

# **Welcome to the Annual Members' Meeting 27<sup>th</sup> September 2023**

Trust Chair

Mr Ian Haythornthwaite

# Introductions & Welcome:

Welcome to all and thank you for attending.

## Apologies:

Mrs Hilda Gwilliams, Director of Nursing & Quality

Mr Ken Gill, Non-Executive Director

Mrs Ros Fallon, Non-Executive Director

Mr Paul Jones, Non-Executive Director

# Housekeeping:

- Reminder for cameras and microphones to be turned off for attendees throughout the meeting

# Agenda:

- The year in review and look forward
- The presentation of the Annual Accounts 2022/23
- A presentation relating to the Same Day Emergency Care Centre (SDEC)
- A presentation from the External Auditor regarding the 2022/23 Auditor's Annual Report
- A report from our Lead Governor
- The Announcement of 2023 Governor Election Results

# **The Year in Review and Forward Look**

Jane Tomkinson OBE  
Acting Chief Executive Officer

## About us



**32,573**

**Hospital admissions**  
(elective and non-elective)



**113**

**Number of volunteers**  
(an increase of 43 since March 2022)



**84,032**

**ED attendances**



**356,276**

**Outpatient appointments**  
(first and follow-up appointments)



**6,258**

**Number of staff**



**85**

**Number of apprentices**  
(an increase of 27 since March 2022)

## About us



**3604**

Babies born



**£22.2 million**

**Capital Investment**

including £5.2 million on medical equipment



**84,032**

ED attendances



**£349 million**

**Income**



**3**

Hospital sites



**28,636**

**Day cases**

in 2022/23



**A range of  
community services**



**523**

Hospital beds

## A Review of 2022/23

- There was an increased negative media focus
- Our staff survey was not good enough
- Our patient survey was not good enough
- We have a significant financial deficit
- Some processes require modernising
- We need to upgrade our Electronic Patient Record system
- Our Care Quality Commission (CQC) ratings are unacceptable

### However:

- We are well sighted on the issues and have good plans and focus to address these
- The Trust can and must embed our ambition for excellence.



## A Review of 2022/23

### **The Trust is on an improvement journey and good progress was made last year**

- We delivered our elective recovery targets
- We hit our financial plan
- We launched new Equality, Diversity & Inclusion and Staff Wellbeing Strategies
- We secured funding for a new state-of-the art Women's and Children's Building
- We opened a fantastic Same Day Emergency Care Unit
- We minimised disruption from industrial action

## A Review of 2022/23

- We engaged effectively with Local Health System Partners
- We launched a new programme to reduce patient harms and improve safety
- We refreshed our leadership structures and enhanced clinical leadership roles
- We reviewed a number of areas including Freedom to Speak Up; Tissue Viability, Estates and Digital
- We enhanced our use of benchmarking for improvement

# Forward Look

- Launching our new strategy to reflect the needs of our populations and our aim to reduce health inequalities
- Focusing on delivering our new strategic goals



## Strategic Objectives focus

**Safety, experience  
and outcomes**



For patients  
For staff (FTSU)  
For our community

**Leadership and  
Governance**



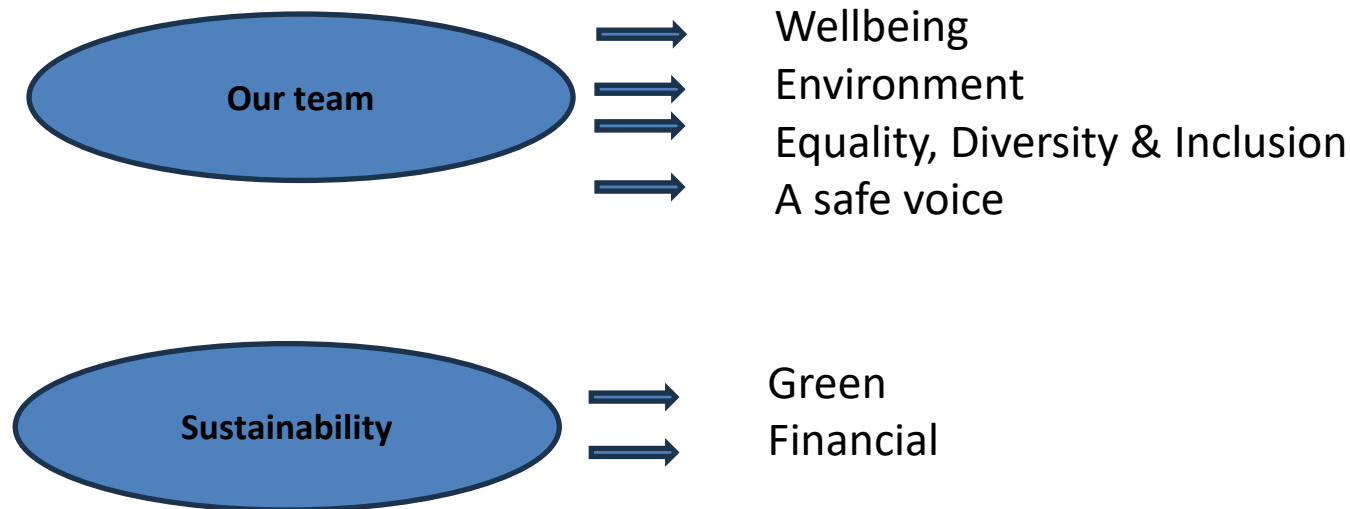
Well Led  
System Improvement Board exit

**Education and  
Learning**



For all staff  
For leaders  
From incidents  
From best practice or benchmarking

## Strategic Objectives focus



# Annual Members Meeting Wednesday 27th September 2023

**NHS**  
Countess of  
Chester Hospital  
NHS Foundation Trust



**Annual Report & Accounts  
2022/23**

# **Agenda**

- 1. Overview**
- 2. Income Headlines**
- 3. Expenditure Headlines (including Efficiency)**
- 4. Clinical work done**
- 5. Future**

# Annual Accounts Headlines

## *The Financial Story*



Headlines	2022/23 £'m	2021/22 £'m	2020/21 £'m
Income	348.9	334.2	313.0
Expenditure	(378.8)	(338.3)	(320.9)
(Deficit)/ Surplus per the Annual Accounts	<b>(29.9)</b>	<b>(4.1)</b>	<b>(7.9)</b>
Impairments	4.2	3.7	6.8
Adjust for Donated Asset Movements	0.1	0.4	(0.3)
<b>Adjusted Financial Performance Surplus/(Deficit)</b>	<b>(25.7)</b>	<b>(0.0)</b>	<b>(1.4)</b>



# Per the Annual Accounts (2022/23)

## (Page 7/48)

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED				
31 March 2023				
			2022/23	2021/22
			Total	Total
	NOTE		£000	£000
Operating Income from Patient Care Activities	2		326,606	311,837
Other Operating Income	2.4		22,273	22,325
Operating Expenses of Continuing Operations	3		(377,096)	(335,677)
Operating Surplus/(Deficit)			(28,217)	(1,515)
Net Finance Costs:				
Finance Income	7.1		658	28
Finance Expense - Financial Liabilities	7.2		(411)	(377)
PDC Dividends payable	1.14		(1,758)	(2,124)
Net Finance Costs			(1,511)	(2,473)
(Losses)/Gains of disposal of assets			(226)	(115)
<b>SURPLUS/(DEFICIT) FOR THE YEAR</b>			<b>(29,954)</b>	<b>(4,103)</b>
Other comprehensive income:				
Impairment losses on property, plant and equipment	1.6		517	44
<b>TOTAL COMPREHENSIVE INCOME AND EXPENSE FOR THE YEAR</b>			<b>(29,437)</b>	<b>(4,059)</b>

# **Agenda**

1. Overview

**2. Income Headlines**

3. Expenditure Headlines (including Efficiency)

4. Clinical work done

5. Future

# Annual Accounts Headlines

£

## *Income*

Item	2022/23 £'m	2021/22 £'m	Movement £'m	Rationale
<b>Income - TOTAL</b>	<b>348.9</b>	<b>334.2</b>	<b>14.7</b>	
1. NHS England	31.6	21.1	10.5	Increase relates to pension funding
2. Clinical Commissioning Group & Integrated care boards	256.6	253.9	2.7	
3. NHS Other	27.1	26.0	1.1	Wales & Public Health England
4. Other Income from patient care activities	11.3	10.9	0.4	
5. Other operating income	22.3	22.3	0.0	

# Agenda

1. Overview
2. Income Headlines
- 3. Expenditure Headlines (including Efficiency)**
4. Clinical work done
5. Future

# Annual Accounts Headlines

£

## *Expenditure*

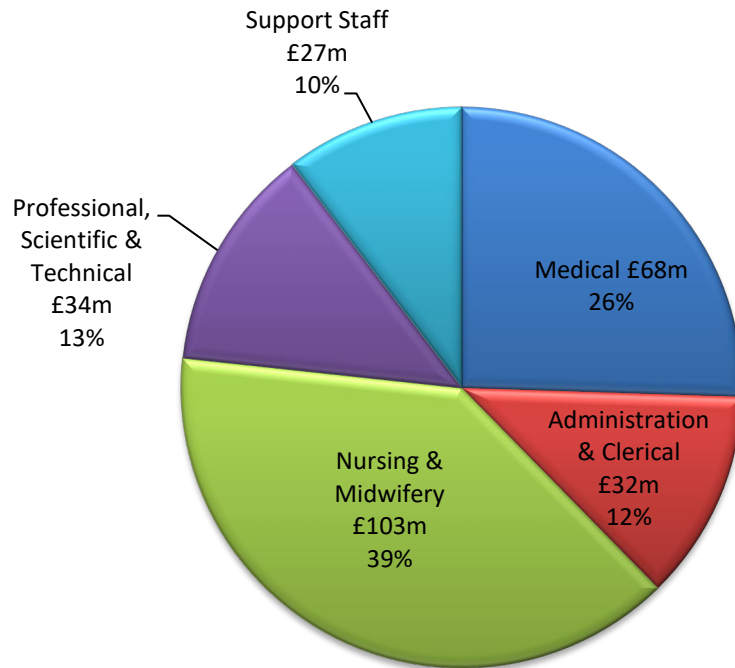
Item	2022/23 £'m	2021/22 £'m	Movement £'m	Rationale
<b>Expenditure - TOTAL</b>	<b>378.8</b>	<b>338.3</b>	<b>40.5</b>	
1. Staff Costs	264.5	231.0	33.5	Pay award, Pension, Temporary staff costs
2. Impairment	4.2	3.7	0.5	Valuation of buildings (incl. Same Day Emergency Care & Ventilation Standards)
3. Non-Pay Expenditure	99.1	94.3	4.8	Outsourcing, Drugs, Clinical Supplies
4. Depreciation & Amortisation	9.2	6.6	2.6	
5. Other	1.8	2.7	(0.9)	

# Annual Accounts Headlines

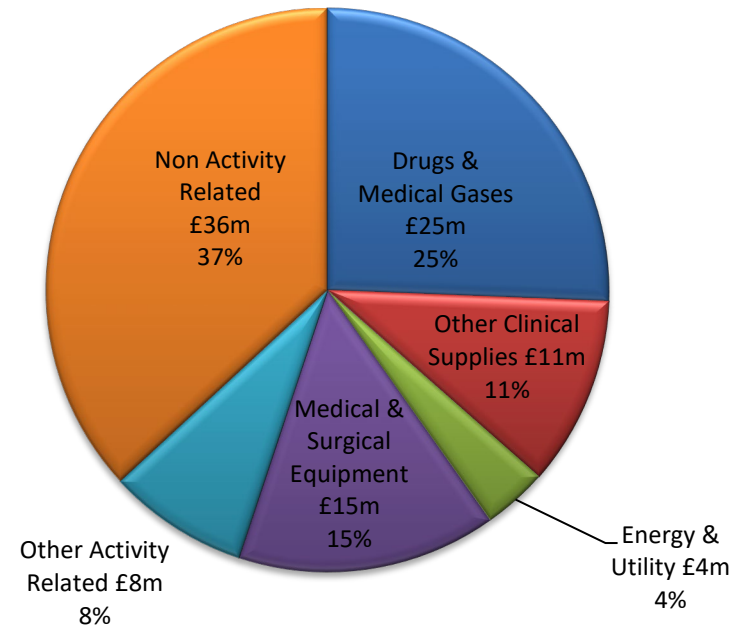
## *Expenditure*

£

**Break-down of Pay Expenditure  
2022/23 (£264.5m)**



**Break-down of Non-Pay  
Expenditure 2022/23 (£99.1m)**



# Annual Accounts Headlines

## *Expenditure – Efficiency Savings*



Financial Year	Target Delivery £'000	In Year Delivery £'000	In Year Delivery % age	Recurrent Delivery £'000	Recurrent Delivery % age
2022/23	16,300	15,420	95%	5,286	32%
2021/22	8,809	5,987	68%	2,183	23%
2020/21 *	Nil	Nil	Nil	Nil	Nil
2019/20	9,427	9,000	95%	5,306	56%
2018/19	10,739	5,102	48%	1,762	16%
2017/18	11,400	11,400	100%	7,279	64%
2016/17	6,141	6,385	100%	4,717	77%

\* N.B. No efficiency requirement for 2020/21 under interim NHS Financial Regime

# Annual Accounts Headlines

## *Why a bigger deficit than planned?*

£

Item	2022/23 Variance £'m	Rationale
1. Nursing Pay	9.4	Incl. £12.9m Nurse Agency
2. Medical Pay	5.0	Incl. £2.5m Medical Agency
3. Drugs	4.3	Price inflation
4. Insourcing	3.1	Services to hit 78 weeks
5. Services Received	1.3	Overseas Nurse recruit, & Tests
6. Planned CIP Savings not found	0.9	
7. Reserves etc.	(1.4)	Contingency, & slipped plans
<b>Total</b>	<b>22.6</b>	<b>Variance to Planned Deficit (of £3.1m)</b>

- Plan was £3.1m deficit, Actual was £25.7m deficit, variance to plan £22.6m adverse
- Indicative deficit was circa £20.7m, but agreed to take a more prudent approach with Junior Doctors Strike, & Non-Consolidated Pay award



# **Agenda**

1. Overview
2. Income Headlines
3. Expenditure Headlines (including Efficiency)
- 4. Clinical work done**
5. Future

# What did we deliver?

## *Clinical Activity*



Activity	2022/23 Number	2021/22 Number	2020/21 Number	2019/20 Number
Elective Inpatients	2,990	2,968	2,837	4,318
Elective Day Case patients (same day)	28,913	25,884	21,688	37,453
Non-elective (urgent) inpatients	29,583	30,763	24,612	30,562
Outpatients – first attendance	109,209	111,357	80,850	116,595
Accident & Emergency	84,032	87,275	66,627	77,891

# Agenda

1. Overview
2. Income Headlines
3. Expenditure Headlines (including Efficiency)
4. Clinical work done
- 5. Future**

# **What's on the horizon? (27 Sept. 2023)**

## **- Capital**

### **1. New developments**

- **Interventional Radiology, Countess (Apr 24)**
- **New Women's & Children's, Countess (Apr 25)**
  - **Incl. Remediation of existing Reinforced Autoclaved Aerated Concrete**
- **Electric High Voltage Supply (Apr 25)**
- **Patient Engagement Portal (PEP)**
- **Laboratory Information Management System (LIMS)**
- **Ellesmere Port Hospital transfer of ownership**
- **Reception area refresh (including Marks & Spencer)**
- **Ozonator – for waste reduction**
- **Improved Staff Areas (Revenue & Charitable funding)**

# **What's on the horizon? (27 Sept. 2023)**

## **- Revenue**

### **1. Performance**

- Improved patient flow
- Improved productivity
- Electronic Patient Record (Cerner) Upgrade

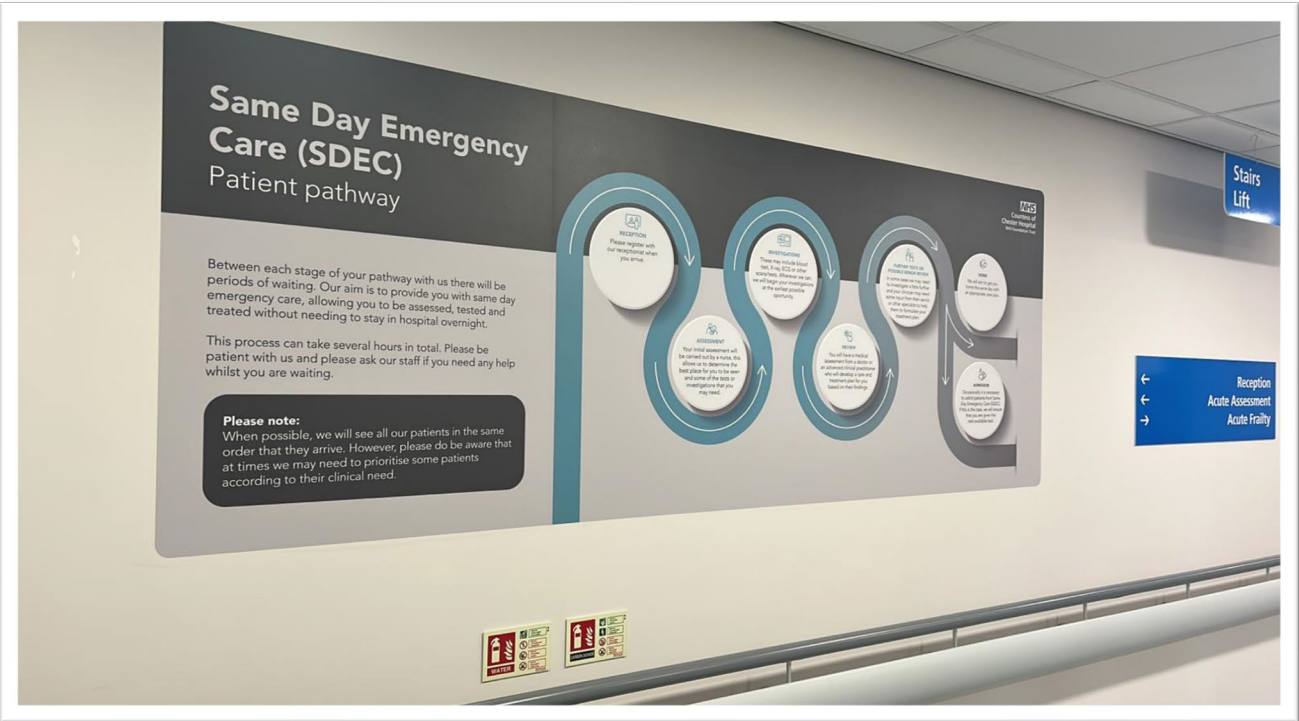
### **1. Financial issues**

- Financial balance/deficit recovery (potentially 5 Year period)
- Winter 2023/24
- Maximisation of Payment by Results opportunities
- Return of Staff Carparking charges
- NHS Pension Changes (flexible retirement etc.)
- Obtaining the “dividend” from past investments in:
  - Staffing (including Overseas recruitment)
  - IM&T (including the Electronic Patient Record, & equipment)
  - Estates (including SDEC, Women's & Childrens, Jubilee, Haygarth etc.)
- Charitable Funds Review

# The End



# SDEC Update



# SDEC principles

- **Best Use:**

- Right patient, right team, right time
- Clinical stability (NEWS)
- GP referrals (criteria based)
- All conveyances, unheralded via initial triage
- Increase daily activity, increase SDEC and reduce ED occupancy

- **Not for use:**

- As Discharge facility
- Type 3 attendances (Minors)
- Clinically unstable > NEWS4
- Breach avoidance
- Overflow for another area
- Awaiting ward admission



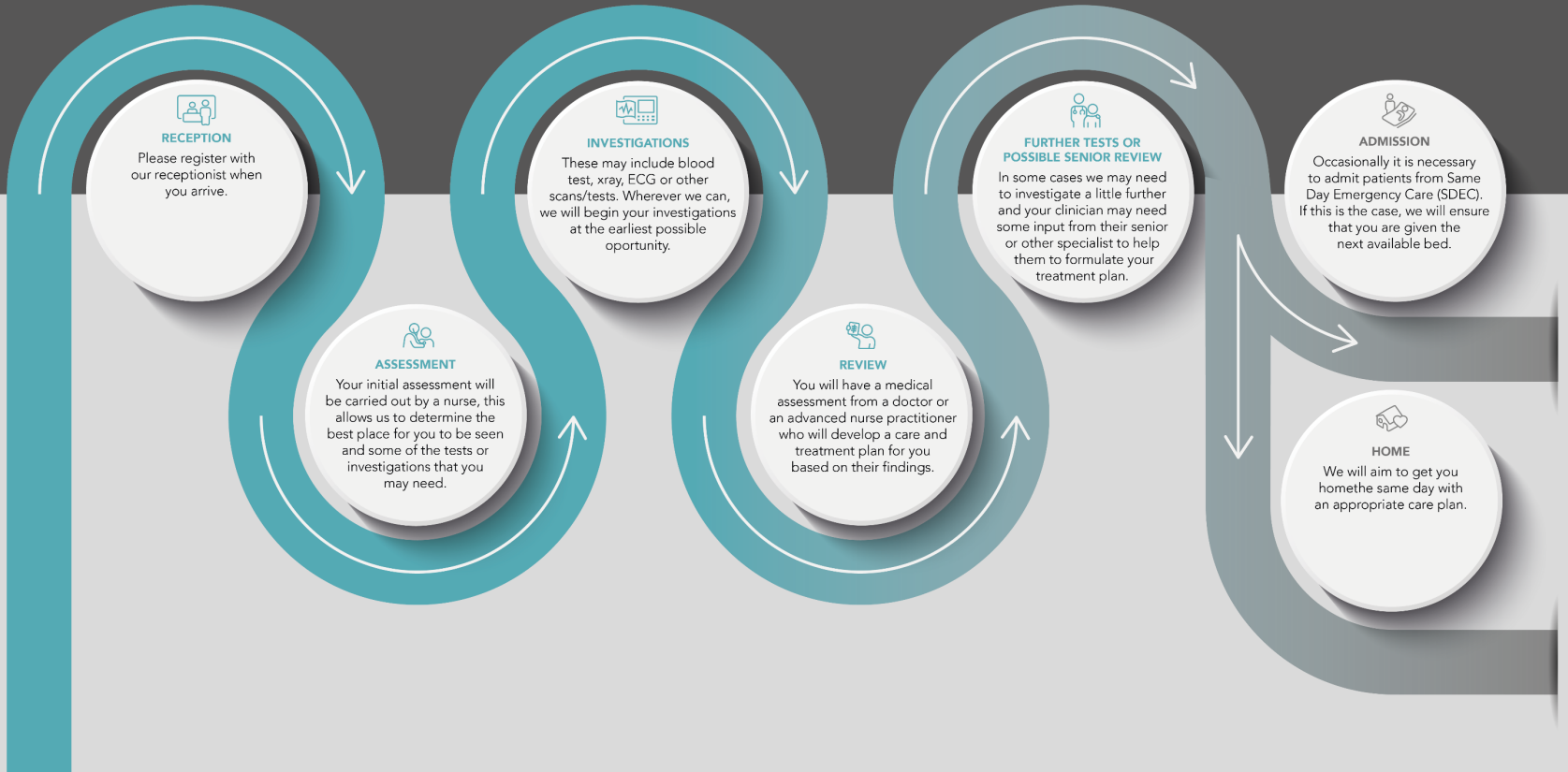
# Same Day Emergency Care (SDEC) Patient pathway

Between each stage of your pathway with us there will be periods of waiting. Our aim is to provide you with same day emergency care, allowing you to be assessed, tested and treated without needing to stay in hospital overnight.

This process can take several hours in total. Please be patient with us and please ask our staff if you need any help whilst you are waiting.

## Please note:

When possible, we will see all our patients in the same order that they arrive. However, please do be aware that at times we may need to prioritise some patients according to their clinical need.



# SDEC Update

Since opening in December 2022 efforts have been made to streamline referral processes to ensure that all those that meet the ambulatory care model are seen in the right and at the right time.

Referral processes have been streamlined at “front door ED” to ensure that all those that are GP referred and meet the SDEC criteria are automatically redirected to SDEC to ensure we capture all GP referrals appropriately.

Senior decision makers within ED can refer patients directly if they meet the referral criteria to acute and frailty SDEC.

NWAS and Community Geriatrician referrals are operational for SDEC Frailty so that patients bypass the Emergency Department and automatically are referred directly to SDEC.

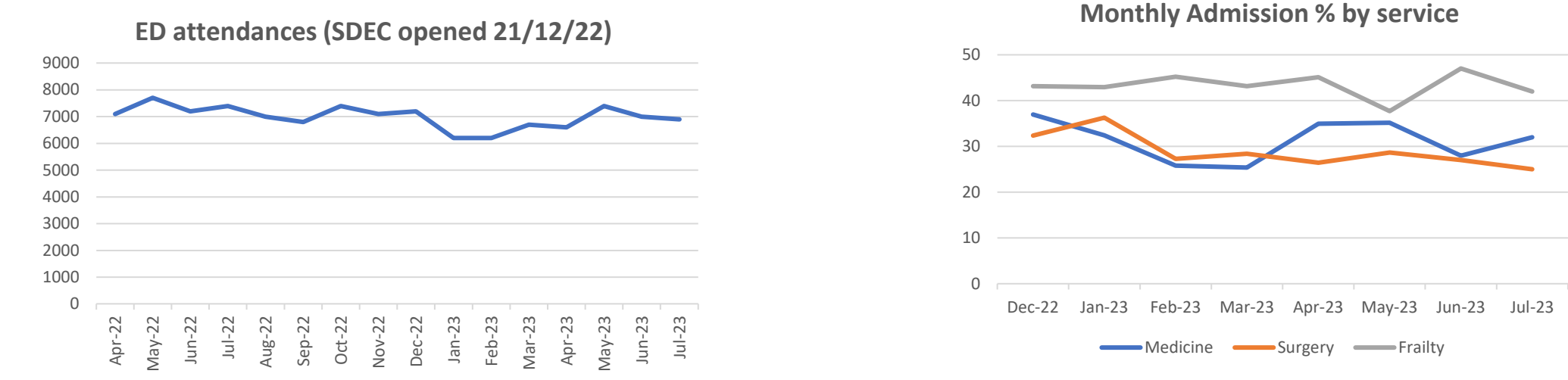
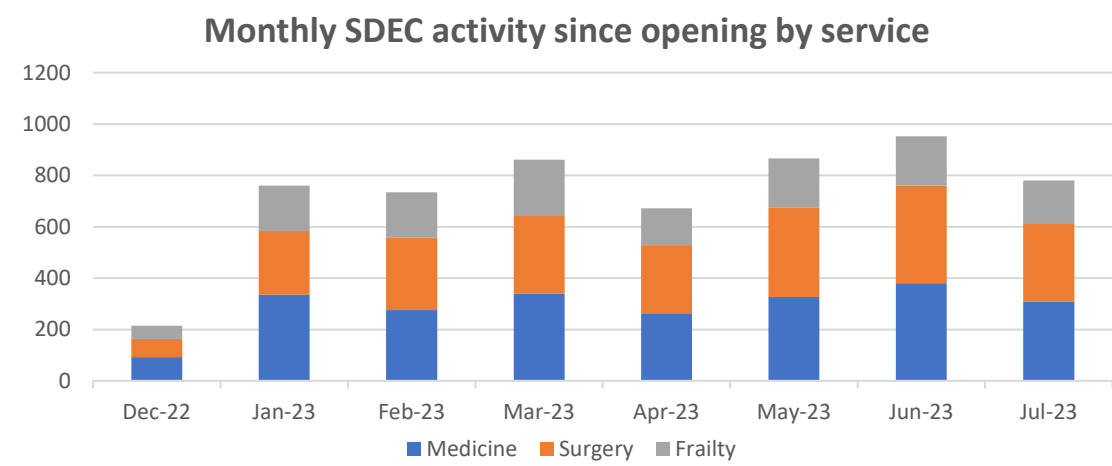
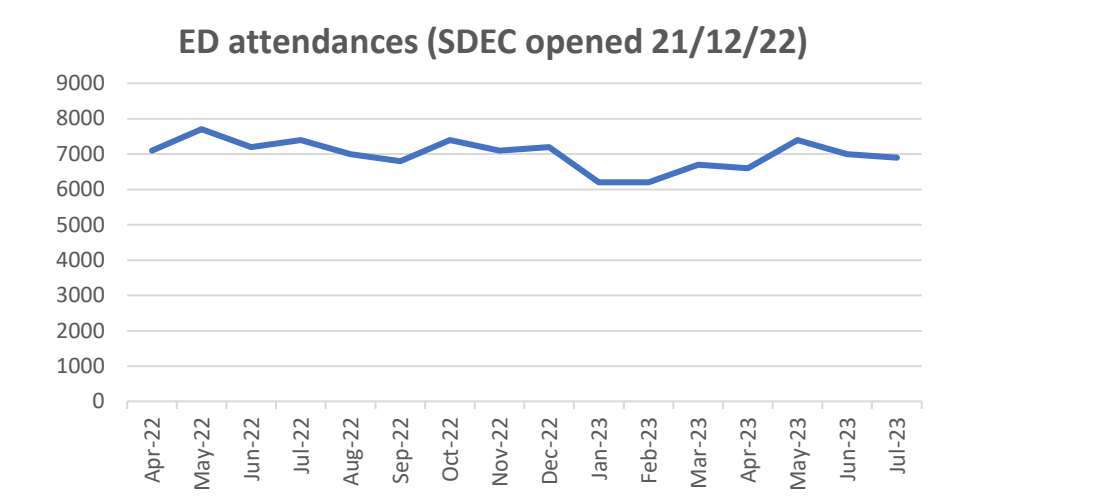
June 2023 was the busiest month for SDEC since opening with nearly 1000 patients going through the unit

Acute SDEC admission % remains around 30% whilst Frailty admission % remains highest owing to patient cohort being pulled directly from ED.

11pm extended close time is now business as usual resulting in higher activity throughput and less late closures

Planned care referral processes have been streamlined including engagement with clinical colleagues with regards to correct referral processes and SDEC usage.

# SDEC



- June 2023 was the busiest month for SDEC since opening with activity dropping in July owing to Industrial Action.
- Work to optimise ED/SDEC pathways underway to ensure prompt, frictionless transfer of patients over to the unit.
- Medical admission % increase in July and Surgery admission % decreased slightly. Frailty % admission remains highest owing to patient cohort being pulled from ED.



# SDEC

**NHS**  
Countess of  
Chester Hospital  
NHS Foundation Trust

## Same Day Emergency Care

### Nurse's Day

Friday 12th May is our Nurse's Day. The Trust will be providing celebrations. Thank you for your wonderful, hard work.

### ESR Compliance

Please review your ESR compliance and ensure this is 100%.

### Observations

Please ensure all patients receive observations within **30 minutes** of arriving on the unit & then **4 hourly** depending on NEWS 2.

### Feedback

Patient feedback remains fantastic. Please see attached for feedback since opening.

### SDEC Assessments

**Frailty** - Falls / Manual Handling / Pressure Ulcer

**SDEC Acute** - Manual Handling / Falls assessments on patients aged 65yr or over or any patient at risk / Pressure ulcer on those at risk patients.

Please also record any actions taken for pressure ulcers / falls.



NHS England and NHS Improvement

Same day emergency care:

- Improves patient experience
- Reduces unnecessary hospital admissions
- Avoids unplanned, longer than necessary stays in hospital

### SDEC Infection Control

Masks are no longer required on SDEC. Please continue to wear masks for those infectious reasons. Staff can still continue to wear masks if preferred.

Please ensure every bay and recliner area is cleaned down and an 'I am clean' sticker placed. Please continue to use the purple top cleaning wipes for the recliners and ensure the recliners are cleaned flat to ensure the back chair join is also cleaned. Further training dates TBC.

Please ensure every cannula inserted on SDEC is documented accurately on EPR+ and the cannula dated. Nurses are required to complete a phlebitis assessment per shift for ongoing cannulas. Please see the SDEC Information folder for a further detailed process on how to document on EPR+.

### SDEC Opening Times

SDEC continues to operate from 9am - 11pm. A reduction in the unit staying open past this time has improved therefore the 11pm closing time will continue. We will continue to review this. Unfortunately no confirmed parking for SDEC has been authorised. Security have



### Sickness Reporting

Sometimes illnesses and emergencies are unavoidable.

The hospital adheres to an attendance management policy which is available on our Intranet pages.

Please ring the Unit Manager on 01244 364931 or Team Leader on 01244 364989 to report any sickness.

If you do not speak with a manager please ensure you ring on the next working day.

It is not acceptable to send emails or text messages.

### SDEC Numbers:

Unit Manager: 4931

Team Leader: 4989

Reception (GF): 4940/4949

Nurse Station 1: 4932/4933

Nurse Station 2: 4935

Frailty: 4934



confirmed if there are no staff places, staff can park in the visitors car park and inform security so they can be let out without paying.

### SDEC Communication

Please continue to communicate with patients regarding their plan on SDEC. Waiting times are improving but it is inevitable at times that patients will have to wait for results & review. Please ensure patients are informed regarding any waits.

### SDEC moving forward

The **SDEC operational meeting** continues monthly. Please see attached notes from the recent meeting.

**SDEC Training** - Brea & Chaniece are busy planning and implementing a training programme for SDEC staff to receive training surrounding Medical & Surgical conditions. Dates TBC.

**SDEC access** - staff can enter SDEC via the far right front entrance (located by ED) with their swipe card if required prior to the main doors being unlocked.

**Single Sign On is now active on SDEC** - request made to review the SSO active time for the red computers.

**We welcome Clare (Ward Clerk), Samantha (RN) & Josie (RN) this month** to the team, we hope you enjoy getting to know everyone and how the unit operates. Also congratulations to Emma who has now received her PIN - well done!

### SDEC Well-being

Please remember to look after yourselves and one another. Please remember the Trust's core values and behaviours and be mindful how we speak to colleagues. We are all here to work together as a team. **Thank you SDEC team** for your continued professional, hard work. **SDEC suggestion box** also now live in the staff room.

# SDEC patient feedback, collected daily

“The best environment I have experienced whilst being under health care. I couldn't thank the staff enough for their care & consideration. Well done all !”

“All the staff have been professional, attentive & friendly. They made me as comfortable as possible and communicated well throughout my stay. Thank you for the welcoming, friendly and professional care that your team have given my mum & family to enable mum to go home safely.”

“Actions, explanations & care given during my stay was first class, as were the staff. Could not have asked for any better. Thank you!”

“Found the unit to be very friendly and very good at explaining everything that was going to happen. I found it to be a very good service. Thank you to all the staff.”

“Generally, very good with helpful staff. Keep up the standards achieved.”

“Was seen quickly given a chair in a bay so I was to be able to get in a pain reducing position. Friendly helpful staff.”

“Excellent unt. Staff showed empathy towards my mother, treated mum with respect & dignity she deserved. With all combined experience of OT, Pharmacist, Nurses, Doctor & Consultants the holistic approach which was required was given with best outcome for mum.”

# SDEC plans and next steps

Acute oncology pathway: October 2023

Iron Infusion clinic: October 2023

Surgical pathways (GIRFT) including Diverticulitis: November 2023

Active Acute Physician recruitment plans in process, currently out to recruit to x 4 WTE. this will enhance consultant availability to maximise SDEC

Specialist Doctor appointed start date in November – direct SDEC experience.

Focus on Frailty and Acute services operating at the point of ED arrival as part of ED Improvement Programme, optimising SDEC with aim >1000 patient attend per month

Further collaboration with NWAS

# Members' Presentation

**Countess of Chester Hospital NHS Foundation Trust**

2022-23 Annual Members' meeting

27 September 2023

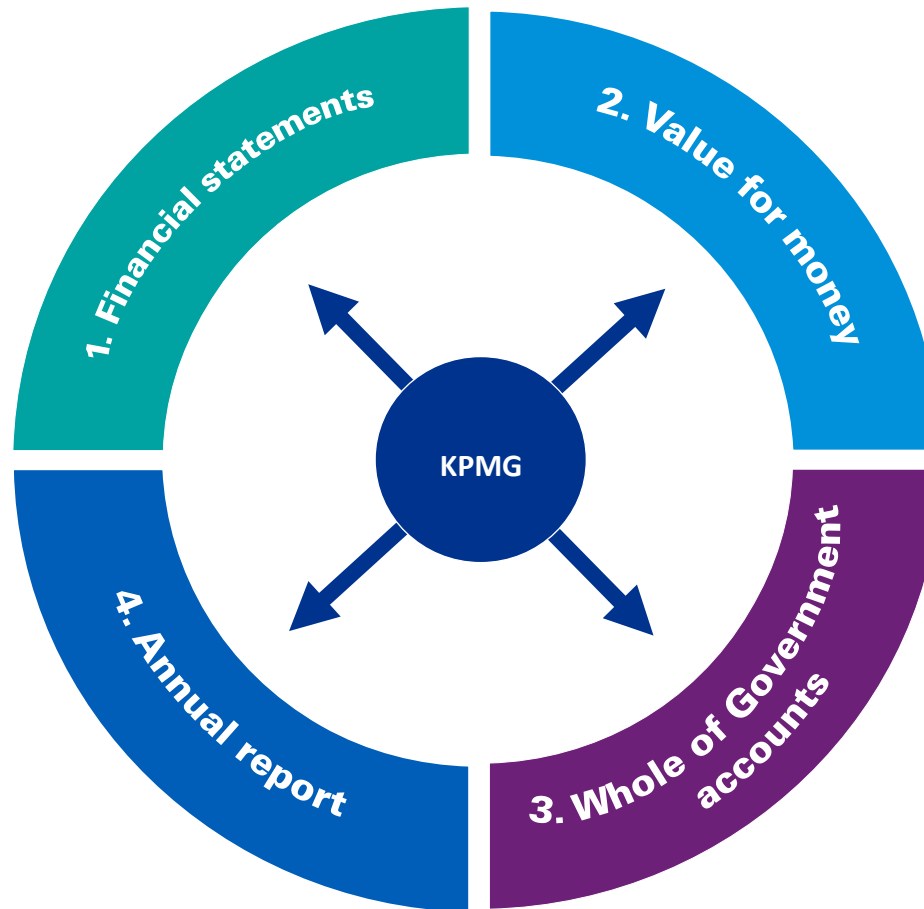


# Agenda

- **Our responsibilities**
- **Headlines from our work 2022/23**



# Our responsibilities



# Auditor's Annual Report

## Requirements

- *Report prepared in line with requirements of the Code of Audit Practice published by the National Audit Office*
- *Public facing document to be published alongside the Trust's annual report and accounts on the Trust's website*

- ✓ The report summarises the findings and key issues arising from our audit.
- ✓ Includes the detailed commentary from the completion of our value for money assessment.

# 1. Financial statements

## Requirements

- *The accounts are properly prepared in accordance with accounting standards*
- *The accounts give a true and fair view of the financial performance and position of the Trust.*

## Trust outcome

- ✓ We issued an unqualified opinion in 2022/23.
- ✓ Means that the accounts give a true and fair view of the Trust's performance during the year and of its year end financial position.
- ✓ We identified two unadjusted audit differences that would have had a £3.8m positive impact on the reported deficit and one adjusted audit difference relating to the classification of fixed assets. The latter had no impact on reported deficit.
- ✓ One medium priority recommendation was raised in respect of journal controls.

# 2. Value for money

## Requirements

*Assess whether there are significant weaknesses in the Trust's arrangements for achieving value for money.*

## Changes to responsibilities

New responsibilities were introduced for 2020-21 as a result of changes to the Audit Code of Practice.

- ✓ Increased depth to our assessment of whether there are significant risks, considering the design of a range of systems.
- ✓ Production of a commentary on the arrangements in place to be published on the Trust's website.
- ✓ Conclusion provided against each of the three domains, summarising the work performed and our findings.

### Financial sustainability

*How the body manages its resources to ensure it can continue to deliver its services.*

### Governance

*How the body ensures that it makes informed decisions and property manages its risks.*

### Improving economy, efficiency and effectiveness

*How the body uses information about its costs and performance to improve the way it manages and delivers its services.*

# 2. Value for money

## Reporting

The revised value for money arrangements enhance the level of reporting required, to include;

- ✓ A summary of our risk assessment against each of the three value for money criteria, setting out our view of the arrangements in place compared with industry standards;
- ✓ A summary of any further work undertaken against identified significant risks and the findings from this work; and
- ✓ Recommendations raised from the work undertaken and follow up of previous recommendations.

## Trust outcome

- ✓ No new significant weaknesses were identified with regards to the Trust's arrangements.
- ✓ However, we carried out detailed follow up work over the three significant weaknesses and respective recommendations related to financial sustainability, governance and improving economy, effectiveness and efficiency domains identified in the prior year
- ✓ A copy of our commentary has been provided alongside this pack.
- ✓ We concluded the recommendations were partially implemented

# 2. Value for money

Area	Significant Weakness	Status June 2023
<b>Financial Sustainability</b>	<p>The Trust has identified a significant savings plan for 2022/23 with a large proportion of savings yet to be identified. This coupled with a number of other assumptions, such as the realisation of income in relation to the Elective Recovery Fund, and possible investments required in relation to the recent CQC Inspection report, could substantially threaten the Trust's ability to deliver the plan.</p> <p><b>Recommendation</b></p> <p>The Board should ensure that appropriate arrangements are implemented to identify and deliver the Trust identified savings in order to meet the financial plan for 2022/23 and future years.</p>	<p><b>Partially Implemented</b></p> <p>We note that the financial planning position has been communicated transparently to FPC &amp; Board throughout the year. For 2023/24 financial year, progress has been made to identify recurrent CIP savings, however £8.3m are unidentified and £7.8m are considered high risk.</p> <p>Management are in a better position in terms of CIP planning than in May 2022 and are in the process of developing a financial transformation plan (part of a wider five-year financial strategy) that will seek to return the Trust to breakeven following what will be two successive years of significant deficits.</p>

# 2. Value for money

Area	Significant Weakness	Recommendation
<p><b>Governance</b></p> <p><b>Improving economy, efficiency and effectiveness</b></p>	<p>Following the recent CQC Inspection, the Trust has retained its rating of Requires Improvement from the previous CQC Inspection that took place in December 2019. The Trust has also received a rating of inadequate in relation to 'Are services well-led?' and some aspects of maternity services.</p> <p>The CQC Inspection report states that 'during the inspection of the trust's leadership and governance in December 2019, the CQC asked the Trust to ensure that action was taken to improve the quality and safety of care patients were receiving on the inpatient wards. The return visit found that the Trust had not made significant improvement in some of the areas of concern identified in the 2019 inspection which resulted in continued breaches of several regulations.'</p> <p><b>Recommendation</b></p> <p>The Board must ensure that significant improvement is made in the areas of concern not yet addressed from December 2019. Further the Board must manage the implementation of the improvement plan produced as a result of the published CQC report in June 2022. Progress should be monitored and scrutinised by the appropriate project groups and the Trust's Board to ensure the actions taken to address the issues raised are effective.</p>	<p><b>Partially Implemented</b></p> <p>An established governance reporting structure is in place to monitor progress against the regulated activity recommendations from the CQC review with appropriate external oversight by the SIB.</p> <p>Progress is evident based on the what we have reviewed and through our discussions with members of the Executive team. However, we recognise there is still significant work to be done to move the Trust into Segment 2 of the NHS Single Oversight Framework and return to a 'Good' CQC rating.</p> <p>.</p>

# 2. Value for money

Area	Significant Weakness	Status June 2023
<p><b>Improving economy, efficiency and effectiveness</b></p>	<p>There has been a lack of oversight in relation to risk management, decision making and the ability to implement effective recovery plans where things have not gone to plan. Specifically in relation the implementation of the EPR system and an effective recovery plan for planned care and treatment.</p> <p>This has impacted upon the quality and effectiveness of the delivery of patient care.</p> <p><b>Recommendation</b></p> <p>The Board should review their risk processes to ensure that they are able to identify areas that could impact on their ability to deliver services effectively and efficiently. Where risks are identified, these should be managed appropriately with decisions made on a timely basis to address areas of concern.</p>	<p><b>Partially Implemented</b></p> <p>Reflecting on the progress made in both these areas during the year and achievement of clear milestones, we are satisfied the Trust has demonstrated appropriate arrangements in place to manage the risks associated with EPR stabilisation and elective recovery and taken appropriate action or secure improvement in areas where the body has identified weaknesses in terms of service performance.</p> <p>The EPR stabilisation/ optimisation programme is still ongoing so this recommendation remains in progress.</p>



# 3. Whole of Government Accounts

## Requirements

- *Confirm that the Trust's submission to NHS Improvement for production of the consolidated NHS provider sector accounts matches the financial statements.*

## Trust outcome

- ✓ For 2022/23 we issued an unqualified consistency certificate.
- ✓ This means that we did not identify any inconsistencies between the financial statements and the information included in the consolidation schedules.

# 4. Annual Report

## Requirements

- *Confirm that the information included within the annual report is consistent with our knowledge of the Trust; and*
- *Confirm that all requirements of the Annual Reporting Manual have been included.*
- *Verify the accuracy of certain remuneration disclosures.*

## Trust outcome

- ✓ We confirmed that the Governance Statement had been prepared in line with the Annual Reporting Manual requirements.
- ✓ We did not identify any material inconsistencies with our knowledge of the Trust.
- ✓ We audited the information required to be checked as part of the remuneration report.



# Q&A



The information contained herein is of a general nature and is not intended to address the circumstances of any particular individual or entity. Although we endeavor to provide accurate and timely information, there can be no guarantee that such information is accurate as of the date it is received or that it will continue to be accurate in the future. No one should act on such information without appropriate professional advice after a thorough examination of the particular situation.

© 2023 KPMG LLP, a UK limited liability partnership and a member firm of the KPMG global organisation of independent member firms affiliated with KPMG International Limited, a private English company limited by guarantee. All rights reserved.

The KPMG name and logo are registered trademarks or trademarks of KPMG International.

# **Lead Governor's Update 2022/23**

Mr Peter Folwell  
Lead Governor

# **Council of Governors Election Results 2023**

Trust Chair

Mr Ian Haythornthwaite

# **Public Governors - Chester City and Rural Cheshire**

The following candidates are elected  
unopposed:

**John Jones**

**Robert Howe**

## Public Governors

We have a small number of vacancies still to fill and we will work with our Membership and Governor colleagues to explore the best ways to elect to these.

We welcome our returning and new Governors and will support them as they undertake their roles.



# Staff Governors

## Allied Health Professionals

Claire Hankinson, Operations Manager (Hospital at Home)

Ashley Jayne Caple, Team Leader - Paediatric

# Staff Governors

## Doctor

Dr Salah Tueger, Consultant Haematologist

# Staff Governors

## Nursing

Paula Edwards, Quality Matron

Angel Lewis-Aaron, Registered Nurse - Outpatients  
Department

Maria Woodward, Matron - Ellesmere Port Hospital

Dadirai Kambasha, International Recruitment & Pastoral  
Care Lead Nurse

*(as part of two job sharing arrangements)*

# Staff Governors

## **‘Other’**

Chris Price, Head of Information Governance

Stephen Higgitt, Workforce Information Officer

*(as part of a job share)*

# Thank you

Thank you to both our Public and Staff Governors who are continuing within their roles and also to those who are no longer continuing as Governors.

# Question and Answer Panel

Board of Directors

# Thank you for attending

Mr Ian Haythornthwaite  
Trust Chair