Care.
- **The Involvement and Participation Organisation (IPA)**, working with the Healthcare People Management Association (HPMA) and NHS Employers, to undertake research in relation to staff engagement. During 2014/15 we participated in a case study in 'engaging for success'.
- **What does transformational engagement look like and how do you get it?** - we also took part in some research by David MacLeod and Nita Clarke, who worked with a consortium of eighteen organisations to take an in-depth look at the differences between transactional and transformational engagement; culminating in a major report which will be a significant contribution to taking thinking on employee engagement further.
- **Staff Friends and Family Test** - this simple feedback tool introduced by NHS England in April 2014 and asks respondents to what extent they would recommend a particular service or organisation to their friends and family. Its primary purpose has been to encourage improvements in service delivery and the results are used alongside the patient Friends and Family test results, and other local intelligence, to drive improvement.
- **Health and Well Being Board** - the terms of reference for this group is to monitor progress of the Health & Wellbeing Strategy, to set objectives in line

with the Strategy, to agree and implement future actions and Health and wellbeing initiatives. Communicate Health & Wellbeing activities using multi-media and review organisational and staff Health and Wellbeing against agreed measures and key indicators.

- **Enhancement** of internal communications
- **Triangulation** of the patient experience and staff experience
- **Master Class** programme for 2014/15, where we have welcomed four speakers including Dean Royles, former Chief Executive of NHS Employers, Dr Mark Britnell (KPMG), Lord Stuart Rose and Dr Umesh Prahbu, Medical Director, Wigan, Wrightington & Leigh NHS Foundation Trust.
- **Anniversary Celebrations** - 10 years as a Foundation Trust, 30 years of The Countess of Chester Hospital NHS Foundation Trust and 100 years of Ellesmere Port Hospital.
- **NHS Change Day March 2015** - The Trust supported this campaign, with high profile and widespread participation, with over 130 Pledges, including two Organisational pledges on behalf of all staff.
- **Monitor Annual planning** - are Trust staff able to explain the ambitions and initiatives of the Trust and do they know what they must to do deliver these.
- **Visual imagery** around the organisation to celebrate achievements
- **Celebration of achievement awards** and annual ceremony.

Health & Wellbeing of our Staff

Strong evidence shows that NHS organisations that support the health

and well-being of their staff achieve a range of positive outcomes. The level of health and well-being of the workforce is a key indicator of organisational performance and patient outcomes. The evidence makes it clear that cultures of engagement, mutuality, caring, compassion and respect for all – staff, patients and the public – provide the ideal environment within which to care for the health of the local population. When we care for our staff, they provide outstanding professional care for our patients.

Our vision is for staff health and wellbeing needs to be met as part of an organisation strategy and system-wide approach to improving health in the workplace. This in turn provides staff with satisfaction in their day-to-day employment by ensuring that they feel valued and supported which will create the best environment for high quality patient care. Therefore, as part of our People Strategy, our Health & Wellbeing Strategy - "Supporting Team Countess - Going from Good to Great" has been developed to focus on the five High Impact Changes for Health and Well-being, as identified in the Boorman Review (2009). The Strategy was launched at an extremely well attended Health and Wellbeing day for staff, covering a wide variety of health and wellbeing topics run by internal staff and external personnel. A multi-disciplinary Health & Wellbeing Steering group has been established, including representatives from our Staff Partnership forum, meeting on a monthly basis to implement the strategy and supporting action plan. Our key focus has been: Signing up to the Public Health & Work Network Responsibility Deal Pledges and looking forward, the focus will be training in resilience techniques and managing stress workshops, as well as facilitating a group of staff to participate in the 'Perform @ Your Peak' initiative, participating in the NHS North West

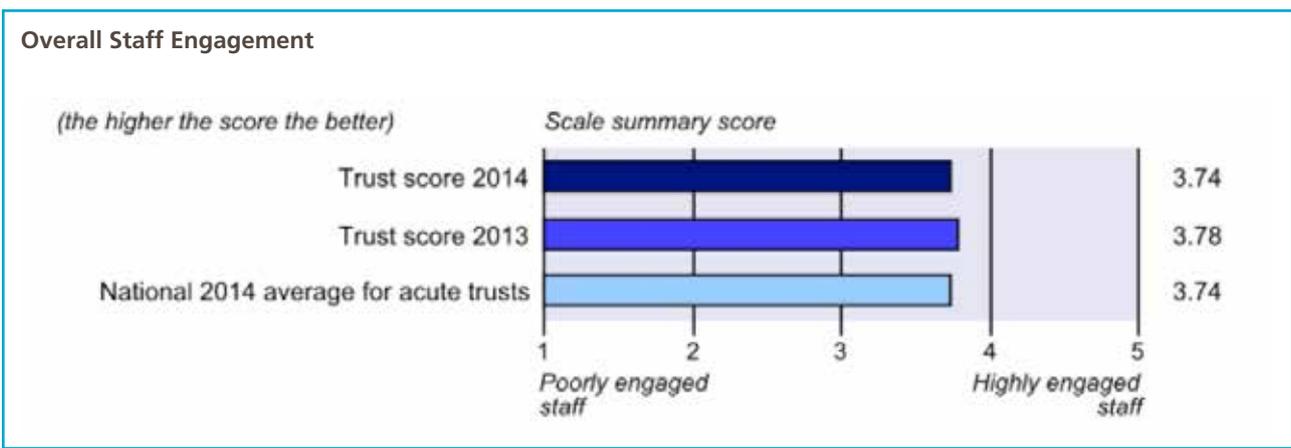
Games, developing the "Countess Choir" amongst other initiatives.

One key element of the Strategy is the ongoing provision of Occupational Health support to managers and members of staff. At the Countess, we have an Occupational Health Service which has achieved the annual renewal of national accreditation through the SEQOHS (Safe Effective Quality Occupational Health Service) assessment. The Service has continued to receive excellent feedback through this assessment and customer satisfaction surveys. During 2014/15, the Occupational Health Nurses continued to increase visibility within the Trust by undertaking regular Ward and Department visits, with OH Nurses being in uniform. This has promoted members of staff feeling able to raise concerns and talk about their own Health & Wellbeing.

We have undertaken a highly successful Flu Fighter Vaccination Campaign, again being recognised as one of the highest performing Trusts in the country, with over 78% of all of our staff being vaccinated. As at the end of March 2015, our rolling 12 month sickness absence for 2014/15 was 3.82%, which whilst above our Trust target of 3.65%, still means that we have one of the lowest reported levels of sickness for acute Trusts in the region.

Staff Survey

One way that we monitor staff engagement is through the national NHS Staff Survey which is conducted each year by the Trust, the results of which are used by the Care Quality Commission (CQC), our Commissioners and others to assess our performance. In partnership with our Union colleagues, operational colleagues and medical representatives, with governance from the People and Organisational Development committee, we have developed an action plan to address



areas of concern. Our results are published nationally on the website.

For the fourth year running, we surveyed all of our staff, rather than a random sample. Our response rate for 2014 was 41% (a reduction of 12% on 2013), although we received over 1500 responses. Following further review of this decline in responses, the increased requirements for us to additionally survey staff through the Staff Friends and Family Test appear to have impacted on the level of response received.

From the 29 Key findings within the survey:-

- 8 key findings were in the average scoring (compared to 6 in 2013).
- 11 key findings stayed in the better than average scoring.
- 5 key findings were in the below average scoring (compared to 7 in 2013).
- 4 key findings moved into the worst 20% of acute trusts (compared to none in 2013).
- 1 key finding was in the best 20% of acute trusts (compared to 4 in 2013).

Our overall indicator for staff engagement for the Trust taken from the 2014 survey is detailed in the chart above.

This overall indicator of staff engagement has been calculated using the questions that make up Key Findings 22, 24 and 25. These

Key Findings relate to the following aspects of staff engagement:

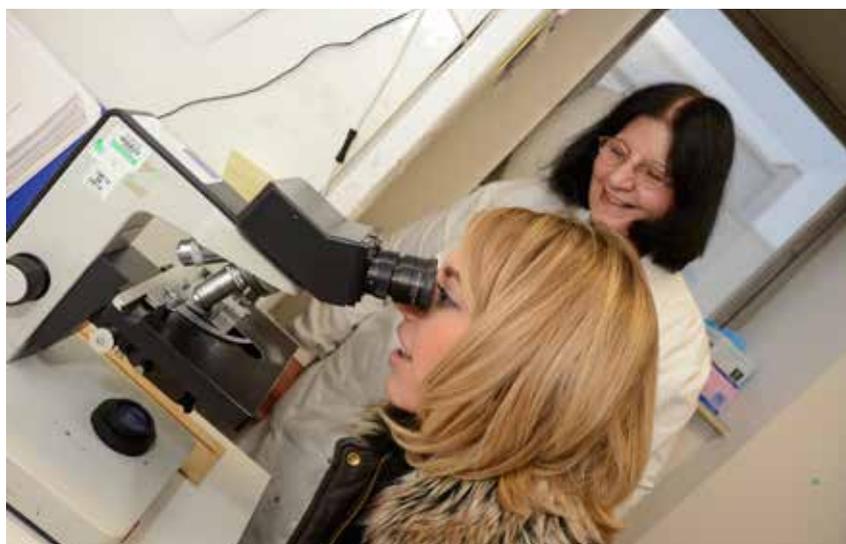
- staff members' perceived ability to contribute to improvements at work (Key Finding 22);
- their willingness to recommend the Trust as a place to work or receive treatment (Key Finding 24);
- and the extent to which they feel motivated and engaged with their work (Key Finding 25).

The Survey results have been shared with the Board of Directors, the

Staff Partnership Forum, and the Divisions, as well as our staff across the organisation. An action plan is in place to address areas of concern and a communication plan has been developed to ensure that all members of staff are fully briefed on the results; the actions intended and 'you said we did' briefings are part of our strategy.

Update briefings on the progress against the action plan will continue to be provided to the Board of Directors, Staff Partnership Forum and will be monitored by the People and Organisational Development Committee on a regular basis.

	2013		2014		Change
	Trust	National Average	Trust	National Average	
Response Rate	53%	49%	41%	42%	-12%

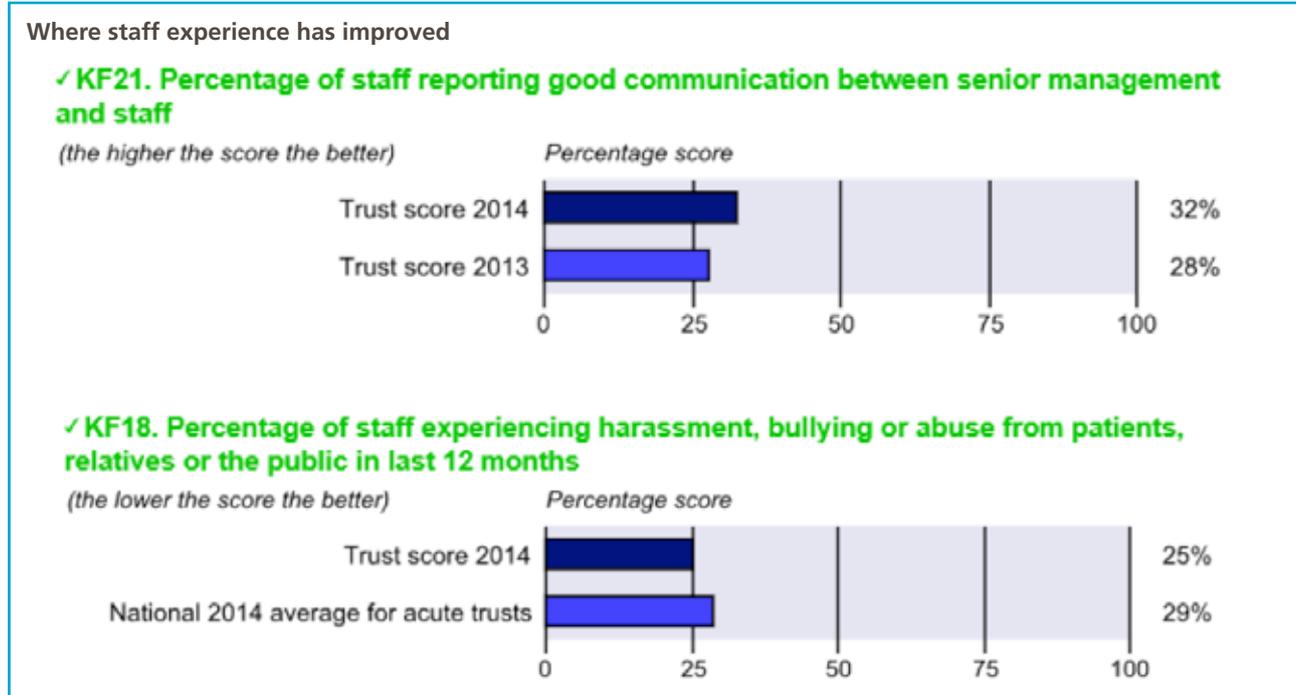


Areas of Improvement and Positive Findings indicated in the best 20% of Acute Trusts

There has been one statistically

significant positive change in the Key Findings since the 2013 survey where staff experience has improved which relates to staff reporting good

communication and one area that has placed us in the best 20% of Acute Trusts relating to staff experiencing harassment, bullying or abuse:-

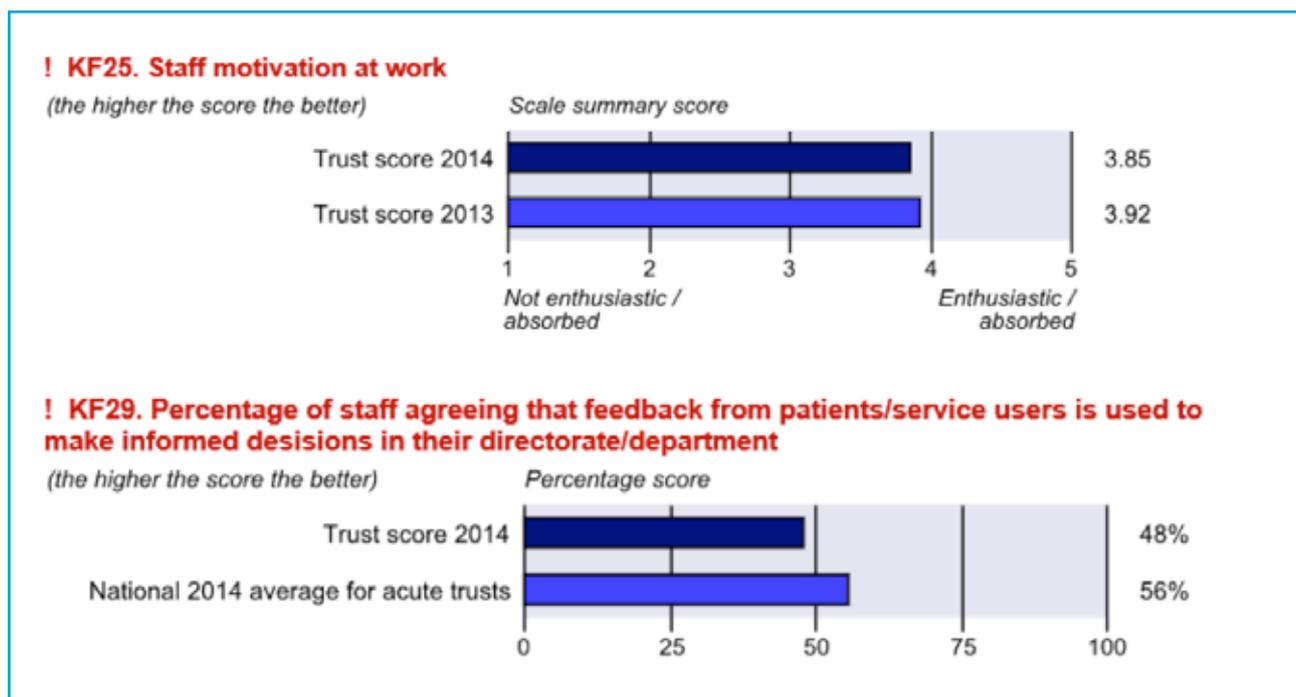


Areas where staff experience has deteriorated compared to 2013

There has been one statistically

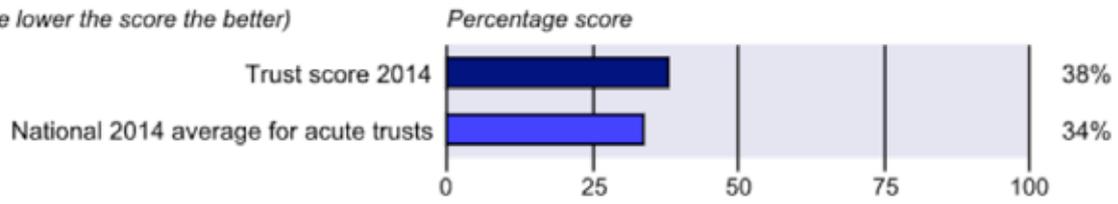
significant change in the Key Findings where staff experience has deteriorated since the 2013 survey relating to

motivation at work and four areas that has placed us in the worst 20% of Acute Trusts detailed below:-



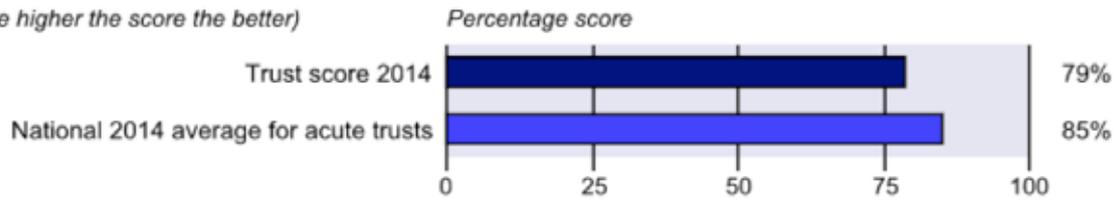
! KF12. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month

(the lower the score the better)



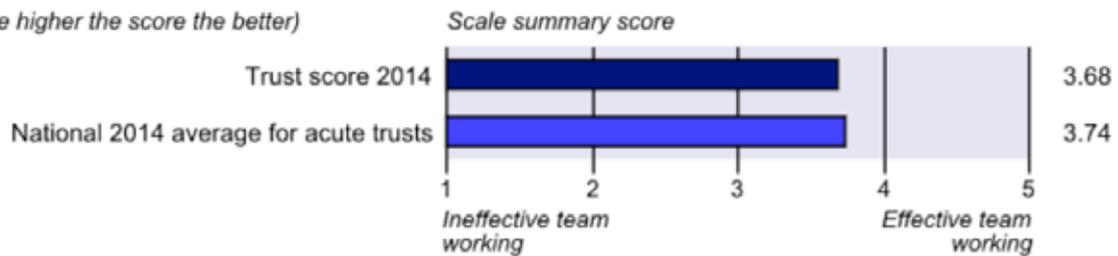
! KF7. Percentage of staff appraised in last 12 months

(the higher the score the better)



! KF4. Effective team working

(the higher the score the better)



Summary of Performance

The top 5 ranking scores for 2014 and how they compare against the national average

	2014		2013		Change since 2013 survey	Ranking compared with all Acute Trusts 2014	Change
	Trust	National Average	Trust	National Average			
*KF 18 Percentage of staff experiencing harassment, bullying and abuse from patients, relatives or the public in the last 12 months	25%	29%	26%	29%	reduction (better than 2013)	Lowest score (best) 20%	-1%
*KF5 Staff working extra hours	68%	71%	68%	70%	No change from 2013	Better than average	No change
*KF 11 Percentage of staff suffering work-related stress in the last 12 months	35%	37%	32%	37%	! increase (worse than 2013)	Better than average	+3%
*KF 28 Percentage of staff experiencing discrimination at work in the last 12 months	10%	11%	9%	11%	! increase (worse than 2013)	Better than average	+1%
*KF21 Percentage of staff reporting good communication between senior management and staff	32%	30%	28%	29%	increase (better than 2013)	Better than average	+4%

Summary of the bottom 5 ranking scores for 2014 and how they compare against the national average

Bottom 5 ranking scores	2014		2013		Change since 2013 survey	Ranking compared with all Acute Trusts 2014	Change
	Trust	National Average	Trust	National Average			
KF29 Percentage of staff agreeing that feedback from patients/service users is used to make informed decisions in their directorate/ department	48%	56%	-	-	New question 2014	Worst 20% of acute Trusts	-
*KF 13 Percentage of staff witnessing potentially harmful errors, near misses or incidents witnessed in the last month	38%	34%	35%	33%	! increase (worse than 2013)	Better than average score	-3%
KF 7 Percentage of staff appraised in the last 12 months	79%	85%	81%	84%	! decrease (worse than 2013)	Worst 20% of acute Trusts	-2%
KF4 Effective Team Working	3.68	3.74	3.72	3.74	! decrease (worse than 2013)	Worst 20% of acute Trusts	-0.4
KF 22 Percentage of staff able to contribute towards improvements at work	65%	68%	67%	68%	! decrease (worse than 2013)	Worse than average	-2%

Future priorities and targets

An action plan has been agreed to address the areas of concern identified and whilst there was minimal significant change in the responses compared to 2013, movements into the worst 20% of acute Trusts are the areas that will have particular focus.

During March 2015, our Board met to discuss the moving forward of our cultural journey and belief in the principle that 'if we get

it right with our staff, we get it right for our patients', has been signed up to by our Board, our Staff Partnership colleagues and our People & Organisational Development Committee members. During 2015/16, an investment into this agenda will be a priority and key metrics are being identified to support improvements. This work will be monitored within a governance framework by the People & Organisational Development Committee (which is a sub-committee of Board). Improved and enhanced communications and engagement will

be key to ensuring that our staff are fully briefed and key messages get out to our staff on the front-line.

Public Consultations

There has been no requirement in year to consult with local groups and organisations, including the overview and scrutiny committees of local authorities covering the membership areas.

Staff Consultations

The following consultations took place during 2014/15:

Reason/ Name	Blood Sciences Management Redesign	Interventional Radiology	Sexual Health Services Tender – Cheshire West and Chester Council	Development of the Frailty Pathway = Closure of Sapphire Ward	Security Administration
Staff Groups	Professional and Technical Managers in Blood Sciences Team	Nursing, Additional Clinical Support Staff	All Staff groups (M & D, Nursing, Clinical Support Staff, Administrative & Clerical)	Nursing, Clinical Support Staff, Administrative & Clerical)	Admin and clerical
No of Staff	2	4	32	32	1
Start Date	June 2014	January 2014	October 2014	April 2014	May 2014
End date	August 2014	May 2014	January 2015	June 2014	3rd July 2014
Outcome	New Management Structure	New Staffing Structure	Transfer of Staff and Service to East Cheshire NHS Trust under TUPE regulations on 1st February 2015	Closure of Ward and redeployment of Staff as part of development of new Frailty Unit	Redeployed member of staff to another part of the Trust

The following consultations are currently pending:

Reason/Name	Transport Administration	Infection Control Tender	Minor Eye Condition Service Tender
Staff Groups	Administration & Clerical	Nursing, Administrative & Clerical	Nursing, Additional Clinical Support Staff, Administrative & Clerical
No of Staff	1	TBC	TBC
Start Date	Pending	Pending	Pending
End date			
Outcome	Redeploy staff if possible	TUPE of Staff to new provider if necessary	TUPE of Staff to new provider if necessary

Equality & Diversity

The Trust has undertaken a number of steps in working towards its commitment to equality diversity and human rights and in demonstrating how it is adhering to the statutory obligations of the Equality Act 2010.

- The Trust introduced an integrated Equality governance framework with sub groups embedding equality into the fabric of the Trusts strategy.
- To imbue the values into the organisation an equality analysis toolkit was implemented and a number of Equality Local Champions were recruited.
- The programme was expanded by designing and delivering bespoke disability awareness training and imbedding a two way communication pathway.
- The engagement and stakeholder recruitment programme was widened by signing up disability organisations at DIAL House, Body Positive and Irish Community Care Merseyside for Irish Travellers, and TransForum and Unique TG.
- The Trust targeted improvements in equality monitoring, introducing new fields onto the Trust membership application. This has led to significant improvements in

'known status' across all protected characteristics.

- The NHS Equality Delivery System with stakeholder assessment has led to the highest EDS assessment rating for any NHS organisation across the North West region. Last year the Trust achieved stakeholder assessment grading of 17 of 18 EDS outcomes at Achieving and 1 of 18 at Excelling, which was unprecedented.
- The engagement recruitment programme has focused on signing on regional LGBT group Encompass as a stakeholder. The Trust raised its community presence by supporting the inaugural LGBT Student Pride event at University of Chester.
- An LGBT multi agency steering group was set up, and the Trust was asked to co-develop the web site Lion's Pride, with CWaC and Cheshire Police.

The Trust co developed the National Dignity Day event, and facilitated

inaugural multi agency International Day against Homophobia and Transphobia (IDAHO) event for the second year.

The Trust ran an annual World AIDS day stall and national HIV screening for awareness-raising programme. Co-planning and facilitating the Chester Pride event, and co-coordinating the Lifestyle centre.

We have recently delivered a number of best practice equality governance workshops at Central Manchester Hospitals NHS FT Diversity Conference.

We have also delivered a Compassion and Human Rights in Care workshop, at the Global Healthcare conference at University of Chester to eminent academics from across the world.

The Trust achieved the Navajo LGBTI Charter mark for services, policies functions and commitment to LGBTI people. The only public sector organisation to meet its exacting standards for 2014.

Sustainability

Sustainability is a key theme for the NHS as it has become apparent locally, nationally and globally that the way we live now is having a detrimental effect on the quality of our lives and the environment we live in.

To ensure a better quality of life now and for future generations, we need to look seriously at the way we use the earth's resources, operate our businesses and live our lives. A sustainable approach recognises the broader impacts of our actions and aims to minimise any adverse effects.

The Department of Health has declared that it is now mandatory for all NHS Trusts to report on sustainability as part of their annual reporting process.

The Countess of Chester Hospital NHS Foundation Trust uses the Good Corporate Citizen Assessment Model which was developed by the Sustainable Development Commission in 2006 and reviewed in 2012. The Model enables the Trust to identify their current contribution to sustainable development in the below areas:

- Travel.
- Procurement.
- Facilities Management.
- Workforce.
- Community Engagement.
- Buildings.
- Adaptation to Climate Change.
- Models of Care.

Sustainable Procurement

The Countess of Chester Hospital Procurement Department leads on Corporate Social Responsibility which includes Sustainability. The

sustainability considerations into the procurement cycle are now integrated into the procurement process. It is part of the tender exercise and all suppliers used are asked for their Corporate Social Responsibility plans.

In addition the procurement process includes whole life costing, minimising waste, working with suppliers regarding packaging, reducing the number of delivery vehicles onto the site by the use of distributors, rather than numerous individual suppliers delivering, and ensuring the products are made where possible from sustainable sources.

When making a purchasing decision, it is about looking at what the product is made of, where it has come from and who has made it. Ultimately the aim is to minimise the environmental and social impacts of the purchases that we make. Today we know that this initial purchase price outlay may not be the largest expense. The cost of energy and water are likely to rise and therefore the whole life cost has to be taken into consideration.

Whole Life Costing is the responsibility of both the producer ensuring that goods are sourced sustainably, that they are energy efficient during use and can be recycled at the product's end of life. However, it is the Procurement Department's responsibility to buy these goods in the first place and to ensure that they are used and disposed of as they were intended.

The main environmental impacts of products occur at different times throughout their lifecycle. From some products, such as plastic chairs, the main impacts arise in the production and the disposal, whereas a fridge, which uses electricity, has impacts all the way through its life. All the different factors now need to be taken into consideration.

In addition the Procurement Department is registered to use the CIPS Sustainability Index which creates a consistent sustainability measurement to support purchasing. This shows suppliers' economic, environmental and social standings.

Procurement staff are trained in sustainable procurement methodologies, as well as maintain the Sustainability Awareness Noticeboard for the Trust, which reminds people to recycle toners, batteries and paper and in addition promotes events such as the iTravel Smart Challenge which took place for the whole of March 2015. This challenge encourage staff to find sustainability alternatives to traveling to and from work or meetings, for example: teleconferencing, using public transport, walking and cycling. All of the above helps to reduce the impact of the trust's business on the environment.

Carbon Management

The Trust has always been strong in managing its environmental impact and the Trust has in place a

Carbon Management Plan which was developed and approved by the Board of Directors in 2010. This plan formalises projects and targets that the Trust is currently pursuing, and the challenging target of a 25% reduction in CO² emissions will deliver substantial carbon savings and reduce energy costs, allowing the Trust to use the savings to invest in services for the benefit of our patients.

The Trust has reduced its carbon emissions from last year's Carbon Reduction Commitment (CRC) figure of 9,158 tCO₂ : this saving has been achieved with the added pressures of an increase in clinical activity and increased consumption due to large building projects including, a new Intensive Care Unit and Endoscopy Building.

Despite power capacity increases the decreased emissions are largely due to energy saving initiatives achieved with the help of Trust staff and from within the Estates function. Initiatives such as the fine tuning of controls related to mechanical and electrical plant/ equipment, and making sure that controls are set to control at a level that allows little or no waste.

More can be done - next year the Trust will be introducing more innovative approaches to energy saving as we go forward, to help keep the Trust in line with national and NHS targets on reducing emissions.

The Trust is making good progress in achieving the target and is continuing to invest in the services infrastructure through a backlog maintenance programme. This programme includes the replacement of outdated and obsolete equipment and has the combined advantage of reducing the risk of mechanical and electrical services failure and at the same

time giving the Trust an opportunity to replace equipment with energy efficient alternatives.

In the last twelve months the Trust has invested in several areas including, for example, in the Building Management System; thereby improving control of heating and ventilation systems and as a consequence reducing energy consumption. The Trust has this year invested in the installation of a new energy monitoring system, which allows real time monitoring of gas, electricity and water and the system will be used to target and reduce consumption in high use areas of the Trust. There are many more examples of energy initiatives including low loss transformers, energy saving lighting and variable speed drives which help bring down the overall power consumption.

The Trust has an annual spend on Gas and Electricity for 2014/15 of approximately £1.6m and with consumption for next year expected to increase, the Trust will do all it can to reduce its consumption - some of the actions planned for the coming twelve months include:

- Complete review of the energy consumption of the main boilerhouse and investment in improving the efficiency of the plant within the building.
- Lighting renewal and lighting control schemes that will offer both savings in energy and maintenance.
- Review of the ventilation set-back, the power consumed by large fans driving ventilation systems can be set back when the occupancy is either low or not unoccupied.
- Schemes will be developed to improve Thermal insulation.
- Replacement of older ventilation plant with new more efficient air handling ventilation plant, together with replacing chillers with more efficient theatre cooling.

The following table summarises the performance of the Trust in relation to Greenhouse Gas emissions and this information is in line with reporting requirement of the 2014/15 HM Treasury Sustainability Reporting Guidance for the Public Sector:

Area	Type	Non-Financial Information	2014/15 Performance	Financial information
Greenhouse Gas Emissions	Scope 1: Direct (GHG)	All Scope 1 emissions: Electrical and Gas Consumption and Emissions from Trust Vehicles	9158 tonnes of CO ²	<ul style="list-style-type: none"> ■ Total cost of Trust's Energy £1.6m. ■ Carbon Reduction Commitment EES Estimated Budget £118k. ■ Business Travel expenditure; £200,797
	Scope 2: (Indirect)	Scope 2: N/A in this Trust	N/A	
	Scope 3: (Official Business Travel)	Scope 3	1.3 tonnes of CO ²	



In summary, the Trust has a capital programme that will incorporate replacement of major parts of the infrastructure. In replacing this infrastructure The Trust will take advantage of new technology to save carbon.

The Trust is developing a communications strategy that will allow Trust staff, visitors and patients to understand and contribute to the progress of the Carbon Management Plan.

Other themes

- The Trust has developed an Environmental Policy.
- Is no longer registered for The Carbon Reduction Commitment Energy Efficiency Scheme (CRC EES) and is therefore saving money by not having to pay into the scheme.
- The Trust has in place a Carbon Management Team that will be responsible for implementing this programme.
- The Trust is committed to a low carbon vision.

Travel Plan

During the last year, travel surveys have been undertaken on staff habits, from this personal travel plans were

drawn up by the iTravelsmart team (part of Cheshire West and Chester Council), to show staff best way to work, including public transport, walking and cycling. As a result The Countess of Chester Hospital NHS Foundation Trust is working closely with the Council to improve facilities on site. In addition CCTV has been installed across the site on the cycle shelters.

Other Initiatives

Over the year, work has continued on Corporate Social Responsibility within the Trust. Below is a list of the achievements:

- Worked with Catering for Fairtrade Fortnight 23rd February to 8th March 2014 and continued to attend the Fairtrade Steering Group, held by the local council.
- Trust took place in the iTravelsmart Challenge in October 2014 and March 2015, which promoted sustainable travel, including walking, cycling and using public transport.
- Maintained the Sustainability Awareness Notice board, which is used to promote activities for staff and raise awareness on Sustainability.
- Part of the procurement process to

identify if our Suppliers are classed as Small Medium Enterprises (SMEs).

- Leaflets circulated promoting The Countess of Chester Health Park & Country Park Active Travel Map, showing sustainable ways of travelling to and from the hospital and country park.
- Staff Travel Survey carried out in February 2015, final report under review. The report will compare the results from the baseline, interim and one year surveys and update the Travel Plan for the site going forward. In addition the Council have been successful in gaining an extra year's funding to be able to continue working in partnership with the Trust and other organisations on the Health park to help deliver the measures and initiatives outlined within the Travel Plan action plan.
- Sustainable travel stand including Dr Bike for NHS Staff at the Health and Wellbeing Event at Ellesmere Port Hospital in December 2014.
- Completed survey for Good Corporate Citizenship.

Public Interest Disclosures

Counter Fraud

The NHS Counter Fraud and Security Management Service provide the Trust with a framework to minimise losses through fraud. The Trust's legally binding contract with the CCG requires us all to take necessary steps to counter fraud affecting NHS funded services. The Chief Finance Officer is nominated to ensure these requirements are fulfilled and commissions the local Counter Fraud Specialist through Mersey Internal Audit Agency.

The Trust's approach to countering fraud is through a proactive fraud awareness culture supported by a

counter fraud plan signed off by the Trusts' Audit Committee. The plan is aimed at deterrence, prevention and awareness and is subject to regular review and update to the Audit Committee.

Ill Health Retirements

During 2014/15 there were 8 early retirements from the Trust agreed on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements will be £522,000. The cost of these ill-health retirements will be borne by the NHS Pensions Agency. This information was supplied by NHS Pensions Agency.

Off Payroll Engagements

Off-payroll engagements are arrangements where an individual provides their services to the Trust, but, under HMRC rules, they are not paid through the Trust payroll. Typically, this is because the individual is working through a temporary staffing agency, or they are legitimately in business in their own right, and the legal nature of the arrangement between the Trust and the off-payroll individual is a commercial business arrangement, rather than one of employment.

Better Payment Practice Code

The Trust aims to treat suppliers ethically and maintains compliance with the code as follows -

		2010/11	2011/12	2012/13	2013/14	2014/15
% Payment within 30 days of receipt of undisputed invoices - target 95%	Volume	97.2%	98.7%	99.1%	98.7%	94.6%
	Value	98.7%	99.3%	99.4%	98.7%	95.1%

No interest was paid to suppliers under the Late Payment of Commercial Debts (Interest) Act 1998.



From a legal perspective, the tax affairs of the individual are entirely the responsibility of the individual, and the main responsibility of ensuring that the individual pays the correct amount of tax rests with HMRC. However, the Treasury has directed that all public sector bodies must seek assurance about the off-payroll engagements that they enter into. This introduces a significant amount of additional bureaucracy to the engagement process for the Trust, and so the Treasury has set 'limits' below which assurance need only be sought if the Trust feels that it is appropriate. The table below shows the off-payroll engagements that exceed these limits.

The Trust makes use of off-payroll engagements in a number of circumstances:

- when there is a short term need that cannot be met from internal staffing resources, including bank staff
- when specialist expertise is required that is not available internally
- when there is difficulty recruiting to a post

In accordance with Treasury directions, all Board members and senior officials with significant financial responsibility are on the Trust's payroll.

Off-payroll engagements as of 31 March 2015, for more than £220 per day and that last for longer than six months

No. of existing engagements as of 31 March 2015	2
Of which:	
No. that have existed for less than one year at time of reporting.	0
No. that have existed for between one and two years at time of reporting.	1
No. that have existed for between two and three years at time of reporting.	0
No. that have existed for between three and four years at time of reporting.	0
No. that have existed for four or more years at time of reporting.	1

All of the above arrangements have been subject to a risk based assessment as to whether assurance needs to be sought that the individual is paying the right amount of tax and, where necessary, that assurance has been sought.

New off-payroll engagements, or those that reached

six months in duration, between 1 April 2014 and 31 March 2015, for more than £220 per day and that last for longer than six months

No. of new engagements, or those that reached six months in duration, between 1 April 2014 and 31 March 2015	0
No. of the above which include contractual clauses giving the trust the right to request assurance in relation to income tax and National Insurance obligations	0
No. for whom assurance has been requested	0
Of which:	
No. for whom assurance has been received	0
No. for whom assurance has not been received	0
No. that have been terminated as a result of assurance not being received.	0

Off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2014 and 31 March 2015

No. of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
No. of individuals that have been deemed "board members and/or senior officials with significant financial responsibility" during the financial year. This figure should include both off-payroll and on-payroll engagements.	13

Cost Allocation and Charging Requirements

The Trust can confirm that it has complied with the cost allocation and charging requirements set out in HM Treasury and office of public sector information guidance.

Other Information

The accounts are independently audited by KPMG as our external auditors in accordance with the NHS Act 2006 and Monitors' Code of Audit Practice.

Accounting Information

As far as the Directors are aware all relevant audit information has been fully disclosed to the auditors and no relevant audit information has been withheld or made unavailable nor have any undisclosed post balance sheet events occurred.

The management of risk is a key function of the Board; the Trust seeks to minimise all types of service, operational and financial risk through the Board Assurance Framework which is subject to regular review and audit.

The Trust as a Legal Entity

The Trust was established as one of the first ten Foundation Trusts. Foundation Trusts operate as independent public institutions which are not subject to direction by the Secretary of State for Health or the performance management requirements of the Department of Health. As a FT we set our own strategy within the framework of contracts with our commissioners and other regulatory regimes to continually improve the quality and safety of patient care.

Accounting Statement

Accounting policies for pensions and retirement benefits are set out in note 1.4 to the accounts and details of senior employees remuneration can be found in the remuneration report.

Health & Safety

A full review of the Trust's Health and Safety Policies has been undertaken and approved by the Health & Safety Committee in 2014 and signed by the Chief Executive. These are included

within the Trust's employee hand book.



Tony Chambers - Chief Executive
22nd May 2015

Companies Act Disclosures

Disclosure Requirement	Statutory Reference
The Trust received no political donations during 2014/15.	3&4 Sch 7
There have been no important events since the end of the financial year affecting the NHS Foundation Trust.	7(1)(a) Sch 7
Future Developments are described in the Strategic Report.	7(1)(b) Sch 7
In the field of Research and Development we entered a new collaboration with the University of Chester in 2014/15 to create a Centre for Integrated Healthcare Science, which has research and innovation at its core. We will further develop this Centre during 2015/16.	7(1)(c) Sch 7
The Trust has no branches outside of the UK.	7(1)(d) Sch 7
This requirement is referenced in the section on Equality & Diversity.	10(3)(a) Sch 7
This requirement is referenced in the section on Equality & Diversity.	10(3)(b) Sch 7
This requirement is referenced in the section on Equality & Diversity.	10(3)(c) Sch 7
This requirement is referenced in the section on Our People	11(3)(a) Sch 7
This requirement is referenced in the section on Our People	11(3)(b) Sch 7
This requirement is referenced to in Note 19 in the accounts which deals with the risk profiles of the Trust in relation to interest rate risk, foreign currency risk, credit risk and liquidity risk.	6 Sch 7
The Trust holds monthly Open Forums to which all staff are invited, at which the current financial performance and economic situation is presented. The Trust's performance report is a public document available to all employees.	11(3)(c) Sch 7 11(3)(d) Sch 7



Director's Report

This report has been prepared in accordance with Sections 415, 416⁶ and 418 of the Companies Act 2006, and Regulation 10 and Schedule 7 of the Large and Medium-sized Companies and Groups Regulations 2008.

Focusing on Governance

The NHS Foundation Trust Code of Governance

The Board of Directors places much emphasis on ensuring our governance is effective and robust and is reflective of best practice; the Code of Governance provides the structure to support the many aspects of an effective Board. During the year the Director of Corporate and Legal Service reviews our compliance against the Code taking action as required to confirm ongoing compliance.

Council of Governors

The foundation for effective relationship building between Directors and Governors is a clear understanding by both groups of the responsibilities and boundaries of their respective roles. The Board of Directors provide active leadership of the Trust within a governance framework of prudent and effective controls which enables risk to be assessed and managed. The Governors act in the best interests of the Trust and adhere to its values and code of conduct. The Council of Governors hold the Board of Directors to account by analysis of the integrated performance reports that they receive, challenging assumptions and raising questions as appropriate. In addition to the formal quarterly meetings of the Council of Governors

and the Annual Members' meeting the Governors hold a Governors' Quality Forum meeting every three weeks, which the Chairman and Director of Corporate and Legal Services attend on every occasion. Non Executive Directors and Executive Directors attend these meetings on a regular basis. At these meetings the Governors receive an update on Trust matters in relation to quality and operational information and have the opportunity to raise any issues on behalf of the Trust membership.

There is a standing agenda item at all Board of Directors' meetings for the Director of Corporate and Legal Services to report on any Council of Governors matters.

At the Council of Governors' meetings which are also attended by members of the Board of Directors, there are interactive sessions where Governors hold the Board to account and provide feedback from the membership on the quality of our services received by members.

The types of decision taken by each of the Boards together with any delegated powers are set out below:

The Board of Directors may delegate any of its powers to a Committee of Directors or to an Executive Director. The Board has reserved the issues set out in its Scheme of Reservation and Delegation and further guidance on the operation of the Trust is set out in the Standing Orders and

Standing Financial Instructions. The main decisions taken by the Board of Directors include those relating to:

- Strategic direction and policy determination.
- The Quality agenda.
- Actions required to address significant performance issues.
- Governance and compliance arrangements.
- Major business cases for capital or revenue investment.
- The annual plan, financial strategy and annual report.
- The acquisition, disposal or change of land or buildings.
- Private Finance Initiative proposals.
- Major contracts.
- Risk, clinical governance standards and policies.
- The constitution, terms of authorisation and working arrangements of its committees.
- Approval of standing orders, standing financial instructions and schemes of reservation and delegation.
- Arrangements for the Trust's responsibilities as a corporate trustee for its charitable funds.

The types of decisions taken by the Council of Governors include:

- Appoint and if appropriate remove the Chair.
- Appoint and if appropriate remove the other Non Executive Directors.

- Decide the remuneration and allowances, and the other terms and conditions of office, of the Chair and the other Non-Executive Directors.
- Approve the appointment of the Chief Executive.
- Appoint and, if appropriate, remove the NHS Foundation Trust's Auditor.
- Decide on a quality of care issue to be reviewed for the Quality Account.
- Determine a local quality measure for auditing internally and externally for the Quality Account.
- To agree the Trust's membership strategy, and its policy for the composition of the Council of Governors.

Composition of Council of Governors

The total number of Governors is 29 as follows:

Chester & Rural Cheshire	8	Out of area	1
Ellesmere Port & Neston	4	Staff	5
Flintshire	3	Partnership Organisations	8

There are two vacancies to be filled in respect of the Partnership Organisations.

The membership of the Council of Governors during 2014/15, for both elected and appointed, their length of tenure, is as follows:

Governor	Term of Office
Public – Chester and Rural Cheshire	
Mr Thomas Bateman	Re-elected for 2nd term of office until October 2015
Mrs Elizabeth Bott	Re-elected for 3rd term of office - 3 years until October 2014
Mrs Helen Clifton	Elected October 2012 for 3 years until October 2015
Mrs Sue Elphick	Re-elected for a 3rd term of office - 3 years until October 2014
Mrs Marilyn King	Re-Elected for a 2nd term of office - 3 years until October 2016
Mr Geoffrey Lloyd	Elected October 2012 for 3 years until October 2015
Ms Caroline Stein	Elected October 2014 for 3 years until October 2017
Ms Sue McClelland-Sheldon	Elected October 2013 for 3 years until October 2016
Public - Ellesmere Port & Neston	
Mrs Pat Clare	Elected October 2014 for 3 years until October 2017
Mr Stan France	Re-elected for a 3rd term 3 years until October 2015
Miss Sue Kettle	Re-elected for a 3rd term 3 years until October 2015
Mr Brian Ellingham	Elected October 2013 for 3 years until October 2016
Public – Flintshire	
Ms Fran Parry	Elected October 2014 for 3 years until October 2017
Mr Russell Jackson	Elected for 3 years until October 2016
Mrs Eleanor Hornsby	Term of office expired October 2014
Mrs Liz Kevan	Elected for 3 years until October 2016
Youth Governors <i>(Three youth members job share the role of Youth Governor)</i>	
Mr William Kirk	Term of office expired October 2014
Miss Pippa Wright	Term of office expired October 2014
Mr Nathan Brown	Appointed October 2013

Governor	Term of Office
Partnership Organisations	
Mr Michael Hemmerdinger (Lead Governor) Voluntary Services	Re-appointed for a further 12 month period until December 2015
Mrs Dorothy Marris, University of Chester	Appointed February 2011
Ms Fran Parry, Flintshire CHC	Stood down from CHC April 2014
Ms Chris Hannah, Western Cheshire CCG	Appointed April 2014
Cllr Adrian Walmsley Cheshire West and Chester Council	Appointed April 2013
Staff	
Dr Richard Nelson	Term of office expired October 2014
Dr Ian Benton	Elected October 2014 for 3 years until October 2017
Dr Chris Green	Elected December 2013 for 3 years until October 2016
Ms Naomi Cawley	Elected October 2013 for 3 years until October 2016
Ms Carole Jones	Elected October 2014 for 3 years until October 2017
Ms Katie Greenhalgh	Elected October 2014 for 3 years until October 2017
Ms Karen Woodcock	Elected October 2014 for 3 years until October 2017
Mr Arthur Rhodes	Term of office expired October 2014
Mr Keith Broadbent	Term of office expired October 2014
Mr Steve Bridge	Elected October 2014 for 3 years until October 2017
Mrs Sarah Balogh	Elected October 2014 for 3 years until October 2017



Election of Council of Governors

Notice of elections were published in June 2014 in the following public constituencies:-

- Chester & Rural Cheshire
- Flintshire
- Ellesmere Port & Neston

An election was held in September 2014 in the Chester & Rural Cheshire, Ellesmere Port & Neston and Flintshire Constituencies.

The election turnout was as follows:-

Chester and Rural Cheshire	18.56%
Ellesmere Port & Neston	17.86%
Flintshire	19.18%
Chester & Rural Cheshire	1 Governor elected 2 Governors re-elected
Flintshire	1 Governor elected
Ellesmere Port & Neston	1 Governor elected

The Board confirm that elections are held in accordance with the election rules stated in the Trust constitution and undertaken by UK Engage.

Attendance at Council of Governors' Meetings

There have been five Council of Governors' meetings held during 2014/15 and the attendance by Governors is as follows:-

No. of meetings held in 2014/15	5	Governors Expenses for 2013/14	Governors Expenses for 2014/15
Council of Governors			
Mr Thomas Bateman	2	£164.60	Nil
Mrs Elizabeth Bott	5	Nil	Nil
Mrs Pat Clare	2/2*	Nil	£38.85
Mrs Helen Clifton	54	£56.70	£62.65
Mrs Sue Elphick	44	£52.40	Nil
Mrs Marilyn King	4	£40.40	£15.00
Mr Stan France	2	Nil	Nil
Mr Michael Hemmerdinger	4	£60.60	£107.20
Cllr Adrian Walmsley	3	Nil	Nil
Mrs Eleanor Hornsby	3/3**	Nil	Nil
Miss Sue Kettle	4	Nil	Nil
Mrs Dorothy Marris	5	Nil	Nil
Mr Alan Moore	2/3**	Nil	Nil
Ms Sue McClelland-Sheldon	1	Nil	Nil
Ms Fran Parry	2	Nil	Nil
Dr Richard Nelson	1/3**	Nil	Nil
Dr Chris Green	0	Nil	Nil
Mr Arthur Rhodes	0/3**	Nil	Nil
Mr Keith Broadbent	2/3**	Nil	Nil
Ms Chris Hannah	2	Nil	Nil
Mrs Liz Kevan	5	Nil	£208.80
Mr Brian Ellingham	5	Nil	£106.80
Mr Geoffrey Lloyd	4	Nil	Nil
Mr Russell Jackson	4	Nil	£61.60
Ms Naomi Cawley	0	Nil	Nil
Dr Ian Benton	0/2*	Nil	Nil
Ms Carole Jones	0/2*	Nil	Nil
Ms Karen Woodcock	0/2*	Nil	Nil
Mr Steve Bridge	1/2*	Nil	Nil
Mrs Sarah Balogh	0/2*	Nil	Nil
Ms Katie Greenhalgh	1/2*	Nil	Nil
Mr Williams Kirk	2/3**	Nil	Nil
Ms Pippa Wright	3/3**	Nil	Nil
Mr Nathan Brown	0	Nil	Nil
Board of Directors attendance at Council of Governors' meetings			
Sir Duncan Nichol, Chairman	5	N/A	N/A
Mr Tony Chambers, Chief Executive	5	N/A	N/A
Mr Mark Brandreth, Deputy Chief Executive/Director of Operations and Planning	3	N/A	N/A
Mrs Alison Kelly, Director of Nursing and Quality	5	N/A	N/A
Mr I Harvey, Medical Director	4	N/A	N/A
Mrs Debbie O'Neill, Chief Finance Officer	4	N/A	N/A
Mrs Sue Hodgkinson, Director of Human Resources & Organisational Development	5	N/A	N/A
Mr James Wilkie, Non Executive Director	3	N/A	N/A
Dr Elaine McMahon, Non Executive Director	4	N/A	N/A
Mrs Rachel Hopwood, Non Executive Director	4	N/A	N/A
Mr Andrew Higgins, Non Executive Director	4	N/A	N/A
Mr Ed Oliver, Non Executive Director	3	N/A	N/A

* Elected October 2014 ** Term of Office expired October 2014

Summary of Declaration of Interests of Governors

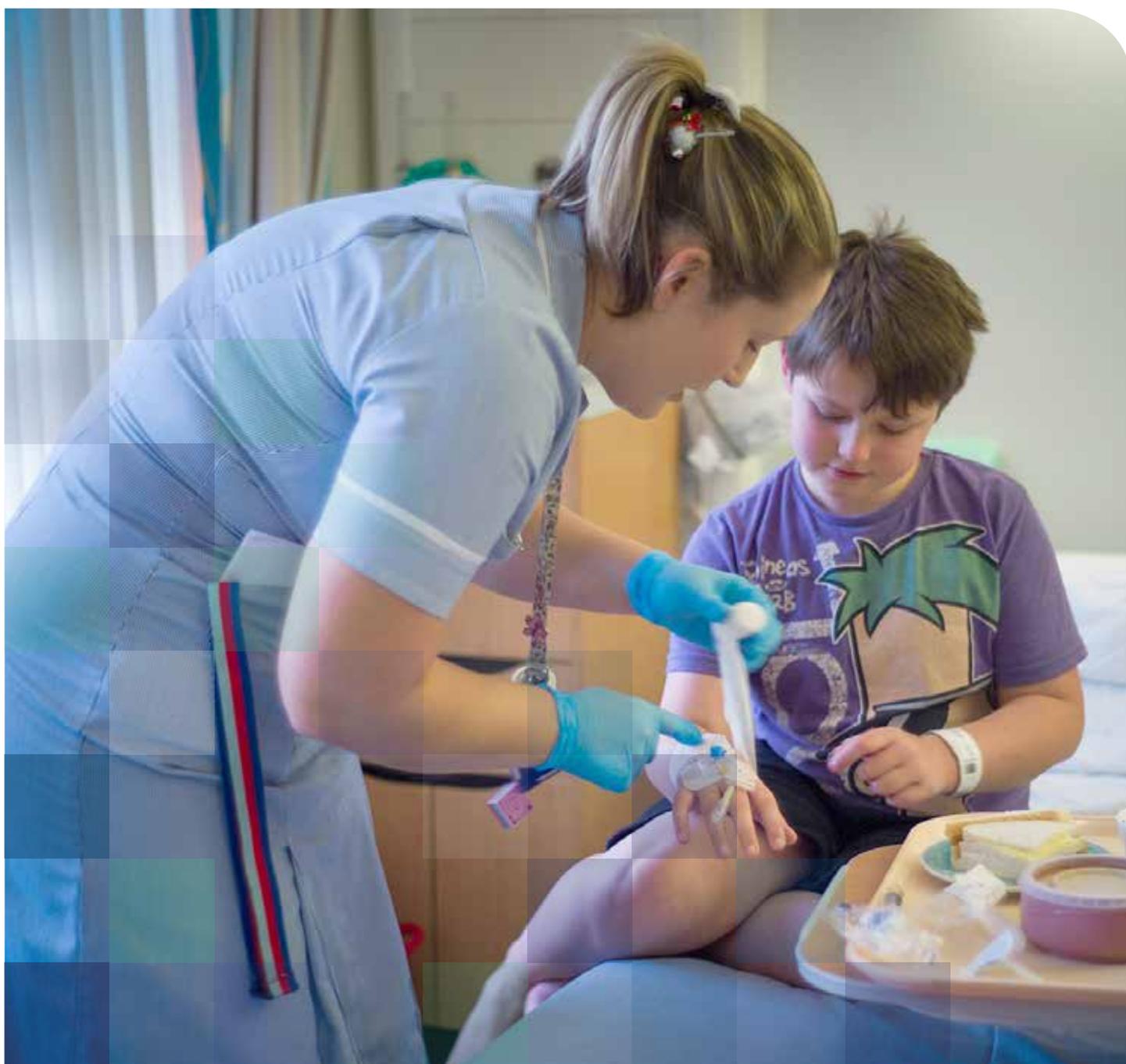
The register of Declaration of Interests is held by the Director of Legal and Corporate Services, and can be accessed by contacting Mr Stephen Cross – Telephone: 01244 365816 or email: stephen.cross1@nhs.net

The Council of Governors have individually signed to confirm that they meet the fit and proper persons test.

The Board of Directors have received information on the views of the Governors and Members about the Trust and its services in the following ways:

- Regular attendance at the Council of Governors' meetings.
- Joint workshops of the Board and Council.
- Regular attendance at Governors' Quality Forum meetings.

- Discussion at Annual Members' Meetings.
- Receipt of reports from the Director of Corporate and Legal Services at each of the Board of Directors' meetings.
- Joint presentations to and feedback from organisations in the local community.
- Receipt of reports from the Governors' Quality Forum.



Board of Directors

The composition of the Board of Directors during 2014/15 was as follows:

Non Executive Directors (Independent)

Chairman – Sir Duncan Nichol CBE

Appointed 1st November 2012 for a 3 year term of office

Andrew Higgins – Senior Independent Director

Re-appointed 1st November 2014 for a 3 year term of office

Rachel Hopwood

Re-appointed 1st December 2014 for a 3 year term of office

James Wilkie

Appointed 1st April 2013 for a 3 year term of office

Dr Elaine McMahon

Appointed 1st April 2013 for a 3 year term of office

Mr Ed Oliver

Appointed 1st September 2013 for a 3 year term of office

Executive Directors

Tony Chambers – Chief Executive

Mr Ian Harvey – Medical Director

Alison Kelly – Director of Nursing & Quality

Debbie O'Neill – Chief Finance Officer

Mark Brandreth – Deputy Chief Executive / Director of Operations and Planning

Sue Hodgkinson – Director of Human Resources and Organisational Development (formally appointed November 2014)

Attendance at Board of Directors and Board Committee meetings

Attendance at the 6 Board meetings held during 2014/15 and Board Committees were as follows:

	Board of Directors	Audit Committee	Finance & Integrated Governance Committee	Remuneration Committee	Quality, Safety & Patient Experience Committee	Charitable Funds	Directors Expenses 2014/15
No of Meetings held for 2014/15	6	5	4	2	10	4	-
Sir Duncan Nichol	6	-	4	2	7	3	£381.30
Tony Chambers	6	-	4	2	-	3	£712.07
Debbie O'Neill	6	-	4	-	-	4	£1048.04
Ian Harvey	5	-	4	-	6	2	£1092.38
Alison Kelly	6	-	4	-	9	-	£194.20
Mark Brandreth	6	-	3	-	-	-	£292.60
Sue Hodgkinson	6	-	4	-	-	-	£377.65
Andrew Higgins	5	5	2/2	2	9	-	£0
Rachel Hopwood	5	5	2/2	2	6	-	£0
Elaine McMahon	5	5	-	1	9	-	£52.60
James Wilkie	6	-	4	2	-	-	£0
Ed Oliver	5	-	4	2	-	3	£41.00

Background of the Board Members



Sir Duncan Nichol - Chairman

Sir Duncan was appointed as Chairman on 1st November 2012 for a three year term of office. He spent most of his NHS managerial career in the Northwest of England, becoming CEO of the NHS in 1989, before his appointment as Professorial Fellow at the University of Manchester. Since then he has divided his commitments between the public and private sectors, formerly as chairman of the Parole Board; HM Courts Service and deputy chairman of the Christie NHS FT and currently as chairman of Synergy Health and Skills for Justice.



Tony Chambers – Chief Executive

Tony was appointed as Chief Executive in December 2012. His main interest has been to work with West Cheshire Health and Care partners to make The Countess of Chester Hospitals one of the best and safest organisations within the NHS. He led the successful reorganisation of regional vascular services which saw the South Mersey Arterial Network operate at the Countess from April 2014.

From starting his career as a student nurse in Bolton in 1985 he has worked in a variety of clinical and management roles in a range of sectors and has been a Director in the NHS for over 12 years; most recently as the Director of Planning in South Wales. Prior to this he held Director roles in hospitals in Greater Manchester and West Yorkshire.



Mr Ian Harvey – Medical Director

Ian commenced his role as Medical Director on 1st July 2012. Ian qualified in Medicine in Liverpool and, after completing specialist training in Sheffield, Liverpool and Wrightington, took up a post as Consultant Trauma and Orthopaedic Surgeon with an interest in upper limb and hand surgery in the Trust in August 1994. Prior to becoming Medical Director, Ian was Divisional Medical Director for Planned Care and his other managerial roles in the Trust have included Lead Clinician for Orthopaedics and Clinical Director for Orthopaedic and Plastic Surgery and Rheumatology.

Mr Harvey was one of the first surgeons in the Mersey

Region to perform arthroscopic surgery of the shoulder. He also performs arthroscopic surgery of the wrist and elbow and upper replacement surgery. Mr Harvey is a Fellow of the Royal College of Surgeons of Edinburgh, the British Society for Surgery of the Hand (BSSH) and British Shoulder Elbow Society (BESS). He is also a founding Fellow of the Faculty of Medical Leadership and Management.



Debbie O'Neill – Chief Finance Officer

Debbie joined the Board in May 2011. Debbie started her career in the NHS at Wirral straight from school and moved into the world of finance in 1982 before moving to Chester in 1989. She undertook a number of roles within the finance department, but took a break in her studies after starting a family and finally qualified in 2003. Debbie was appointed as Assistant Director of Finance in 2007 and in May 2011 was subsequently appointed as Acting Director of Finance until June 2013 following the secondment of previous post holder to NHS North West.



Alison Kelly – Director of Nursing and Quality

Alison joined the Countess in March 2013 having previously been the Deputy Chief Nurse at the University Hospital of South Manchester since 2008. Alison has a wide range of experience as a senior nurse, such as work on practice development in a number of trusts in the North West, including Blackpool and East Cheshire. She is particularly interested in driving the patient experience agenda and identifying how patient feedback can enhance service development and improvement.



Mark Brandreth – Deputy Chief Executive / Director of Operations and Planning

Mark is Director of Operations & Planning and the Deputy Chief Executive. He joined the Countess in May 2013 having worked in a number of NHS management posts over the last 20 years. His first Board Director appointment was in Liverpool where he went on to be Assistant Chief Executive in the primary care trust before he was invited to work in a national role at the Department of Health. Mark has experience of designing significant improvements for patients through his leadership of community health services as part of an integrated

care system in Trafford. Most recently Mark's last role was working with an integrated care organisation in Wales in a role that encompassed the operational responsibility for four hospitals and commissioning responsibility for the population.

Mark has a track record of transforming health systems and is recognised as an authority on patient experience and patient engagement. Mark was part of a national learning set studying the application of integrated care systems into the UK and has worked with the Nuffield Trust tracking the development of integrated care approaches.



Sue Hodkinson - Director of Human Resources & Organisational Development (Formally Appointed November 2014)

Sue joined the Countess in February 2011 and was appointed to the post of Director of Human Resources & Organisational

Development in November 2014. Having worked in a number of HR management posts in the NHS for nearly 10 years, she brings extensive healthcare and private sector HR experience & knowledge to the Executive Team.

Sue is passionate about taking the Trust's People Strategy forward, with particular emphasis on staff engagement, partnership working and workforce development. She works very closely with other members of the executive team to focus on the staff experience within our Trust and the links to improving the patient experience. Sue is executive lead for staff health & wellbeing, in addition to being the Chair of the collaborative HR & Wellbeing Business Service (www.hrwb.com), which the Trust operates in conjunction with Wirral University Teaching Hospital NHS Foundation Trust.



Andrew Higgins – Non-Executive Director/Senior Independent Director

Andrew joined the Board in November 2011 and was re-appointed for a 2nd term of office with effect from November 2014. Andrew is a chartered accountant with a background in audit and

advisory services. In 2010 he retired from KPMG, a major accounting and advisory firm, after a career spanning 33 years in the UK and overseas. Andrew has experience of working with a variety of commercial and not-for-profit organisations, with particular emphasis on the financial services and housing sectors. He has expertise in all aspects of audit and corporate governance, and has advised on a

wide range of corporate transactions. From 2008 to 2010 Andrew worked in Japan in an international liaison role and advised US and European multi-nationals with interests in the Far East. Now settled south of Tarporley, Andrew pursues a variety of interests including volunteering with a community based Credit Union.



Rachel Hopwood – Non-Executive Director

Rachel joined the Board in December 2011 and was re-appointed for a 2nd term of office with effect from December 2014. Rachel is a chartered accountant, qualifying with Ernst & Young, a major accounting and advisory

firm. After a career in finance and investment banking in the City of London, latterly as an Executive Director at ABN AMRO, she relocated with her family back to Cheshire in 2008. Prior to joining the Board, Rachel was a Non- Executive Director of Western Cheshire PCT and Lay Advisor to West Cheshire Clinical Commissioning Group. She is also a Director in a company providing management and financial consultancy services in the region. Brought up locally, Rachel was educated at The Queen's School, Chester. She now lives in Clotton with her husband and two children, the youngest of whom was born at The Countess of Chester Hospital.



James Wilkie – Non-Executive Director

James retired following a long career in local government. He worked for several local authorities and held a series of senior management positions, including that of Chief Executive. James has experience of managing many

aspects of local authority activity and has a particular interest in regeneration and economic development.

James has lived in Neston for many years, and is married with two grown daughters.



Elaine McMahon – Non-Executive Director

Elaine has extensive experience of working in further and higher education in the UK and USA and for the last 12 years has been Chief Executive and Principal of several Colleges of Further Education.

Elaine has a strong commitment to working closely with communities facing development and renewal and has

represented education and training on a number of regional and national committees. In 2009 Elaine was awarded the CBE for services to local and further education. She has a Doctorate in Philosophy from Lancaster University; an Honorary Doctorate from the University of Lincoln and an MBA from the OU Business School.

She has been involved in developing productive partnerships between education and health and considers it a privilege to now work as a Non Executive Director for The Countess of Chester Hospital NHS Foundation Trust.



Ed Oliver – Non-Executive Director

Ed joined the Trust in September 2013 and has been a Graduate Electrical Engineer from the University of Strathclyde, Glasgow. Following this he had a 28 year career with Marks and Spencer before retiring in 2000 as the

Regional Manager for Merseyside. He then joined a family business in 2001 called Tops Estates who owned a number of Shopping Centres around the UK. This was to develop the operational side of the business, before finally retiring in 2009.

He has always, during his business career, been involved in outside agencies such as: Prince's Trust on Merseyside - Vice Chairman 1991-2000; Liverpool Chamber of Commerce and Industry - Vice Chairman and Chairman 2001 – 2010; Ronald McDonald Family House, Alder Hey Children's Hospital, Liverpool - Board member and Chairman; 1994 – present Liverpool Business Improvement District Co. - Founded the business in 2003 and currently Chairman of the Exec Board. Non Executive Director, Alder Hey Children's Hospital NHS Foundation Trust. 2004 – 2013. Ed is married with 3 children and his main interests are traveling, golf and watching most sports.

The Trust recognises that the Board of Directors has to provide a portfolio of skills and expertise to reflect the patient care and experience and the Trust's sustainable clinical services to ensure a high performing and effective organisation. The Board members provide a breadth of public and private sector expertise which has been refreshed in year in the new appointments of both Non Executive and Executive Directors which also provides a mix of gender and age profiles.

The Board of Directors have developed a robust review process for evaluating its committees. The Chair of each committee prepares an annual evaluation of the work undertaken during the year end, and review attendance at each meeting; additionally the terms of reference are reviewed annually and updated to reflect changes in the operating environment and best practice. These reviews are presented to the Board of Directors. The process for evaluating the performance of the Board of Directors has been developed, drawing on a number of models used in the private and public sectors. A full and robust review of the Trust Governance Framework for the Board and its committees was undertaken and the new arrangements became effective from 3rd March 2015 with the People and Organisational Development Committee being approved as formal Board Committee. Each of the Board committees are chaired by a Non Executive Director with updates provided to each Board meeting.

The Directors of the Board undergo an annual performance assessment, reviewing performance against agreed objectives, personal skills and competencies and progress with personal development plans. In year the Executive Team have had three development days to support how they work collectively as a team and a further full Board development day was held in summer 2014 to support effective unitary working of the Board of Directors. To complement the on-going Board development regular informal Board sessions are also held as required.

Summary of Declaration of Interests of Directors

The register of Declaration of Interests is held by the Director of Corporate and Legal Services and can be accessed by contacting Mr Stephen Cross – Telephone: 01244 365816 or email: stephen.cross1@nhs.net

The Board of Directors have individually signed to confirm that they meet the fit and proper persons test.

The Chairman has the following other significant commitments:

- Chairman of Synergy Health
- Chairman of Skills for Justice

These two other significant commitments do not, in any way, impact on his role as Chairman of the Trust.

Audit Committee

The Audit Committee consists of three independent Non-executive Directors, two of whom are qualified accountants and one of whom is Chair (Rachel Hopwood) of the Audit Committee. Other Executive Directors and senior staff regularly attend the committee as do the internal and external auditors. The overall purpose of the Trust's Audit Committee is to review the organisation's effectiveness and maintenance of the Trust's system of internal control and risk management. Private meetings with either the internal or external auditors are held after each committee meeting.

During the year the Audit Committee undertook the following in discharging its responsibilities:

- Reviewed the statement on internal control and supporting assurance processes in conjunction with the audit opinion.
- Approved a risk based internal audit plan and actively reviewed the findings of all audits.
- Approved the plan and reviewed the work of the Trust's local counter fraud specialist.
- Reviewed the significant issues for the Trust.
- Reviewed and approved the updated corporate governance manual covering standing orders, standing financial instructions and scheme of delegation.
- Agreed the nature and scope of the external audit plan and reviewed the reports, recommendations and management responses.
- Reviewed the Trusts annual financial statements and recommended their adoption to the Board of Directors.
- Reviewed the effectiveness of the Committee using an independent framework.

Audit Committee Attendance 2014/15

Date of meeting	Chairman of Audit Committee Mrs R Hopwood	Non-Executive Director Mr A Higgins	Non-Executive Director Dr E McMahon
14.04.14	✓	✓	✓
19.05.14	✓	✓	✓
29.09.14	✓	✓	✓
20.10.14	✓	✓	✓
19.01.15	✓	✓	✓

- Approved bad debt write offs and contract extensions/tender waivers.
- Review the data quality of the Quality Account.
- Review any significant issues that the committee considered in relation to the financial statements, operations and compliance, and how these issues were addressed.
- Review the effectiveness of the external audit process and the approach taken to the appointment or reappointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted.
- Review the effectiveness of internal audit process.
- Reviewed scope of external auditor providing non-audit services, the value of the non-audit services provided and an explanation of how audit objectivity and independence are safeguarded.

The Audit Committee has considered significant issues in respect of the following:

- The Trust has posted a deficit of £2.9m before impairment

reversals against a planned surplus of £0.5m, an adverse variance of £3.4m.

- The Committee applied the revaluation principles of IAS 16 in respect of Trust property assets.
- The Committee has invited Directors in the Trust to report on matters such as IMT, performance and quality indicators and medical and nursing workforce issues.

The Audit Committee were satisfied that the significant issues considered were addressed by the evidence presented to them by the Directors of the Trust and further assurance gained from MIAA audit reports.

The external audit firm provided some advisory and review work during the year. Any work agreed outside the audit plan is subject to approval by the Audit Committee in accordance with the non audit services policy and all additional work provided in year was undertaken in accordance with this policy.

There has been no change in year to the external audit provider which is KPMG. There has been no change in year to the internal audit provider which is MIAA.

The Directors acknowledge their responsibility for preparing the Annual Accounts for the organisation.

Governors' Nominations Committee

Non Executive Directors including the Chairperson are appointed by the Council of Governors for the specified terms subject to re-appointment thereafter at intervals of no more than 3 years and are subject to the 2006 Act provisions relating to the removal of a director.

Expressions of interest from Governors to serve on the Nominations Committee were invited from Governors and the Nominations Committee met once in 2014/15.

The Governors' Nominations Committee met to agree the process for the re-appointment of two Non-Executive Directors, Mrs Rachel Hopwood and Mr Andrew Higgins, whose term of office were due to expire in December 2014 and November 2014 respectively.

The process was run in house having regard to the expertise available within the Trust. The Nominations Committee held an extensive review process regarding the performance of both Mrs Rachel Hopwood and Mr Andrew Higgins and took views from the Chairman, Chief Executive and Governors.

The Governors Nominations Committee met on 14th October 2014 to consider the re-appointment of two Non-Executive Directors. The Nominations Committee recommended to the Council of Governors that Mr Andrew Higgins

and Mrs Rachel Hopwood should be re-appointed as Non-Executive Directors of the Trust for a 2nd term of office for 3 years with effect from 1st November 2014 and 1st December 2014 respectively. At the Council of Governors meeting on 24th October 2014 Governors unanimously approved that Mr Andrew Higgins and Mrs Rachel Hopwood should be re-appointed as Non-Executive Directors of the Trust for a 2nd term of office for 3 years with effect from 1st November 2014 and 1st December 2014 respectively.

Attendance at Nominations Committee meeting were as follows:

Date	14.10.14
Michael Hemmerdinger	✓
Sue Elphick	✓
Elizabeth Bott	✓
Tom Bateman	✓
Attendees	
Sir Duncan Nichol	✓
Tony Chambers	✓
Stephen Cross	✓

Board of Directors' Nominations Committee

The Board of Directors' Nominations Committee consisting of the Non-Executives met in October 2014 to consider the appointment of the Director of Human Resources and Organisational Development.

The Committee held a full interview process comprising of an informal panel and formal panel which included Trust Executive Directors, senior management and external stakeholders together with an independent assessor.

The Committee approved the appointment of Mrs Sue Hodkinson to the post of Director of Human Resources and Organisational Development with effect from 17th November 2014.

Foundation Trust Membership

The members of the Foundation Trust are those individuals whose names are entered in the register of members. Every member is either a member of one of the public constituencies or a member of one of the classes of staff constituency. Membership is open to any individual who is over sixteen years of age.

Public Membership

There are four public constituencies:

**Chester & Rural Cheshire
Ellesmere Port & Neston
Flintshire
Out of Area**

Membership of a public constituency is open to individuals:

- Who live in the relevant area of the Foundation Trust;
- Who are not a member of another public constituency, and
- Who are not eligible to be members of any of the classes of the staff constituency.

Staff Membership

The staff constituency is divided into four classes as follows:

- Doctors
- Nursing and midwifery
- Allied healthcare professionals and technical/scientific
- Other staff groups

Membership of one of the classes of the staff constituency is open to individuals:

- Who are employed under a contract of employment by the Foundation Trust and who either:
- Are employed by the Foundation

Trust under a contract of employment which has no fixed term or a fixed term of at least 12 months, or

- Who have been continuously employed by the Foundation Trust or the NHS Trust for at least 12 months; or
- Who are not so employed but who nevertheless exercise functions for the purposes of the Foundation Trust and who have exercised the functions for the purposes of the Foundation Trust

for at least 12 months. For the avoidance of doubt, this does not include those who assist or provide services to the Foundation Trust on a voluntary basis.

A person may not become a member of the Foundation Trust if within the last five years they have been involved as a perpetrator in a serious incident of violence at the Hospital or its facilities or against any of the Foundation Trust's employees or other persons who exercise functions for the purposes of the Foundation Trust, or against registered volunteers.

Membership size and movements

Membership changes in the 2014/15 year and those estimated for 2015/16 are shown below:

Public Constituency	Last year (2014/15)	Next year (estimated 2015/16)
At year start	7,603	7,308
New Members	55	200
Members Leaving	350	100
At year end	7,308	7,408

It is the Trust's intention to maintain public membership at its current levels. The Trust will focus on developing a quality membership by diversity, age and gender for 2015/16.

Staff Constituency	Last year (2014/15)	Next year (estimated 2015/16)
At year start	4,431	4,545
New members	930	200
Members leaving	816	200
At year end	4,545	4,545

It was agreed at the Annual Members' Meeting in November 2014 to increase the number of staff governors due to the overwhelming support from staff to take an active role in the Council of Governors. Whilst the Constitution did not allow for an increase in staff governors, it was agreed that in the best interests of the trust, the additional interest from staff should not be lost particularly as the interest was from nursing and midwifery staff, it was therefore agreed to job share the nursing/midwifery posts and all other staff groups post.

The benefits this brings to the Trust following the Francis, Keogh, Berwick and Clwyd reports is tangible and measureable whilst providing the opportunity for staff to actively influence the Trust's strategic direction and interact with the Board of Directors and other elected and nominated governors.

Membership Strategy

The 2014/15 target to maintain current levels of membership was achieved. The Trust is committed to ensuring the quality of data for the membership and therefore, a continuous thorough data cleanse of membership information was undertaken during 2014/15. It is the Trust's intention to continue to maintain public membership at its current levels. The strategy will focus on under-represented parts of our population during 2015/16.

Membership Review

The mechanism by which the Board review membership plans, growth and engagement during year is through the integrated performance report and a report of the Director of Corporate & Legal Services at each Board meeting. These reports are also provided to each Council of Governors' meetings.

Current and Future Engagement with Members

The Trust has engaged with its members via the following:

- Governor roadshows in each constituency.
- Countess Matters magazine – 3 times per year .
- Local newspaper articles.
- Patient interest groups.
- Email surveys to members.
- Surveys.
- Trust Website.
- Presentations to community organisations.
- Recruitment sessions.
- Participating in Governor elections.
- Drop in sessions for potential candidates.

Contact for members to communicate with Governors and Directors is available on the website and contact details are also available in the Foundation Trust's 'Countess Matters' magazine circulated to all members three times per year.



Remuneration Report

The remuneration committees are required to ensure levels of remuneration are sufficient to attract, retain and motivate directors of the quality required to run the organisation successfully, but to avoid paying more than is necessary.

Remuneration and conditions of service of the Chief Executive and Executive Directors are determined by the Remuneration Committee, which comprised of the following members:

- Chair – Sir Duncan Nichol
- Andrew Higgins, Non-Executive Director
- Rachel Hopwood, Non-Executive Director
- James Wilkie, Non-Executive Director
- Elaine McMahon, Non-Executive Director
- Ed Oliver, Non-Executive Director

The Remuneration Committee meets as and when required and the Director of Corporate and Legal Services is in attendance. The Chief Executive is invited to attend the meeting as appropriate and in particular to brief the Committee on the performance of the Executive Directors.

The Remuneration Committee met twice in year to discuss the remuneration of the Chief Executive, Chief Finance Officer, Medical Director, Director of Operations & Planning, Director of Nursing & Quality and Director of Human Resources and Organisational Development. The attendance at each meeting is as follows:

Date	01.04.14	16.12.14
Sir Duncan Nichol	✓	✓
Andrew Higgins	✓	✓
Rachel Hopwood	✓	✓
James Wilkie	✓	✓
Elaine McMahon	✗	✓
Ed Oliver	✓	✓

In considering the Executive Directors remuneration the Committee take into account the national inflationary uplifts recommended for other NHS staff, any variation in or change to the responsibility of Executive Directors and relevant benchmarking with other NHS and public sector posts. The performance of Executive Directors and the Chief Executive is discussed at Remuneration Committee. Executive Directors are subject to annual appraisal by the Chief Executive who is himself appraised by the Chairman. Levels of remuneration should be sufficient to attract, retain and motivate directors of the quality and with the skills and experience required to The Countess of Chester Hospital NHS Foundation Trust successfully.

At the meeting on 1st April 2014, the Committee approved a salary increase in line with national benchmarking

for the Chief Executive, Chief Finance Officer, Medical Director, Director of Operations & Planning and Director of Nursing & Quality.

At the meeting on 16th December 2014, the Committee approved the salary for the position of Director of Human Resources and Organisational Development following the substantive appointment to the role.

The contracts of employment of all Executive Directors, including the Chief Executive, are permanent and are subject to six months' notice of termination. No performance-related pay scheme (e.g. pay progression or bonuses) is currently in operation within the Trust and there are no special provisions regarding early termination of employment.

All other senior managers are subject to Agenda for Change pay rates, terms and conditions of service, which are determined nationally.

Tony Chambers – Chief Executive
22nd May 2015

Salary and Pension Entitlements of the Senior Managers

Name and Title	2014/15					Normal retirement age	2013/14				
	Salary	Other Taxable Remuneration	Benefits in kind	Pension related benefits	Total		Salary	Other Remuneration	Benefits in kind	Pension related benefits	Total
	(bands of £5,000) £000	(bands of £5,000) £000	(to nearest £100) £	(bands of £2,500) £000	(bands of £5,000) £000		(bands of £5,000) £000	(bands of £5,000) £000	(to nearest £100) £	(bands of £2,500) £000	(bands of £5,000) £000
Mr Tony Chambers - Chief Executive	140-145	-	15,400	110-112.5	270-275	60	130-135	-	13,300	-	131-135
Mrs Debbie O'Neill - Chief Finance Officer	115-120	-	-	55-57.5	170-175	60	110-115	-	-	47.5-50	160-165
Mr Ian Harvey - Medical Director	175-180	-	2,300	622.5-625	800-805	60	125-130	30-35	4,100	90-92.5	215-220
Mrs Susan Hodgkinson - Director of Human Resources and Organisational Development	80-85	-	4,400	15-17.5	100-105	60	40-45	-	4,400	82.5-85	130-135
Mrs Alison Kelly - Director of Nursing & Quality	105-110	-	-	102.5-105	210-215	60	95-100	-	-	25-27.5	120-125
Mr Mark Brandreth - Director of Operations & Planning	120-125	-	-	110-112.5	230-235	60	90-95	-	-	67.5-70	170-175
Mr Stephen Cross - Director of Corporate and Legal Affairs	75-80	-	11,400	47.5-50	135-140	60	30-35	-	11,100	5-7.5	70-75
Sir Duncan Nichol - Chairman	45-50	-	-	-	45-50	-	45-50	-	-	-	40-45
Mr Andrew Higgins - Non-Executive Director	10-15	-	-	-	10-15	-	10-15	-	-	-	10-15
Mrs Rachel Hopwood - Non-Executive Director	10-15	-	-	-	10-15	-	10-15	-	-	-	10-15
Mr Ed Oliver - Non-Executive Director	10-15	-	-	-	10-15	-	5-10	-	-	-	5-10
Mr James Wilkie - Non-Executive Director	10-15	-	-	-	10-15	-	10-15	-	-	-	10-15
Dr Elaine McMahon - Non-Executive Director	10-15	-	-	-	10-15	-	10-15	-	-	-	10-15
Total Directors Remuneration	940-945	-	33,500	1072.5-1075	1930-1935		840-845	30-35	34,900	340-342.5	1105-1110

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid Director in their organisation and the median remuneration of the organisation's workforce.

	2015	2014
Band of Highest Paid Director's Total Remuneration	175-180	160-165
Median Total Remuneration	24,504	24,620
Ratio	7.33	6.60

The total remuneration includes salary and benefits-in-kind, it does not include employer pension contributions and the cash equivalent transfer value of pensions.

The annualised Medical Director's salary is the highest paid Director.

Pension Benefits

Name and Title	Real Increase in Pension at age 60	Real Increase in pension lump sum at age 60	Total accrued pension at age 60 at 31 March 2015	Lump sum at age 60 related to accrued pension at 31 March 2015	Cash Equivalent Transfer Value at 31 March 2015	Cash Equivalent Transfer Value at 31 March 2014	Real Increase in Cash Equivalent Transfer Value
	(bands of £2,500)	(bands of £2,500)	(bands of £5,000)	(bands of £5,000)	(to nearest £1,000)	(to nearest £1,000)	(to nearest £1,000)
	2014/15	2014/15	2014/15	2014/15	2014/15	2013/14	2014/15
	£000	£000	£000	£000	£000	£000	£000
Mr Tony Chambers - Chief Executive	2.5-5	12.5-15	45-50	145-150	824	702	103
Mrs Debbie O'Neill - Chief Finance Officer	0-2.5	5-7.5	45-50	135-140	821	736	65
Mr Ian Harvey - Medical Director	25-27.5	80-82.5	65-70	205-210	1,487	859	605
Mrs Susan Hodgkinson - Director of Human Resources and Organisational Development	0-2.5	0-2.5	5-10	25-30	138	122	13
Mrs Alison Kelly - Director of Nursing & Quality	2.5-5	12.5-15	35-40	105-110	597	613	-
Mr Mark Brandreth - Director of Operations & Planning	2.5-5	12.5-15	30-35	95-100	476	382	84
Mr Stephen Cross - Director of Corporate and Legal Affairs	0-2.5	5-7.5	5-10	20-25	-	-	-

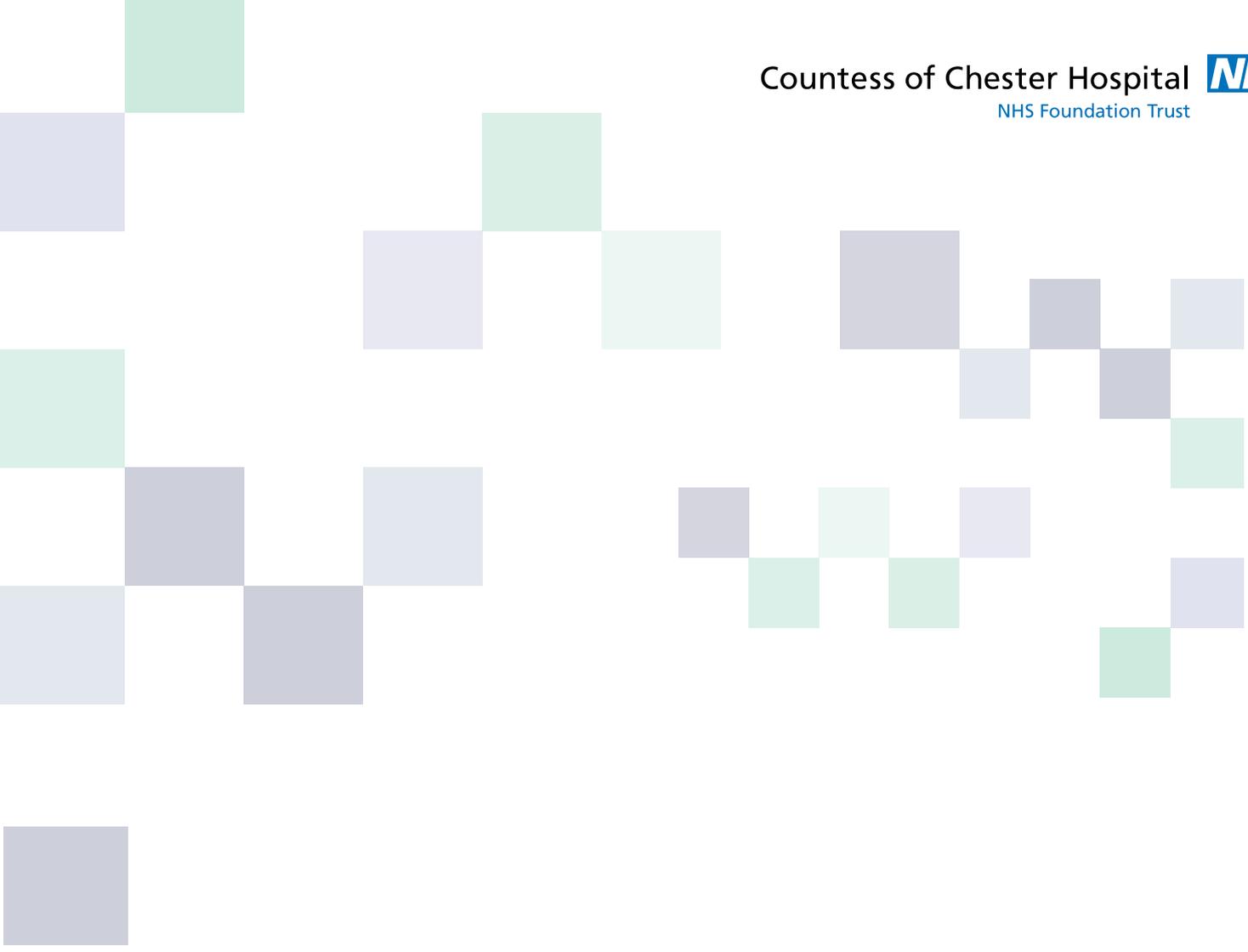
The benefit in kind is for a lease car scheme and a home technology scheme which is open to all members of staff. It is a scheme whereby the Employee agrees to reduce their salary for the full cost of the benefit.

As Non-Executive members do not receive pensionable remuneration, there are no entries in respect of pensions for Non-Executive members.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capitalised value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme.

They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries. The NHS Pension scheme will not make a cash equivalent transfer once a member reaches the age of 60 and is therefore, not applicable.

Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.



we **respect** each other
we have a **can do** attitude
we strive for **improvement**
we take **pride** in the service we provide
we are welcoming, friendly and **caring**
we put **patients** at the heart of everything we do

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