

Meeting of the Council of Governors in Public

Thursday 21st November 2024, 2.00pm – 4.00pm, Boardroom, 1829 Building

Chair	Mr I Haythornthwaite, Trust Chair
Apologies	Ms C Gahan and Ms K Knight, Partnership Governor Mr D Williamson and Ms S Corcoran, Non-Executive Directors Ms C Chadwick, Chief Operating Officer and Mrs K Edge, Chief Finance Officer
In attendance	Mr S Brown, Deputy Chief Operating Officer and Mrs H Wells, Deputy Director of Finance

Time	Agenda Number	Agenda item	Lead	Page Number	Decision Required
<i>1.45pm – 2.00pm – Governor Photos (Communications Team)</i>					
2.00 pm	1.	Welcome, apologies, and opening remarks (verbal)	Trust Chair		For noting
2.00 pm	2.	Declarations of conflicts of interest with agenda items (verbal)	Trust Chair		For noting
2.00 pm	3.	To approve the minutes of the Council of Governors held on the 11 th July 2024 (attached)	Trust Chair	4 - 14	For approval
2.05 pm	4.	To consider any matters arising and action log (attached)	Trust Chair	15 - 16	For noting
2.15 pm	5.	Patient Story (to be presented on the day)	Director of Nursing & Quality / Deputy Chief Executive		For noting
2.30 pm	6.	Council of Governors Workshop – 17 th October 2024 feedback and action plan (attached)	Director of Governance, Risk and Improvement	17 - 22	For ratification
2.40 pm	7.	Trust Chair's Briefing (verbal)	Trust Chair		For noting
2.50 pm	8.	Chief Executive Officer's Report (attached)	Director of Nursing & Quality / Deputy Chief Executive	23 - 28	For noting
3.00 pm	9.	Lead Governor Update – November 2024 (attached)	Lead Governor	29 - 30	For noting
3.10 pm	10.	Care Quality Commission National Inpatient Survey 2023 – Results Update (attached)	Director of Nursing & Quality / Deputy Chief Executive	31 - 38	For assurance
3.20	11.	To receive questions on:			

pm		<p>a) Board of Directors meeting 30th July 2024 (minutes) and Board of Directors meeting 24th September 2024 (agenda) (attached)</p> <p>b) The recent Chair's reports of Board Sub-Committees (attached):</p> <ul style="list-style-type: none"> • Chair's report from the Chair of the Quality & Safety Committee – 10th September 2024 • Chair's report from the Chair of the People & Organisation Development Committee – 13th August 2024 <p>c) Strategic Oversight Framework Report – September 2024 (attached)</p> <ul style="list-style-type: none"> • Operational Performance • Quality • Safety • Finance • Human Resources & People 	<p>Trust Chair & Executive Directors</p> <p>Non-Executive Directors</p> <p>Deputy Chief Operating Officer</p> <p>Director of Nursing & Quality/ Deputy Chief Executive</p> <p>Medical Director</p> <p>Chief Finance Officer</p> <p>Interim Chief People Officer</p>	<p>39 - 59</p> <p>60 - 64</p> <p>65 - 105</p>	<p>For noting and discussion</p> <p>For noting and discussion</p> <p>For assurance</p>
3.30 pm	12.	To receive feedback from Governors (verbal)	Governors		For noting
3.35 pm	13.	Feedback from Non-Executive Director /Governor Walkabouts (verbal)	All Governors		For noting
3.40	14.	For noting:			

pm		a) Council of Governors Workplan (attached)	Director of Governance, Risk and Improvement	106 - 108	
		b) Updated Council of Governors Photo Sheet (attached)	Trust Chair	109	
3.40 pm	15.	Any Other Business (verbal)	Trust Chair		For noting
PRIVATE					
3.45 pm	16.	Proposal – Extension of External Auditors Contract (attached)	Chief Finance Officer		For approval
3.55 pm	17.	Proposal - Non-Executive Director re-appointment (to follow)	Trust Chair		For approval
4.00 pm	18.	Close of meeting			

Next Meeting: Thursday 13th February 2.00pm – 4.00pm, Boardroom, 1829 Building



MINUTES OF THE COUNCIL OF GOVERNORS (IN PUBLIC)
THURSDAY 11th JULY 2024, 2.30PM – 4.00PM
BOARDROOM, 1829 BUILDING

Members	11/04/ 2024	11/07/ 2024		
Trust Chair (Chair), Mr I Haythornthwaite	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Chester and Rural Cheshire				
Public Governor, Ms A Black	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Public Governor, Mr R Howe	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Public Governor, Mr J Jones	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Public Governor, Ms L Liang	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Public Governor/Deputy Lead Governor, Dr C Stein	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Public Governor, Mr T Wheeler	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<i>Vacant position</i>	N/A	N/A		
<i>Vacant position</i>	N/A	N/A		
Ellesmere Port and Neston				
Public Governor/Lead Governor, Mr P Folwell	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Public Governor, Mr B Jones	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Public Governor, Ms P Hayes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<i>Vacant position</i>	N/A	N/A		
Flintshire				
Public Governor, Mr M McAdams	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Public Governor, Mrs R Overington	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<i>Vacant position</i>	N/A	N/A		
Remaining England and Wales				
Public Governor, Ms E Foreman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Partnership Organisations				
Partnership Governor, Ms J Bellis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Partnership Governor, Mr D Foulds	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Partnership Governor, Ms C Gahan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Partnership Governor, Prof E Mason-Whitehead	<input checked="" type="checkbox"/>	N/A		
Partnership Governor, Dr K Knight	N/A	<input checked="" type="checkbox"/>		
Partnership Governor, Dr Chris Stockport	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Staff Governor				
Staff Governor, Ms P Edwards	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Staff Governor, Ms C Hankinson	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Staff Governor, Mr S Higgitt	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Staff Governor, Ms A Jayne Caple	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Staff Governor, Ms D Kambasha	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Staff Governor, Ms A Lewis-Aaron	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Staff Governor, Mrs C Price	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Staff Governor, Dr A Tueger	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Staff Governor, Mrs M Woodward	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

In Attendance				
Chief Executive Officer, Ms J Tomkinson OBE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Director of Nursing & Quality/Deputy Chief Executive, Ms S Pemberton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Acting Chief People Officer, Mr M Dale	<input checked="" type="checkbox"/>	N/A		
Interim Chief People Officer, Mrs D Herring	N/A	<input checked="" type="checkbox"/>		



Chief Operating Officer, Ms C Chadwick	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Deputy Chief People Officer, Mr S Brown (on behalf of Ms C Chadwick on 11/07/24)	N/A	<input checked="" type="checkbox"/>		
Chief Finance Officer, Mrs Karen Edge	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Medical Director, Dr N Scawn	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Interim Director of Digital, Mr D Reilly (on behalf of Mr J Bradley, Chief Digital Data Officer on 11/07/24)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Executive Director, Mr M Guymer,	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Executive Director, Mrs P Williams,	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Executive Director, Ms W Williams,	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Executive Director, Mr A Hassell	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Executive Director, Mr D Williamson	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Executive Director, Ms S Corcoran	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Director of Strategic Partnerships, Mr J Develing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Director of Governance, Risk & Improvement, Mrs K Wheatcroft	N/A	<input checked="" type="checkbox"/>		
Deputy Director of Governance & Risk, Mrs L Leadsom	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Deputy Director of Quality Governance, Ms F Altintas (For item 4a)	N/A	<input checked="" type="checkbox"/>		
Acting Ward Manager, Ward 40, Ms E Powell (For item 5)	N/A	<input checked="" type="checkbox"/>		
Head of Nursing, Surgical Specialities/Planned Care, Ms C Finney in attendance (For item 5)	N/A	<input checked="" type="checkbox"/>		
Committee Secretary, Mrs C Jones (Minute Taker)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

FORMAL BUSINESS	
1.	<p><u>Welcome, apologies and opening remarks</u></p> <p>The Trust Chair welcomed all to the meeting. Apologies were noted from:</p> <p><u>Governors:</u> Public Governor, Mr R Howe, Partnership Governor Ms C Gahan and Dr C Stockport and Staff Governor, Ms A Jayne Caple.</p> <p><u>Executive Directors:</u> Chief Executive Officer, Ms J Tomkinson OBE, Chief Digital & Data Officer, Mr J Bradley, and Chief Operating Officer, Ms C Chadwick.</p> <p><u>Non-Executive Directors:</u> Non-Executive Directors, Mr M Guymer, Mr P Jones and Ms W Williams.</p> <p>Public Governor, Mr J Jones, Staff Governors Mrs C Price and Dr A Tueger, Partnership Governor, Mr D Foulds and Non-Executive Directors, Ms S Corcoran, and Mr D Williamson joined via Microsoft Teams.</p>



	<p>It was noted that there were some technical issues at the beginning of the meeting for those attending via MS Teams. The Trust Chair, Mr I Haythornthwaite, confirmed with attendees they were all able to see and hear.</p>	
2.	<p><u>Declarations of Conflicts of Interest with agenda items</u></p> <p>There were no declarations of interest noted in relation to the agenda items.</p>	
3.	<p><u>To approve the minutes of the Council of Governors Meeting held on the 11th April 2024</u></p> <p>The minutes of the meeting held on the 11th April 2024 were approved as a true and accurate record.</p>	
4.	<p><u>To consider any matters arising and action log</u></p> <p>a) <u>Action 8 – Never Events Comparison Report</u> Deputy Director of Quality Governance, Ms F Altintas in attendance.</p> <p>The Deputy Director of Quality Governance, Ms F Altintas. highlighted the following from the Never Events Comparison Report to the Council of Governors:</p> <ul style="list-style-type: none"> • The highest number of Never Events reported by an individual Trust in 2023/24 was eleven by Birmingham NHS Trust, this is published within their Annual Report. • The Trust positions favourably with neighbouring Trusts and reported zero Never Events in 2023/24. • The two top reported Never Events nationally are wrong site surgery and retained foreign object. • The Trust has reported one Never Event in 2024/25 to date and a Patient Safety Incident Investigation (PSII) is underway. <p>Deputy Lead Governor, Ms C Stein, requested further assurance and lessons learned from the Never Event reported in 2024/25. and Ms F Altintas updated that there are a number of classifications of what a Never Event is. Ms C Stein asked for clarity with regards to the references to NatSSIPS/LocSSIPS and Ms F Altintas provided an explanation with regards to NatSSIPS/LocSSIPS noting the eight set standards that every Trust has to follow and monitor. Ms C Stein further queried the lessons learnt from Never Event reported in 2024/25 and Ms F Altintas advised that the Patient Safety Incident Response Framework (PSIRF) for investigation of incidents and that a PSII investigation into this incident is underway. Ms F Altintas explained that immediate actions following the Never Event has included the review of the Swab Count Policy which was not adhered to with regards to smaller swabs having not been removed and the counting in and out when using swabs.</p> <p>The Council of Governors noted the update and compassion provided within the report and that a further update will be provided following the consultation by NHS England regarding Never Events.</p>	
5.	<p><u>Patient Story</u> Acting Ward Manager, Ward 40, Ms E Powell and Head of Nursing, Surgical Specialities/Planned Care, Ms C Finney in attendance.</p>	



	<p>The Acting Ward Manager - Ward 40, Ms E Powell, presented a Patient Story to the Council of Governors regarding a husband and wife's inpatient stay and journey at the Trust, noting the positive outcome of the couple being discharged together to a residential placement.</p> <p>Staff Governor, Ms C Hankinson, queried the key enablers to reducing the patient's length of stay. The Head of Nursing, Surgical Specialities/Planned Care, Ms C Finney, responded that this was due to a great Multi-Disciplinary Team (MDT), ward based doctors and social worker support sited on the ward. Ms C Finney explained that the MDT meetings take place every morning to plan for the day and weekend periods to support patients and improve their experience. Ms E Powell added that a consistent approach to patient pathway reviews support quicker discharge.</p> <p>Partnership Governor, Ms J Bellis, updated that she meets regularly with the Divisional Director of Therapies and Integrated Community Care, Ms A Swanton, and Flintshire Continuing NHS Healthcare (CHC) are committed to working differently to improve pathways under the financial constraints. Ms J Bellis explained that there is currently a pilot taking place which Flintshire CHC are hugely supportive of to reduce length of stay with patients to be assessed and allocated in a timelier manner. Ms J Bellis added that there are now dedicated blocked beds in their homes with twelve rehab beds having extended their offer and positive feedback is being seen from the pilot.</p> <p>The Deputy Lead Governor, Ms C Stein, queried if the pilot taking place in Wales is to be rolled out within England. Ms E Powell replied that this pilot is to support discharge for Welsh patients to support and manage the Welsh patients within the Trust being discharged into the appropriate care environment be it home or residential care and to improve hospital care. Ms C Stein queried if there is any funding from Wales to support and the Chief Finance Officer, Ms K Edge, responded that the pilot is in response to care issues for these patients noting no additional financial support from Wales.</p> <p>The Trust Chair, Mr I Haythornthwaite, thanked Ms E Powell and Ms C Finney for the patient story presented.</p> <p>The Council of Governors noted the Patient Story.</p>	
6.	<p><u>Trust Chair's Briefing</u></p> <p>The Trust Chair, Mr I Haythornthwaite noted the Council of Governors will receive an update from the Chief Executive Officer's Report but informed the Council that himself and the Chief Executive Officer, Ms J Tomkinson meet on a regular basis. Mr I Haythornthwaite advised that himself and the Director of Governance, Risk & Improvement, Mrs K Wheatcroft, are working together to improve communications with Governors further.</p> <p>The Council of Governors noted the Trust's Chair briefing.</p>	



7. **Chief Executive Officer's Report**

The Director of Quality & Safety/Deputy Chief Executive, Ms S Pemberton, highlighted the following to the Council of Governors from the June 2024 Chief Executive Officer's Report:

- The Trust had a positive meeting with the Care Quality Commission (CQC) on the 15th May 2024 updating on the single assessment framework and progressing actions. It was noted that a CQC update report is shared through each Board of Directors meeting and Ms S Pemberton meets with the CQC on a bi-weekly basis. The CQC inspection format will change moving forward to consistent assessments throughout the year.
- The engagement with staff to improve the Staff Survey is a key piece of work which is ongoing with the development of staff networks. Each Executive has a leadership role for a staff network.
- The Staff Wellbeing Hub opened on the 13th May 2024 with positive feedback and regular events are taking place within this venue.
- The Civility Roadshows have taken place leading to the development of the Trusts new civility statement 'We will always treat everyone with respect and kindness, be polite and professional, listen to them and help each other whenever we can'. The culture work with teams continues.
- The Team Engagement and Development Tool (TED) has relaunched, and all are encouraged to use the tool.
- The new Ward Accreditation tool is now in place with positive feedback received to date.
- The Board of Directors agree that staff reward and recognition is crucial, and to recognise International Nurses Day and International Day of the Midwife, a ceremony was held on the 9th May 2024 to recognise those who have gone above and beyond.
- The Apprenticeship Awards and Long Services Awards were also held in May 2024. There were forty seven staff with twenty five years' service recognised with the Trust to recognise forty years of service moving forward.
- It was the Trusts 40th anniversary on the 30th May 2024.
- The Annual Members Meeting is scheduled to be held on the 25th September 2024 at 4.30pm and will take place via Microsoft Teams.
- The Same Day Emergency Care (SDEC) was officially opened on the 24th May 2024 by a local Member of Parliament (MP), Ms Samantha Dixon.
- An emergency care improvement week took place between the 20th and 24th May 2024, focusing on the patient experience and safety following the six step patient and family experience vision.
- Work continues on the financial position, led by the Chief Finance Officer, Mrs K Edge, to deliver £20m of savings. Communications are to be shared to support and encourage all to drive schemes forward to reduce waste and improve effectiveness.
- The Trust has been part of the System Improvement Board (SIB) since April 2022, having regular meetings with the Board of Directors. The Trust hopes to exit the SIB programme at the next meeting scheduled on the 19th July 2024.
- There has been a retrial for one count of attempted murder for Lucy Letby which has resulted in a guilty verdict returned.



	<ul style="list-style-type: none"> Interim Chief People Officer, Ms D Herring, has joined the Trust on an interim basis. The Chief Digital and Data Officer, Mr J Bradley, commenced in his permanent role from the 1st May 2024. The Director of Governance, Risk and Improvement, Mrs K Wheatcroft commenced in her role from the 10th June 2024. <p>Partnership Governor, Dr K Knight, queried if the Team Engagement and Development (TED) tool is mapped to CQC and whether there is any benchmarking across Trusts. Mrs D Herring responded that the tool has been developed with other Trusts noting that benchmarking could not be taken directly from the tool as the team development is individual to the team. Mrs D Herring confirmed that it has been developed by Lancashire Teaching Hospitals NHS Foundation Trust and is a recognised tool to support teams.</p> <p>The Council of Governors noted the contents of this report.</p>	
8.	<p><u>Lead Governor Update</u></p> <p>The Lead Governor, Mr P Folwell, updated the Council of Governors that he has attended a number of meetings since the last Council of Governors including the Mortality Surveillance Group where statics are discussed and understood and the Quality & Safety Committee, which is Chaired by Non-Executive Director, Prof A Hassell. A number of Non-Executive Director / Governor Walkabouts have taken place, Mr P Folwell has recently taken part in a visit noting it is great to see the work taking place and that it is vital for Governors to get to work alongside Non-Executive Directors during these visits. Mr P Folwell continued that the first Informal Governor Development Session and Forum has taken place with presentations received from the Chief Finance Officer, Ms K Edge, regarding the financial position and the Director of Performance & Operational Improvement, Mr D Nash, regarding Statistical Process Control (SPC) Charts. Mr P Folwell noted his concerns with regards to no minutes being taken at these meetings.</p> <p>Mr P Folwell informed the Council of Governors that this would be his last Council of Governors meeting as he will be stepping down as Lead Governor and Governor at the end of August 2024. Mr P Folwell thanked everyone for their support during his time at the Trust. The Trust Chair, Mr I Haythornthwaite, updated the Council that as Mr P Folwell is stepping down a process will commence for expressions of interest which will be shared back with the Council with a recommendation to appoint a new Lead Governor. The Director of Governance, Risk & Improvement, Mrs K Wheatcroft, added that the Council of Governors will be written to as soon as possible for expressions of interest and there will be opportunity for Governors to have separate conversations with Mr I Haythornthwaite or herself regarding what the role entails if any Governor wishes. Mr P Folwell added that he is also happy to speak to any Governors regarding the Lead Governor role.</p> <p>Mr I Haythornthwaite thanked Mr P Folwell on behalf of the Council of Governors for the time he has committed to the Countess of Chester Hospital NHS Foundation Trust.</p> <p>The Council of Governors noted the Lead Governors Update.</p>	



SAFE, EFFECTIVE, CARING, RESPONSIVE & WELL LED

9. For receive questions on:

- a) Board of Directors meeting 26th March 2024 (minutes) and Board of Directors meeting 4th June 2024 (agenda)

The Council of Governors noted the contents of the agenda and minutes.

- b) The recent reports from Chairs of Board Sub-Committees

The below Chair reports were shared with the Council of Governors:

- Report from the Chair of the Quality & Safety Committee – 30th April 2024
- Report from the Chair of the Finance & Performance Committee – 17th April 2024
- Report from the Chair of the People & Organisation Development Committee – 9th April 2024
- Report from the Chair of the Audit Committee – 16th April 2024

The Trust Chair, Mr I Haythornthwaite, acknowledged the strengthened Chair's report system now raising items to the Board of Directors. The Deputy Lead Governor, Ms C Stein, stated that these reports are a good addition to the documents highlighting the headlines from Committees.

The Council of Governors noted the contents of the Chair's Report.

- c) Strategic Oversight Framework Report – April 2024

The Deputy Chief People Officer, Mr S Brown, highlighted the following to the Council of Governors from the Strategic Oversight Framework Report – April 2024:

- Emergency Department (ED) performance; the Trust was one of the poorer performing Trusts in Cheshire & Merseyside (C&M) in May 2024 with recovery seen and sustained in June 2024. It was noted that the Urgent Treatment Centre (UTC) has moved into SDEC which has supported performance and enabled the increase of patients seen in the UTC which has created space in ED. Work is continuing to deliver this target.
- Reviews are taking place for the UTC in SDEC to open seven days a week, currently it is open for five days a week.
- The patient flow improvement programme work continues with SDECs function and opening hours extension.
- There is a reduction in long waiting lists for elective patients with a reduction in the number of open complaints.
- There are Ear Nose and Throat (ENT) service capacity issues with a solution paper being shared at Executive Directors Group (EDG) for capacity support.
- Diagnostics, 99% of patients are treated within six weeks but there are issues within the Cardiology Echo service, an improvement plan is in place and small steady improvements are being seen.
- Cancer, the Trust is over delivering against the 28 day Faster Diagnosis Standard (FDS) target. The 62 day target is not delivering but the Trusts performance is favourable against C&M peers.



- The C&M Cancer Alliance is sourcing funding support for skin tumour site and gynae tumour site capacity.

The Director of Nursing & Quality/Deputy Chief Executive, Ms S Pemberton, added that skin integrity is one of the Trusts focus areas noting that a new Tissue Viability Consultant has started at the Trust and is reviewing the Trusts position to update at the July 2024 Operational Management Board (OMB). Ms S Pemberton continued that C-difficile rates remain high in the community with five cases being noted for the Trust in April 2024, and that a programme is in place to reduce C-difficile cases.

The Chief Finance Officer, Mrs K Edge, informed the Council of Governors that the Trust achieved the agreed deficit position for 2023/34. Mrs K Edge continued that the Trust utilised all capital allocation with improvements being made to meet this for the new financial year, however, that the Cost Improvement Programme (CIP) concerns roll forward into the new year from non-recurrent items in 2023/24 which increases the challenge with a Trust agreed deficit plan with the system, the Trust is awaiting national confirmation. Mrs K Edge confirmed that the April 2024 position has been met with CIP remaining a significant challenge for the year. It was noted that there is improved cost control and budget control across the Trust with a CIP performance focus with the organisation continuing to identify delivery efficiencies.

The Medical Director, Dr N Scawn, noted that the Mortality indicators are all on a downward trajectory, remaining in the predicted range which is low for mortality.

The Interim Chief People Officer, Mrs D Herring, raised the last staff survey with a number of concerns raised for the Trust to respond to:

- Communication and engaging staff improvements are under review.
- Carparking is always hard to resolve and ways to improve fairly across all staff is under review.
- A new appraisal system is in place to support individuals in their careers for a meaningful experience.
- Mandatory training is improving, noting the Trust has one of the highest targets across the region, c87% achieved against a 90% target. The release of staff to attend training is a concern and under review.
- Sickness numbers have reduced, and previous year figures will be included in future reports to show improvement.
- The Trusts turnover is healthy, being low in some areas, and the Trust is almost fully staffed. There are some medical staff position issues under review.

The Trust Chair, Mr I Haythornthwaite stated that if the Council of Governors had any further queries following the meeting relating to this report, that they could be raised with him to then liaise with the Executive Directors to provide a further response.

The Council of Governors noted the contents of the Strategic Oversight Framework Report – April 2024.



10. **Patient and Family Experience Strategy**

The Director of Nursing & Quality/Deputy Chief Executive, Ms S Pemberton, presented the Patient and Family Experience Strategy, highlighting the following:

- This is a guide to drive standards across the hospital and is aligned to the Trust Strategy.
- It describes the critical components of the patient experience in six steps and is the framework for all staff to work to.
- It was developed through engagement events with staff and patient representatives, data analysis, divisional lead support, review through the Patient Experience Operational Group, Senior Nurse Leads support and local development groups in Maternity and ED services.
- Progress will be monitored through various routes ones being patient engagement events and reviews of patient /family stories, complaints and concerns.

Public Governor, Ms A Black, queried why the inpatient survey results for last year had not been discussed at the Council of Governors as had been previously agreed. The Deputy Director of Governance & Risk, Mrs L Leadsom, confirmed these results have been shared at the Public Board of Directors but not discussed at the Council of Governors. It was agreed to share the Inpatient Survey Results for discussion at a future Council of Governors meeting once available (following the publication in October 2024).

Public Governor, Ms L Liang, stated that she joined as a Governor a number of years ago and that more positive feedback is being received overall relating to the Trust, noting the importance of the patient voice in the community. Ms L Liang noted that the newly appointed Lord Mayor has indicated they are also happy to support the Trust with regards to community communications, where appropriate. Ms L Liang suggested that it would be good for the Council to hear from a real patient for a patient story and Ms S Pemberton responded that the Communications Team are working on patient story videos to share at future meetings.

Ms S Pemberton continued that patient engagement events are due to commence this week in line with the six steps to patient safety, these are to be face to face discussions noting the importance for feedback and first hand experiences. The Deputy Lead Governor, Ms C Stein, noted the great strategy.

Partnership Governor, Dr K Knight, queried if this is linked to a community strategy and suggested it is linked to the paperwork to be completed during the Non-Executive Director/Governor walkabouts for specific points to raise with staff met during the visits. Ms S Pemberton responded that Ellesmere Port Hospital (EPH) is the link through to the community and noted that all Governors are welcome to attend the patient experience events.

The Lead Governor, Mr P Folwell, queried if the questions are mandated within the Friends and Family Test. Mrs S Pemberton confirmed they are mandated with a lot of information included, suggesting that Friends and Family Test information can be shared at a future Informal Governor Development Session.

CJ



	<p>The Director of Governance, Risk and Improvement, Mrs K Wheatcroft, stated that she is new in post but keen to work with the Council of Governors with regards to the information to be included on the workplans for meetings and will be looking to Governors to support shaping this moving forward.</p> <p>The Council of Governors noted the Patient and Family Experience Strategy.</p>	
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WELL LED

<p>11.</p>	<p><u>To receive feedback from Governors</u></p> <p>The Deputy Lead Governor, Ms C Stein, updated the Council of Governors that she was impressed with the Wellbeing Hub and had joined an NHS Providers Governor Focus session recently which had been a worthwhile exercise, updating Governors on the NHS and the political scene, along with a talk from Northamptonshire Governors regarding increasing Governor engagement. Ms C Stein continued that she is the Chair of the Organ Donation Committee, and it is Organ Donation week, week commencing 23rd September 2024 with a stand to be held in the Trust main reception on the 25th September 2024 asking Governors to support the event. Ms C Stein informed the Council of Governors this would also be her last meeting, as she would be stepping down a Governor, after being at the Trust for ten years.</p> <p>Public Governor, Ms A Black, updated the Council of Governors that the Trust is working on Equality Diversity and Inclusion improvements noting the Trusts progress which she has seen in her personal experience.</p> <p>Public Governor, Mr T Wheeler, stated that he is the Governor representative on the Research and Innovation Committee noting the incredible work taking place within the Research department with the available resources with the department looking at the possibility of becoming a University Foundation Trust to further support.</p> <p>The Council of Governors noted the feedback shared.</p>	
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CONCLUSION

<p>12.</p>	<p><u>For Noting:</u></p> <p>a) Thirlwall Inquiry Progress Update and Police Investigation Update.</p> <p>The Director of Governor, Risk and Improvement, Mrs K Wheatcroft, stated the executive summary provides a summary of the Thirlwall Inquiry and wider investigations are continuing. Mrs K Wheatcroft advised that the Council of Governors will continue to be kept informed with updates scheduled at each meeting moving forward. It was noted that this is a public inquiry which will inform the corporate manslaughter.</p> <p>The Council of Governors noted:</p> <ul style="list-style-type: none"> • The progress of the work undertaken in response to the Thirlwall Inquiry. • The support (legal and pastoral) to both current and former staff. • The ongoing work in relation to the police investigations. 	<p>KW</p>
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<p>13.</p>	<p><u>Any Other Business</u></p> <p>The Deputy Director of Governance & Risk, Mrs L Leadsom, updated the Council of Governors that the Public Governor elections are now open until the 2nd August 2024 and that a copy of the communication would be shared with Governors to share with friends and family to promote the elections. It was noted that there is a Governor Drop in session scheduled to be held on the 18th July 2024 at 1pm – 2pm for any potential new Govenors to attend. Public Governor, Ms R Overington. queried if there will be free parking for any potential Governors attending and Mrs L Leadsom confirmed that free parking could be arranged.</p> <p>The Trust Chair, Mr I Haythornthwaite, thanked the Deputy Lead Governor, Ms C Stein for her time and commitment to the Trust.</p>	<p>LL</p>
<p>14.</p>	<p><u>Date and Time of Next Meeting</u></p> <p>Thursday 17th October 2024 at 2.30pm – 4.30pm, Boardroom 1829 Building</p>	

DRAFT

Council of Governors Action Log
2024/25 updated 12th November 2024

Action Number	Meeting Date	Allocated to	Agenda Item Number	Issue/Action Raised	Action Details	Action Update/Outcome	Due Date	Status
6.	11 th April 2024	Director of Nursing & Quality/ Deputy Chief Executive	2	Patient Experience Strategy	The Patient Experience Strategy to be shared at the next meeting.	Update 13th May 2024 - Update presentation included on the agenda for the July 2024 meeting. Update 11th July 2024 - Patient Experience Strategy presentation received at the July 2024 Council of Governors meeting.	Jul-24	Closed
7.	11 th April 2024	Director of Governance, Risk and Improvement , Deputy Director of Risk & Governance and Committee Secretary	7	Governor Engagement	Ms K Wheatcroft, Mrs L Leadsom and Mrs C Jones to gain the appropriate feedback from Governors regarding the new Governor Development Session and Forum programme and whether Governors feel appropriately engaged with and informed.	Update 12th June 2024 - First Governor Development Session and Forum took place on the 16th May 2024 with the second scheduled for the 12th September 2024. Verbal feedback to be shared at the October 2024 Council of Governors Meeting Update 20th August 2024 - Verbal feedback included on the November 2024 Council of Governors agenda.	Nov-24	Closed

Action Number	Meeting Date	Allocated to	Agenda Item Number	Issue/Action Raised	Action Details	Action Update/Outcome	Due Date	Status
8.	11 th April 2024	Director of Nursing & Quality Governance	12	Never Events Update including Lessons Learnt	Ms F Altintas to feedback a comparison of Trusts in the region with the Council regarding the number of Never Events.	Update 13th May 2024 - Update included on the agenda for the July 2024 meeting. Update 11th July 2024 - Never Event Comparison report received at the July 2024 Council of Governors meeting.	Jun-24	Closed
9.	11th July 2024	Committee Secretary	10	Inpatient Survey	It was agreed to share the Inpatient Survey Results for discussion at a future Council of Governors meeting once available.	Update 20th August 2024 - Inpatient Survey Update included on the November 2024 Council of Governors agenda.	Nov-24	Closed
10.	11th July 2024	Director of Governance, Risk and Improvement	12	Thirwall Inquiry Progress Update and Police Investigation Update	Updates to be received at each Council of Governors meeting moving forward.	Update 20th August 2024 – Updates to be received at each meeting as part of the Chief Executive Officer updates.	Oct-24	Closed
11.	11th July 2024	Deputy Director of Governance & Risk	13	Public Governor Elections	Public Governor Election postcard information to be shared with the Council	Update 16th July 2024 - Postcard shared with the Governors	Jul-24	Closed

Council of Governors

Date of meeting: 21st November 2024

Report	Agenda Item 6.	Council of Governors Workshop – 17th October 2024 feedback and action plan					
Purpose of the Report	Decision		Ratification	X	Assurance		Information
Accountable Executive	Karan Wheatcroft			Director of Governance, Risk and Improvement			
Author(s)	Karan Wheatcroft			Director of Governance, Risk and Improvement			
Board Assurance Framework	BAF 1 Quality BAF 2 Safety BAF 3 Operational BAF 4 People BAF 5 Finance BAF 6 Capital BAF 7 Digital BAF 8 Governance BAF 9 Partnerships BAF 10 Research			X	Supports the overarching governance arrangements.		
Strategic goals	Patient and Family Experience People and Culture Purposeful Leadership Adding Value Partnerships Population Health						X
CQC Domains	Safe Effective Caring Responsive Well led						X
Previous considerations	Not applicable.						
Executive summary	<p>The purpose of this report is to provide an overview of the feedback and proposed action plan from the Council of Governors Workshop held on 17th October 2024.</p> <p>The workshop was attended by the Trust Chair, Ian Haythornthwaite, Director of Governance, Risk and Improvement, Karan Wheatcroft, the Deputy Director of Governance & Risk, Laura Leadsom and the following Governors:</p> <p>Public Governors John Jones (Lead Governor) Ruth Overington Sheila Dunbar Terry Peach</p>						

	<p>Myrddin Roberts Jan Chillery Tim Wheeler Lucy Liang Louise Jha</p> <p>Partner Governors Kate Knight Chris Stockport</p> <p>Staff Governor Stephen Higgitt</p> <p>The workshop included presentations of a Trust overview, NHS Governance and Regulatory Framework and roles and responsibilities of:</p> <ul style="list-style-type: none"> • Governors / COG • Lead Governor • Trust Chair • The Board of Directors • Non-Executive Directors • Executive Directors <p>The facilitated discussions covered the following topics:</p> <ul style="list-style-type: none"> • Delivering the roles of Governors • Communications and engagement • Support and development <p>The proposed action plan includes:</p> <ul style="list-style-type: none"> • An annual calendar of activities, including walkabouts and Patient and family engagement events, to be finalised and issued. • A review and refresh of the COG workplan to be undertaken. • A monthly Governor newsletter to be produced. • Access to key information for Governors to be reviewed. • Committee 'observation' to be reviewed and process/ role agreed. • Membership and engagement group role/ activity to be further developed. • Plan for the recruitment to vacant Governor posts and a review of the composition of the Council of Governors.
Recommendations	The Council of Governors is asked to consider and ratify the action plan with updates on progress to be reported through formal Council of Governor meetings.

Corporate Impact Assessment	
Statutory/regulatory requirements	Governors are a key part of the NHS health and care act, code of governance and Trust constitution. The paper supports Governors to fulfil their role as described in the addendum to statutory duties, reference guide for NHS foundation trust governors.
Risk	An overarching governance risks is included on the Board Assurance Framework.
Equality & Diversity	Meets Equality Act 2010 duties & PSED 2 aims and does not directly discriminate against protected characteristics
Communication	Document to be published as part of Council of Governors papers.

COG workshop feedback and action plan (17th October 2024)

1. Introduction

A workshop was held with the Council of Governors on the 17th October 2024. This was attended by 12 Governors, including public, staff and partnership governors.

The workshop was led by the Trust Chair and the Director of Governance, Risk and Improvement, and supported by the Lead Governor and Deputy Director of Governance and Risk. The agenda comprised:

1. Welcome
2. Introductions
3. Trust Overview
4. Key Roles and Responsibilities
 - ❖ Governors/ COG
 - ❖ Lead Governor
 - ❖ Trust Chair
 - ❖ Board of Directors
 - ❖ Non Executive Directors
 - ❖ Executive Directors
5. Workshop Sessions

2. Background

The Council of Governors is a key part of the Trust's governance arrangements, with governors contributing through a range of activities. The revised Addendum for Governors was published in 2022 and whilst the statutory duties of governors remained the same, there were some important updates to consider.

The Council of Governors had recently appointed a new lead governor and the workshop provided an opportunity to revisit the roles and responsibilities and look at how governors could be supported to fulfil their roles. In addition the Trust had appointed new governors and the workshop included some key corporate induction material as well as a refresher training for longer standing governors.

3. Purpose

The purpose of this paper is to provide a summary of the feedback from the Council of Governors workshop on the 17th October 2024, and a proposed action plan for consideration and ratification.

4. Workshop Discussions and Feedback

Feedback from the workshop discussions is summarised below.

(i) Delivering our roles

Holding NEDs to Account

- Invite and attendance at COG meetings, and questions asked
- AAA reports provided
- Governors attending Board meetings

- Attendance at sub committees to observe (feedback to be reported into all Governors)
- Joint NED/Governor walkabouts (need to consider feedback template to include values and strategy). Feedback should be summarised for COG meetings
- Meetings with NEDs
- Move to NED led presentation at COG meetings
- COG meeting minutes need to evidence questions asked

Role in Appointments (Chair/NED/CEO)

- Involvement in Chair and NED recruitment panels,
- Nomination Committee (NEDs)
- Approve CEO appointment
- Ability to contact Senior Independent Director if unhappy

Representing the 'public at large'

- Governors talk to people in their community
- Walkabouts include questions to families and patients
- Partnership Governor roles (e.g. Education)
- Service user 'groups' (need to understand more about these)
- Need to capture groups and frequency of meetings, and what each Governor is doing
- Minor surgeries

Involvement in strategy and decision making

- need to gather evidence over the year to provide to following year Governors
- Governors are a stakeholder
- Early and regular engagement
- Strategy should be a live document
- Need to ensure views are canvassed

(ii) Communications and Engagement

- Governors need clear information
- Papers need a succinct cover sheet summary
- Rotation across committees and activities would be helpful
- Reset workplan for COG
- Annual calendar of meetings/ dates needs to be set in advance
- Papers need to be at least 14 days in advance of meetings
- Skill mix of Governors would help to understand who does what
- Lots of communications which can be overwhelming. Too much email traffic. A focused (monthly) summary for Governors would be useful.
- Need to look at opportunities for service user/ public views to be sought (e.g. patient and family engagement events)
- Need to understand patient journeys
- A central information 'portal' for key information would be helpful (e.g. website/ intranet access)
- Teams channel might support Governor to Governor discussions, sharing information and communications
- Need to ensure information governance with non nhs.net email addresses, use of personal IT equipment (note: largely publicly available information)
- Governors also want to hear the 'negative' stories

(iii) Development and Support

- Need a clear calendar of meetings with set dates including development sessions

- Option for Teams providing remote access
- Spending more time on specific key issues/ areas. Deep dives.
- Governor development sessions/ workshops
- Focus on Trust strategy and enabling strategies
- Access to training (internal and external)
- Mandatory training expectations to be set into annual calendar
- Schedule of walkabouts for NEDs/ Governors
- Buddy system
- Continued good point of contact
- Vacant Governor posts need a plan and advertisement on various channels including social media. Need to include the 'benefits' of being a Governor.
- Greater Governor diversity needed
- Public involvement events need to be established
- Meeting setting needs to be inviting and supportive for Governors (e.g. Boardroom may sound intimidating)

5. Action Plan

The following actions are proposed for 2024/25:

Action Details	Responsible Officer	Date	Comments
1. Annual calendar of activities to be agreed and provided to all Governors.	Director of Governance, Risk and Improvement	November 2024	To include COG meetings, COG workshops, Board of Directors meetings, AMM, strategy session.
2. Annual walkabout schedule to be provided to all Governors to ascertain availability against planned dates / times.	Director of Governance, Risk and Improvement	November 2024	The 2025 schedule has been collated and this has been shared with Governors to confirm their attendance. Once finalised, this will be issued together with the annual calendar of activities.
3. COG workplan to be reviewed and refreshed. To include greater NED involvement in agenda items; summary of walkabout feedback; strategy updates.	Trust Chair	November 2024	Draft updated workplan to be presented to November COG meeting.
4. Monthly Governor Newsletter to be produced.	Trust Chair/ Director of Governance, Risk and Improvement	December 2024	To provide a focused summary of key communications for Governors.
5. Access to key information for Governors.	Deputy Director of Governance and Risk	December 2024	Liaising with Interim Director of Digital to explore options.
6. Patient and family engagement events dates for Governor attendance.	Deputy Director of Governance and Risk	December 2024	Liaising with the Associate Director of Nursing regarding linking Governors into these events.
7. Committee 'observation' to be	Trust Chair/ Lead Governor	January 2025	Meeting arranged to discuss.

Action Details	Responsible Officer	Date	Comments
reviewed and process/ role agreed.			
8. Buddy system to be re-established for new governors.	Lead Governor	Complete	Complete
9. Membership and engagement group role/ activity to be further developed.	Director of Governance, Risk and Improvement/ Lead Governor	March 2025	Review of the current Membership Engagement Group to be undertaken and look at provision for a Trust Membership Strategy to be produced.
10. Plan for recruitment to vacant Governor posts and review of the composition of the Council of Governors.	Trust Chair/ Director of Governance, Risk and Improvement	March 2025	

Further review and reflection will be undertaken in 2025 to build on the above.

6. Conclusion

The workshop discussions captured valuable feedback which in turn has supported the development of a prioritised action plan. Progress against the action plan will be reported to the formal Council of Governor meetings.

7. Recommendations

The Council of Governors is asked to consider and ratify the action plan.

Council of Governors
21st November 2024

Report	Agenda Item 8.	Chief Executive Officer's Report				
Purpose of the Report	Decision		Ratification		Assurance	Information X
Accountable Executive	Jane Tomkinson OBE			Chief Executive Officer		
Author(s)	Karan Wheatcroft Laura Leadsom			Director of Governance, Risk and Improvement Deputy Director of Governance & Risk		
Board Assurance Framework	BAF 1 Quality BAF 2 Safety BAF 3 Operational BAF 4 People BAF 5 Finance BAF 6 Capital BAF 7 Digital BAF 8 Governance BAF 9 Partnerships BAF 10 Research			X X X X X X X X X X	Linked to all areas of the BAF.	
Strategic goals	Patient and Family Experience People and Culture Purposeful Leadership Adding Value Partnerships Population Health					X
CQC Domains	Safe Effective Caring Responsive Well led					X
Previous considerations	Board of Directors – 24 th September 2024					
Executive summary	The purpose of this report is to provide an overview of the relevant local, regional, and national issues for consideration alongside the strategic objectives and wider Board agenda.					
Recommendations	The Council of Governors is asked to note the assurance provided within this report.					

Corporate Impact Assessment	
Statutory/regulatory requirements	Meets the Trust compliance with Foundation Trust status
Risk	Alignment with the Board Assurance Framework and Corporate Risk Register
Equality & Diversity	Meets Equality Act 2010 duties and PSED 2 aims and does not directly discriminate against protected characteristics
Communication	Document to be published on the Trust's website as part of the Council of Governors meeting paper pack.

Chief Executive Officer's Report – September 2024

This report provides an update on local Trust matters and wider system updates.

1. CMAST Leadership meeting

The CMAST Leadership Board met on the 6th September. The meeting focussed on:

- The CMAST Annual Plan (including Clinical Pathways Programme, Diagnostics, Efficiency at Scale, Elective Recovery and Transformation Programme)
- Finance update
- Virtual wards update
- The CMAST Joint Working Agreement (JWA) and Committee In Common (CIC) Terms of Reference (TOR) review and refresh

The CMAST Bulletin for August 2024 is included as an appendix to this paper.

2. Cheshire Health and Care Review

On 1st August 2024 the elected leaders and NHS Chief Executives and Chairs asked to form an Executive Steering Group to identify a proposed programme and scope for a review to be referred to as the Cheshire Health and Care review. It was agreed for workstream leads to coordinate and develop proposals for respective work streams and scope for each area, noting that the outcome of this work will then enable a final recommendation to be agreed on the programme scope. It was agreed for this proposal to be submitted to elected Leaders, Chairs and Chief Executive Officers by 31st October 2024.

3. Regional update – Cheshire and Merseyside Integrated Care Board (ICB)

With the formation of a new government, the Deputy Prime Minister and Secretary of State for Housing, Communities and Local Government wrote to Local Authority leaders in July 2024 to lay out the ambitions for devolution. Our colleagues in Cheshire and Warrington are submitting a proposal, and Liverpool City Region is hoping to build on its existing devolved responsibilities.

These proposals are being considered by the ICB in planning the future Cheshire & Merseyside operating model and the ICB will also engage with local systems and providers on the future operating model.

4. Federated Data Platform (FDP)

NHS England has procured and is deploying a Federated Data Platform (FDP) for local, regional and national uses. The FDP is software that will enable NHS organisations to bring together operational data – currently stored in separate systems – to support staff to access the information they need in one safe and secure environment. The Trust has deployed applications using FDP to support elective recovery for theatre scheduling, and care coordination in discharge management. Cheshire and Merseyside are exploring options for FDP to support population health management.

5. National NHS Leadership session (3rd September 2024)

This session was held on 3rd September 2024. It was highlighted that the Government has indicated the intent to develop a new 10-year plan for Health informed by having honest conversations with patients, staff, stakeholders, and leaders. The plan will be informed by:

- Lord Darzi – A review of NHS performance and productivity which will be a frank appraisal of the scale and challenges facing the NHS. The Darzi review was published on 13th September 2024.
- Engagement – Through wide reaching dialogue with the public, NHS staff and leaders, and stakeholders.
- Policy development - The Plan will be supported by policy development.

The 10-year plan is expected to be the catalyst for building a health and care system for the future, with the aim of shortening the amount of time people spend in poor health. The plan will have three principal areas of focus:

- Hospital to Home - Change so that more people get care at home in their community.
- Analogue to Digital - Change so we have a workforce we need, with the technology to deliver the best care.
- Treatment to Prevention - Change so that we focus on prevention.

6. Inpatient Survey Results

The Trust's CQC Inpatient Survey 2023 results were published on 21st August 2024 and demonstrate improvement on the previous year's results in all sections apart from one where the score remained the same as the previous year. There are some areas where continued improvement is required, with the two main areas raised relating to the time waiting for a bed and understanding explanations given when changing wards during the night. Of 1,250 patients invited to take part, 457 responded (circa 40% c.f. the national response rate of 42%).

7. Financial Improvement Support

PricewaterhouseCoopers (PWC) were appointed by Cheshire & Mersey Integrated Care Board (ICB) to undertake a review of the opportunities for improvement for the Trust and system to mitigate delivery risk in 2024/25. The actions to date include:

- A phase 1 assessment has been undertaken by PWC (to assess the Trust arrangements for delivery of the financial plan and governance arrangements that provide support).
- A nominated lead has been appointed by NHS England (NHSE) whose role is to provide advice, challenge and experience to the system in relation to financial delivery. An initial risk adjusted forecast has been provided with mitigations the Trust will pursue to ensure delivery of the agreed financial position (excluding costs of the inquiry).

There are further activities planned to improve grip and control and accelerate delivery of the agreed Cost Improvement Programme (CIP). The Trust has received the draft report from PWC, and has reviewed the recommendations for improvement and a management response developed.

8. UEC Support

Five Trusts in Cheshire and Merseyside have been placed into Tier 1 for their Urgent and Emergency Care (UEC) services and this includes our Trust. Intensive support for all

organisations in Tier 1 has been allocated from the Emergency Care Intensive Support Team (ECIST) via NHS England (NHSE). The Trust has asked for targeted support with triage, new models of working and day to day clinical leadership of the Emergency Department. The Chief Operating Officer is working closely with the Integrated Care Board (ICB)/NHSE/ECIST to finalise the offer and also having an increased focus on breaches of the 4 hour target that are within the control of our Emergency Department.

9. Targeted winter support

We have started our winter planning but thus far have not received any communications from NHSE or the ICB on winter planning targets or any additional funding that may be available. As per last year the trust will be challenged as there will be no escalation beds we can open. To support winter planning and the everyday lack of G&A beds Chester West Place led a discharge summit on the 11th September, to review the work of Professor John Bolton (subject matter expert in complex discharge). The summit was well attended and was designed to focus all system partners on changes we need to make to enable the number of patients that no longer meet the criteria to reside (NCTR) to drastically reduce.

10. System Improvement Board (SIB) Exit

NHS England submitted their recommendation to the Northwest Regional Support Group based on the Trust's delivery against the SIB exit criteria as of July 2024. In view of the Trust meeting four of the five criteria, it was recommended that oversight arrangements be transferred to Cheshire and Merseyside ICB with the establishment of a System Oversight Group (SOG) to support the Trust's onward journey towards NHS Oversight Framework (NOF) segment 2. The Trust subsequently received formal notification of the discontinuation of the System Improvement Board (SIB) and is working with the SOG to agree the oversight criteria.

11. RSV, Flu and Covid vaccinations (national update)

Flu vaccinations for pregnant women, and all children's flu cohorts, commenced on 1st September 2024 and will be followed by the main flu and COVID-19 vaccination campaign, which will commence on Thursday 3rd October 2024.

The RSV vaccine is being routinely offered for the first time this year, from September 2024, to those turning 75 years of age and will also be offered to pregnant women from 28 weeks of pregnancy.

12. Health and Care Overview and Scrutiny Committee

The Trust presented the Quality Account to the Health Scrutiny Panel held in July 2024, and the quality priorities for the Trust were agreed with stakeholder involvement.

An update relating to the CQC Improvement Plan (including Well Led) was presented to the Committee held in September 2024, with further updates to be provided to the next Committee.

13. Clinical Strategy Day

We know that patients present in a quite different way to when the NHS was first created. Whilst we (the NHS) have adapted over time, and now in most cases operate in a multidisciplinary way, there is a need to consider future service design particularly given changing needs of the population, changes in workforce and the fragility and sustainability of some clinical services.

Our new clinical strategy will need to consider these changing dynamics alongside the wider Integrated Care Systems and the strategic approach to collaborate rather than compete with

neighbouring organisations. To facilitate the development of our clinical strategy, a sponsored full days event has been arranged for 24th October 2024 ensuring that our approach is clinically led.

14. Women's and Children's Build update

The new Women and Children's building is continuing to progress at pace and on time. Site visits for our clinical and support services are ongoing with over 100 people having visited so far. Excitement is growing and we are on a 10 month count down. The teams have begun to prepare for their move, ensuring we are ready for a safe and effective transition by Summer 2025.

15. Staff awards

Our staff Celebration of Achievement Awards will be held on the 20th September 2024 and the finalists for this year have now been chosen. The quality of the award applications was excellent and made for tough judging by our panel, and we are looking forward to recognising the achievements of our colleagues at the event.

16. Staff Networks Update

We are continuing to support our staff networks, recognising that they are all at different stages of development. We have seven Staff Networks to support our colleagues:

- BAME
- Carers
- Disability and Wellness
- Faith and Belief
- LGBTQ+
- Neurodiversity
- Women's

Over 30 people from the LGBTQ+ staff network, friends and family represented the Trust in the Chester Pride parade held on 17th August 2024.

17. MET team update

From Monday 9th September 2024, the Trust has changed the way in how we respond to the acutely unwell or deteriorating inpatient. A Medical Emergency Team (MET) is now available to respond to adult inpatient areas that use the NEWS2 scoring system for the recognition and escalation of patients at risk of deterioration. The MET will provide a rapid response to the deteriorating inpatient, therefore helping to ensure that patients with the greatest need of urgent care are prioritised and promptly reviewed. This is an important part of the patient safety improvements we have made.

18. Martha's Rule

Following the implementation of the MET, we are now focussing on the 3 points of Martha's rule implementation working with national, regional and local teams. The 3 points of Martha's rule include:

1. All staff in NHS trusts must have 24/7 access to a rapid review from a critical care outreach team, who they can contact should they have concerns about a patient.
2. All patients, their families, carers, and advocates must also have access to the same 24/7 rapid review from a critical care outreach team, which they can contact via mechanisms

advertised around the hospital, and more widely if they are worried about the patient's condition.

3. The NHS must implement a structured approach to obtain information relating to a patient's condition directly from patients and their families at least daily. In the first instance, this will cover all inpatients in acute and specialist trusts.

19. Thirlwall Inquiry update

The Thirlwall Inquiry oral hearings commenced on Tuesday 10th September 2024. The Counsel to the Inquiry set out their opening statement over the course of the first two days, followed by the legal counsels for the families and other core participants delivering their opening statements.

The Trust is committed to continuing to support the Thirlwall Inquiry in the weeks and months ahead.

Council of Governors

Date of meeting: 21st November 2024

Report	Agenda Item 9.	Lead Governor update – November 2024				
Purpose of the Report	Decision		Ratification		Assurance	Information X
Accountable Executive	Karan Wheatcroft			Director of Governance, Risk and Improvement		
Author(s)	John Jones			Lead Governor		
Board Assurance Framework	BAF 1 Quality BAF 2 Safety BAF 3 Operational BAF 4 People BAF 5 Finance BAF 6 Capital BAF 7 Digital BAF 8 Governance BAF 9 Partnerships BAF 10 Research			X	Supports the overarching governance arrangements.	
Strategic goals	Patient and Family Experience People and Culture Purposeful Leadership Adding Value Partnerships Population Health					X
CQC Domains	Safe Effective Caring Responsive Well led					X
Previous considerations	Not applicable.					
Executive summary	The purpose of this report is to provide key updates from the Lead Governor to the Council of Governors. The update includes: <ul style="list-style-type: none"> • Buddy system • COG development workshop • Meetings with key stakeholders 					
Recommendations	The Council of Governors is asked to note the contents of the report.					

Corporate Impact Assessment	
Statutory/regulatory requirements	Governors are a key part of the NHS health and care act, code of governance and Trust constitution.
Risk	An overarching governance risk is included on the Board Assurance Framework.
Equality & Diversity	Meets Equality Act 2010 duties & PSED 2 aims and does not directly discriminate against protected characteristics
Communication	Document to be published as part of Council of Governors papers.

Lead Governor update – November 2024

1. Firstly I would like to take the opportunity to thank those Governors whose term of office ended in September 2024 - with particular thanks to Peter Folwell and Caroline Stein who gave a huge amount of their time to the Trust in their roles as Lead and Deputy Lead Governor respectively.
2. I would also like to offer a warm welcome to all of our new Governors and look forward to working with all the Trusts Governors over the forthcoming year.
3. All newly appointed Governors have now been connected to a longer standing Governor within the Trust as a "Buddy" to help support them over the initial months.
4. Since I was appointed as Lead Governor for the Trust, I have had a number of meetings with the Chair of the Trust, Ian Haythornthwaite. Our initial focus has been the refreshing / awareness raising of key information to Governors and also considering how we can support all Governors in delivering their roles and responsibilities. To support this, an initial Governor Development Workshop was held on the 17th October 2024, the outcomes of which are shared in agenda item 6, together with a full action plan, which is being progressed. The next Development Workshop will be held on the 12th December 2024 and the focus of this session will be the Trust's Strategy and enabling strategies to support this. A further Development Workshop is also in the process of being arranged for March 2024, which will be an opportunity for Governors to meet the Trusts Non-Executive and Executive Directors and for Non Executives to share their portfolios.
5. Ian and I will, in the coming weeks, review the Council of Governors meetings and the workplan to ensure that the meetings have the relevant focus for Governors to be provided with the assurance that they require. A schedule of sessions will also be arranged with groups of Governors, facilitated by Ian and I, as an opportunity for feedback to be provided within a smaller group.
6. I have also had meetings with the Trusts Chief Executive Officer, Jane Tomkinson, the Director of Governance, Risk and Improvement, Karan Wheatcroft, and the Deputy Director of Governance & Risk, Laura Leadsom.
7. I have met with the Trust Non-Executive Director / Senior Independent Director, Mick Guymer, where we discussed the current and potential future external audit arrangements.
8. I attended the Trusts Finance and Performance Committee held on the 25th September 2024 and I have also attended my first Morality Surveillance Group.
9. I joined other Governors and a Non-Executive Director to undertake a Trust walkabout in the Catering Department, which was a very interesting and informative; highlighting the dedication, and commitment of the team who deliver meals 365 days a year. The schedule of walkabouts for 2025 is currently being finalised with Governor and Non-Executive Director availability and this will be shared in due course.
10. I have recently been invited to join the Cheshire and Mersey Lead Governors Network Group. My first meeting will be on the 29th November 2024.

The Council of Governors is asked to note the contents of the report.

Council of Governors

21st November 2024

Report	Agenda Item 10	Care Quality Commission National Inpatient Survey 2023 – Results Update					
Purpose of the Report	Decision		Ratification		Assurance	X	Information
Accountable Executive	Sue Pemberton			Director of Nursing & Quality / Deputy Chief Executive			
Author(s)	Fiona Altintas			Deputy Director of Nursing and Quality Governance			
Board Assurance Framework	BAF 1 Quality BAF 2 Safety BAF 3 Operational BAF 4 People BAF 5 Finance BAF 6 Capital BAF 7 Digital BAF 8 Governance BAF 9 Partnerships BAF 10 Research			X	BAF 1 – Failure to maintain quality of care would result in poorer patient & family experience.		
Strategic goals	Patient and Family Experience People and Culture Purposeful Leadership Adding Value Partnerships Population Health						X
CQC Domains	Safe Effective Caring Responsive Well led						X
Previous considerations	Board of Directors – 24 th September 2024						

Executive summary	<p>The Trust's Care Quality Commission (CQC) Inpatient Survey 2023 results demonstrate improvement on the previous year's results in all sections apart from one where the score remained the same as the previous year. The Trust was rated 7.9 for overall care experience compared to 7.7 in the 2022 results.</p> <p>There are also some areas where improvement is still required, with the two main areas raised relating to the time waiting for a bed and understanding explanations given when changing wards during the night.</p> <p>Of 1250 patients invited to take part, 457 responded (circa 40%): the national response rate was 42%. Patients aged 16 years or older and who had spent at least one night in hospital during November 2023 were eligible to participate in the survey.</p> <p>The published results can be accessed on the CQC website (cqc.org.uk), sear for 'Adult inpatient survey 2023'.</p>
Recommendations	<p>The Council of Governors is asked to note the assurance provided within the report highlighted by the CQC National Inpatient Survey Results.</p>

Corporate Impact Assessment	
Statutory/regulatory requirements	Meets the Trust compliance with Foundation Trust status
Risk	Not applicable
Equality & Diversity	Meets Equality Act 2010 duties & PSED 2 aims and does not directly discriminate against protected characteristics
Communication	Document to be published on the Trust's website as part of the Council of Governors meeting paper pack.

Care Quality Commission National Inpatient Survey 2023 – Results Update

1. Background

The CQC national inpatient survey results were published on 21st August 2024.

The questionnaire was divided into the following sections:

1. Admission to hospital
2. The hospital and ward
3. Doctors
4. Nurses
5. Your care and treatment
6. Virtual wards
7. Leaving hospital
8. Feedback on quality of care
9. Kindness and compassion
10. Respect and dignity
11. Overall care

In 2022 there were 10 sections, including 'operations and procedures'. That had been removed for 2023 and 'virtual wards' and 'kindness and compassion' included.

2. Outcomes – 2023 survey

Responses to five questions had significantly improved:

Most improved scores	Trust 2023	Trust 2022
Q50. Asked to give views on quality of care during stay	30%	6%
Q2. Did not mind waiting as long as did for admission	74%	62%
Q36. Staff involved family or carers in discussions about leaving the hospital	65%	56%
Q43. Staff told patient who to contact if worried after discharge	70%	61%
Q14. Got enough help from staff to eat meals	85%	78%

Responses to one question was significantly worse:

Most declined scores	Trust 2023	Trust 2022
Q5. Did not have to wait too long to get to a bed on a ward	52%	61%

The Trust improved from a ranking of 57 in 2022 to a ranking of 35 in 2023 (Picker). This was out of 67 Trusts. It's important to note that Picker benchmark the Trust both against its previous scores and scores from other participating Trusts (n=67).

For overall positive score change the Trust achieved an improved ranking of four (Picker).

Sections	2022	2023	Same Deterioration Improvement
Admission to hospital	6.5	7.5	Improvement
Hospital and ward	7.4	7.4	Same
Doctors	8.7	8.8	Improvement
Nurses	8.2	8.4	Improvement
Care and Treatment	8.1	8.3	Improvement
Virtual wards	N/A	7.5	New question
Operations and Procedures	8.5	N/A	Section removed
Leaving Hospital	6.5	7.1	Improvement
Feedback on care	0.7	3.2	Improvement
Kindness and compassion	N/A	9.1	New question
Respect and Dignity	9.0	9.2	Improvement
Overall Care	7.7	7.9	Improvement

3. Assessment

It's important to note that the CQC 'standardises' the data by applying a weighting to individual responses to account for differences in demographic profile between trusts. For each Trust, results have been standardised by the age, sex and method of admission (emergency or elective) of respondents to reflect the 'national' age-sex-admission type distribution (based on all respondents to the survey). This helps to ensure that no Trust will appear better, or worse, than another because of its respondent profile.

The Trust's results were much worse than most trusts for zero questions.

The Trust's results were worse than most trusts for zero questions.

The Trust's results were somewhat worse than most trusts for one question.

Table 1: Admission to hospital

Question	Respondents	2023 Score	2023 Band	2022 Score	2022 Change
How did you feel about the length of time you were on the waiting list before your admission to hospital?	53	8.6	Much better	7.1	↑

The Trust's results were **better** than most trusts for one question.

To what extent did hospital staff involve your family or carers in discussions about you leaving hospital?	331	6.2	Better	4.9	↑
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Your Trust's results were **somewhat better** than most Trusts for one question.

Table 5: Your care and treatment

Question	Respondents	2023 Score	2023 Band	2022 Score	2022 Change
Thinking about your care and treatment, were you told something by a member of staff that was different to what you had been told by another member of staff?	400	8.2	Somewhat better	8.0	
How long do you feel you had to wait to get to a bed on a ward after you arrived at the hospital?	440	5.7	Somewhat worse	5.8	

The Trust's results were about the same as other Trusts for 45 questions.

4. Actions and next steps

The Trust launched the Patient and Family Experience Vision in April 2024. This is set out in a six-step format across the patient experience journey. At the same time, the Emergency Department and Maternity Services have developed their six-step Vision for their patient groups. For each step there is an aspirational statement and an anticipated response statement that we aspire to achieve for our patients. Subsequently, the six step vision concept has been adapted by numerous areas Trust wide. These are owned by the respective teams, are visible in individual areas and have been developed by further individual departments.

Under each of the six steps all areas have identified the actions they will take to achieve the required standards. These have been set for 2024/25 and every area will review in April 2025. As with any patient experience strategy, it is important to monitor how well the Trust is performing against the six steps set. The questions aligned to the six-step model has been tagged within the FFT SMS text service and therefore the results can be grouped for 'Inpatient', 'Outpatient', 'Maternity' and 'ED'.

In July 2024 a baseline for the six steps questions was reported as below and whilst the responses are low currently,(there is system review of the maternity results) we aim to drive this and encourage as many patients as possible to feedback on their experience:

Each step within the Visions is supported by a Patient Statement. In understanding progress of the Trust Visions, patients are surveyed after receiving care as to what extent they agree with the Patient Statements. This is accumulated into a positivity score.

Results for July 2024

Inpatients - Hospital Vision

Patient Statement	Number of responses	Positivity score
The Countess is my preferred hospital, everyone is kind and friendly and I received great care.	152	88.15 %
I felt welcomed at the trust, staff were expecting me	152	90.13 %
Me and my family knew what was happening throughout my care	151	85.43 %
Staff were kind, gentle and respectful to me	152	94.94 %
I felt safe and staff knew what they were doing	152	97.36 %
I felt I had the right support to get on with my life	152	87.5 %

Outpatients - Hospital Vision

Patient Statement	Number of responses	Positivity score
The Countess is my preferred hospital, everyone is kind and friendly and I received great care.	378	88.62%
I felt welcomed at the trust, staff were expecting me	377	91.51%
Me and my family knew what was happening throughout my care	377	88.59%
Staff were kind, gentle and respectful to me	376	94.68%
I felt safe and staff knew what they were doing	377	94.96%
I felt I had the right support to get on with my life	378	86.50%

Emergency Department Vision

Patient Statement	Number of responses	Positivity score
It was easy to understand where to go to be treated and accessing the service was simple.	82	95.12%
I was listened to, they understood my needs. I was assessed promptly, and was informed about what would happen next.	82	93.90%
I knew what was going on and was part of the decisions about my care and treatment.	82	92.68%
The department was welcoming, tidy and clean and I felt safe there.	82	81.70%
I knew who was caring for me. I was made to feel comfortable and had everything I needed	82	90.24%
I received excellent treatment from the care team	81	96.29%

Maternity Vision

Patient Statement	Number of responses	Positivity score
When I discovered I was pregnant I knew that the Countess is where I wanted to be cared for.	2	100%
I felt respected and treated as an individual.	2	100%
From the outset I was met by expert staff who went beyond their professional duty to make my experience exceptional.	2	100%
I had all the information I needed to make the right decisions for me and my baby at each step.	2	100%
I had trust in my maternity team and felt safe.	2	100%
I was supported to care for my baby my way.	2	100%

5. Summary and conclusions

The CQC Inpatient Survey 2023 results demonstrate that improvements have been made across all sections assessed by the survey apart from one, which has remained the same. The key areas for improvement relate to patient flow and waiting for a bed for our patients. It also highlights that communication to our patients when they are moved to other clinical areas needs to improve.

There are significant improvements in workstreams under the Urgent Care Plan that relate to this, however all areas will be asked to include 'improving communication with patients when changing beds' in the six steps actions.

It is important that the Trust continues to monitor patient experience through all mechanisms available: the six steps questions, friends and family feedback, Healthwatch feedback and complaints/concerns and compliments. Triangulation of this feedback is important and identifying improvements to ensure that learning is acted upon.

6. Recommendation

The Council of Governors is asked to note the assurance provided within the report highlighted by the CQC National Inpatient Survey Results.



MINUTES OF THE PUBLIC BOARD OF DIRECTORS

Tuesday 30th July 2024, 8.30am – 11.30am

Boardroom, 1829 Building

<u>Members</u>	04/06/ 2024	30/07/ 2024				
Trust Chair, Mr I Haythornthwaite	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Chief Executive Officer, Ms J Tomkinson OBE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Non-Executive Director, Mr D Williamson	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Non-Executive Director, Mr P Jones	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Non-Executive Director, Mr M Guymer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Non-Executive Director, Mrs P Williams	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Non-Executive Director, Professor A Hassell	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Non-Executive Director, Mrs W Williams	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Non-Executive Director, Mrs S Corcoran	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Chief Operating Officer, Ms C Chadwick	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Medical Director, Dr N Scawn	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Director of Nursing & Quality/Deputy Chief Executive, Ms S Pemberton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Director of Strategic Partnerships, Mr J Develing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Chief Digital & Data Officer, Mr J Bradley	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Interim Chief People Officer, Mrs D Herring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Chief Finance Officer, Mrs K Edge	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Director of Governance, Risk & Improvement, Mrs K Wheatcroft	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				

<u>In Attendance</u>						
Deputy Director of Governance & Risk, Mrs L Leadsom (<i>Minutes</i>)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Director of Midwifery, Ms N Macdonald	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (items 6b & 10)				
National Maternity Improvement Advisor -NHS England, Mr S Mehigan	N/A	<input checked="" type="checkbox"/> (items 6b & 10)				
Deputy Director of Nursing & Quality, Ms M Kynaston	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (item 3)				
Head of Nursing – Urgent Care, Mrs E Maxwell	N/A	<input checked="" type="checkbox"/> (item 3)				
Divisional Director – Urgent Care, Mrs K Townsend	N/A	<input checked="" type="checkbox"/> (item 3)				
Development Non-Executive Director, Mr M Smith	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Development Non-Executive Director, Mrs L Liang	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Pharmacy Clinical Services Manager, Mrs J Barlow	N/A	<input checked="" type="checkbox"/> (item 12)				
Pathology Service Manager, Mr J Banwell	N/A	<input checked="" type="checkbox"/> (item 14)				



FORMAL BUSINESS	
PB1/ 07/24	<p><u>Welcome, apologies and Chair's opening remarks</u></p> <p>The Trust Chair, Mr Ian Haythornthwaite, welcomed members to the meeting. No apologies of absence were received.</p>
PB2/ 07/24	<p><u>Declarations of Conflicts of Interest with agenda items</u></p> <p>There were no declarations of interest raised in relation to agenda items.</p>
PB3/ 07/24	<p><u>Maintaining Focus and Oversight to Quality and Care and Experience in Pressurised Services</u></p> <p>The Deputy Director of Nursing & Quality, Ms M Kynaston, provided an outline of the letter received from NHS England dated 26th June 2024 highlighting the requirements for all Trusts to ensure they are maintaining focus and oversight to quality, care and experience in pressurised services. Ms M Kynaston provided an overview of the focus on key areas and including the continued partnership working, to relieve pressures across the Urgent & Emergency Care (UEC) pathway.</p> <p>The Divisional Director – Urgent Care, Mrs K Townsend, outlined the alternatives to the Emergency Department including: a community response, continued work with Cheshire & Merseyside collaborative and at PLACE to increase referrals from the North West Ambulance Service (NWAS), an expanded frailty offering and later working and 7-day service of the Same Day Emergency Care Centre (SDEC) and the robust streaming model at the front-door to enable usage of Emergency Department (ED) alternatives.</p> <p>The Head of Nursing – Urgent Care, Mrs E Maxwell, provided an overview of the quality & safety measures in place across the department and highlighted that the Patient Experience Strategy has now been launched across the Trust and that patient and family feedback is collated and analysed regularly. Mrs E Maxwell updated regarding the Emergency Department Improvement Framework, with comfort packs being provided for patients, and the continued focus on staff wellbeing. Mrs E Maxwell advised of further work being progressed relating to the care and management of mental health patients within ED, including wait times, and that a Collaborative Mental Health Steering Group has been established with representatives from the Trust, Cheshire & Wirral Partnership NHS Foundation Trust and Cheshire Constabulary.</p> <p>Ms M Kynaston provided an update relating to inpatient flow and quality assurance across the UEC pathway, noting this review is being completed internally to assist with flow within the department, with daily escalation processes in place including the Operational Pressures Escalation Policy. Ms M Kynaston outlined that the timeliness of discharge from the department requires further work and that monthly meetings are held with the Clinical Leadership teams to measure the quality, safety and patients experience at ward level, with the impact</p>



	<p>of this initiative being monitored. Ms M Kynaston advised that the ward accreditation programme has been strengthened, which also includes self-assessment against the CQC framework and initiatives are in place to continue to drive improvement, with Governor and Non-Executive Director walkabouts also reinstated.</p> <p>Mrs K Townsend updated regarding out of hospital flow, noting that daily and weekly calls are held with Flintshire Health Board and Local Authority colleagues to discuss complex discharges. Mrs K Townsend highlighted that as at today there are 113 Non Criteria to Reside (NCTR) across the Trust Hospitals, and that this remains a significant issue as this has an impact on bed capacity. Mrs K Townsend advised that there is an aim to reduce this to 10% by April 2025, noting this is currently at 18%. Mrs K Townsend outlined that any additional finance to support patient discharge is being consolidated into the Better Care Fund (BCF) and there is system agreement on how that money is spent. As part of the Intermediate care capacity and demand model the ICB have commissioned Newton Europe and Prof John Bolton to support the system in reviewing the BCF spend and recommending areas for investment to provide maximum impact on patient flow out of the acute trust.</p> <p>The Chief Executive Officer, Ms J Tomkinson, referenced that this letter was issued from NHSE in response to a recent Dispatches Programme regarding Emergency Departments, and acknowledged credit to the leadership team in place to strive to drive these improvements and provide assurance to the Board.</p> <p>The Board noted the update and expressed thanks to the team.</p>	
<p>PB4 07/24</p>	<p><u>Service Showcase</u></p> <p>It was noted that this item would be covered as part of agenda item PB3/07/24.</p>	
<p>PB5/ 07/24</p>	<p><u>Minutes of the previous meeting held on the 4th June 2024</u></p> <p>The minutes of the previous meeting held on the 4th June 2024 were formally approved as a true and accurate record.</p>	
<p>PB6/ 07/24</p>	<p><u>Matters arising and action log</u></p> <p>The Board of Directors received the updated action log and noted that one action remains open with a due date of September 2024. The following updates were provided following the last meeting held on 4th June 2024:</p> <p>a) Urology Patient Story update</p> <p>The Chief Operating Officer, Ms C Chadwick, outlined that this update relates to the patient story presented to the previous Board of Directors held on 4th June 2024, noting that this had been formally managed and responded to as a formal complaint. Ms C Chadwick explained that 7 actions were identified from this investigation and provided an update against each of these areas, noting that the common themes primarily relate to issues identified with communications. Ms C Chadwick updated that a review has been undertaken of the model of Clinical Nurse Specialists (CNS) together with a review of job plans within the Urology service to explore opportunities to utilise skills. Ms C Chadwick explained that drop in sessions have been reinstated and catheter passports have also been</p>	



	<p>introduced. The Medical Director, Dr N Scawn, outlined that the aim of the catheter passports is to ensure a functional document is in place to assist within the department and that following work with Medical Directors, firm guidelines have been published & implemented in relation to specialist care. It was agreed for this action to be closed and that following a recent query at a previous Council of Governors (COG) that an update regarding this would also be provided to the next COG meeting to be held in October 2024.</p> <p>b) Maternity Services – Update in relation to Postpartum haemorrhage It was noted that this update would be provided as part of agenda item PB10/07/24 and it was agreed for this action to be closed.</p> <p>c) Clinical Audit Annual Report 2023/24 Dr N Scawn outlined that the purpose of this report was to address any queries raised in relating to Clinical Audit from the last Board of Directors meeting, highlighting that in 2023/24 there were 309 audits registers and 25 abandoned, with the reasons outlined within the updated annual report. Dr N Scawn noted that there were 29 audits with limited /very limited assurance and that action plans are being implemented to address these areas, in line with National Institute for Health & Care Excellence (NICE) guidance.</p> <p>Non-Executive Director, Mrs P Williams, queried if this is linked to the ward accreditation programme and Dr N Scawn advised that this is not linked but a separate audit process. The Director of Nursing & Quality /Deputy Chief Executive, Ms S Pemberton, confirmed that they are two separate processes.</p> <p>Non-Executive Director, Mrs S Corcoran, acknowledged the good report noting that she would expect to see limited assurance in some areas. Mrs S Corcoran suggested that it would be beneficial for progress and improvements with audits to be included in future reports and Dr N Scawn agreed for future reports to include this information.</p> <p>Non-Executive Director, Mr D Williamson, highlighted the reference within the report to the substantive team decrease in size and queried how this is monitored. Dr N Scawn advised that it was a small team affected and updated that Senior Nurses are now in place to support the team, noting the team are now in a good position to deliver the requirements of the team. Ms S Pemberton explained that the requirements of clinical audit are being encompassed as part of the ongoing review of risk management across the Trust and it is recognised that if additional support is required this will be covered as part of the current resource available.</p> <p>Non-Executive Director, Professor A Hassell, highlighted that it was felt at the Quality & Safety Committee held on 4th July 2024 that there was moderate assurances in place, with clear understanding of the issues together and how these areas will be progressed further. It was agreed for this action to be closed.</p>	
<p>PB7/ 07/24</p>	<p><u>Chief Executive Officer’s Report</u></p> <p>The Chief Executive Officer, Ms J Tomkinson, provided an overview of the relevant local, regional, and national issues:</p>	



- Given the overall financial position of Cheshire and Merseyside Integrated Care System (ICS) as reported for month 2, NHS England has assessed the system as being at high risk of overspending against the plan submitted for the year and hence not meeting the system statutory requirement to breakeven. Therefore the system has agreed with NHS England that the Trust will engage external support to urgently review the financial position of the Countess of Chester Hospital NHS Foundation Trust and wider system. Ms J Tomkinson confirmed that interviews had been held with herself, the Trust Chair, Mr I Haythornthwaite, and the Chief Finance Officer, Mrs K Edge, and that the Trust are actively participating in this piece of work.
- The System Improvement Board (SIB) met on the 19th July 2024 and the Trust presented an update on the improvement journey and achievements against the SIB exit criteria, which will now be considered by NHS England. Ms J Tomkinson noted this was a positive meeting, with a deep dive of the exit criteria and the Trust are awaiting the final outcome of this.
- The North West Regional Black Asian and minority ethnic (BAME) Assembly was established in 2020 as a strategic advisory group for senior NHS leaders from black, Asian and minority ethnic backgrounds. The Assembly has recently published its 2023/24 annual report and the Trust is one of 27 in the Region to commit to the implementation of the anti-racist framework. Ms J Tomkinson acknowledged that this requires a significant level of focus which will be led by the Interim Chief People Officer, Mrs D Herring.
- The Trust was selected by the Fuller Inquiry Team to participate in the second stage of the Inquiry's work looking at the arrangements in place across the wider NHS. As part of this process, the Trust has submitted a range of documents, that support the procedures and practices for safeguarding the deceased together with interviews being held with a range of leads.
- The new Women and Children's build is on track and within budget, thanks to the leadership of the Chief Finance Officer, Mrs K Edge, with construction works due to be completed by 31st March 2024 and the Trust are on track to move into the new building in Summer 2025.
- A Staff Awards ceremony will take place on 20th September 2024 and the Trust will have full sponsorship for this event.
- In September 2024, the Trust will launch a new Medical Emergency Team (MET) which will be there to support our teams in responding to acutely unwell or deteriorating patients. This is an important development which will have a significant impact on patient safety, reducing harm and making sure we have the right medical support in place to support deteriorating patients.
- The Council of Governors met on 11th July 2024 and during this meeting the Council approved the second term of office for the Trust Chair, Ian Haythornthwaite, which will commence in September 2024. The process also included approval by NHS England and the Cheshire and Merseyside Integrated Care Board.



	<p>The Medical Director, Dr N Scawn, acknowledged the huge step forward for the Trust with planned launch of the MET, noting this will provide further support across the Trust.</p> <p>The Board of Directors noted the update report provided.</p>	
<p>PB8/ 07/24</p>	<p><u>Board Assurance Framework (BAF) and Risk Appetite Statement (2024/25)</u></p> <p>The Director of Governance, Risk & Improvement, Mrs K Wheatcroft, outlined that a full reset of the BAF has been undertaken, which has included a full Board development session held in May 2024. Mrs K Wheatcroft explained that the BAF now has a focus on 10 strategic risks, which are aligned to the Trust’s strategic objectives, and a revised risk appetite statement has also been collated.</p> <p>Non-Executive Director, Mr M Guymmer, queried the initial scores and measures identified to minimise risks, however, that the assurances remain rated as red in some areas. Mrs K Wheatcroft explained that assurances are not rated in the same way as actual risks, and that the partial assurance is taken into consideration is determining the residual risk score and the areas for action. The actions will assist the Trust in reaching the target risk scores for all areas.</p> <p>Non-Executive Director, Mrs S Corcoran, noted the phenomenal improvement with the BAF and recognised the input from the Board Development session held in May 2024.</p> <p>Non-Executive Director, Mr D Wiliamson, acknowledged the tremendous structure improvements to the BAF including the reference to the Trust’s strategic objectives however, highlighted that the detail within the causes and consequences column required further work with regards to the wording included. Mrs K Wheatcroft suggested that the assurance committees should consider this further when they review the relevant extracts of the BAF.</p> <p>Non-Executive Director, Mr P Jones, acknowledged the level of clarity provided within the BAF and queried BAF areas 9 and 10 and the risk appetite to seek risk particularly in relation to research and innovation. Mrs K Wheatcroft clarified that the revised BAF will enable leads to take more innovate approaches to secure next steps, noting the real ambition in these areas for the Trust to get to where it needs to be and this will require a more innovative approach. The Chief Executive Officer, Ms J Tomkinson, clarified that the Director of Research, Dr P Bamford, provides quarterly updates regarding Research to the Board of Directors, is actively seeking funding opportunities as part of this role, and that this will require support for the Board of Directors to do things differently to support this. The Medical Director, Dr N Scawn, confirmed that the University of Chester are keen to be involved and discussions are in progress.</p> <p>The Trust Chair, Mr I Haythornthwaite, recognised the improvements to the BAF in a very short space of time and acknowledged the benefits of the Board of Directors in having a clear document to work with. Mr I Haythornthwaite expressed thanks to Mrs K Wheatcroft for leading this and progress to date.</p> <p>The Board of Directors:</p>	



	<ul style="list-style-type: none"> • Approved the baseline BAF for 2024/25 • Noted the alignment and progress against the Trust’s Strategic Objectives 2024/25 • Approved the Board risk appetite statement for 2024/25. 	
<p>PB9/ 07/24</p>	<p><u>High Risks Report</u></p> <p>The Director of Governance, Risk & Improvement, Mrs K Wheatcroft, updated that there are currently 25 risks in total with a residual risk score of 15 or above on the Datix system, noting this is a decrease from the 36 reported in April 2024. It was noted that work is also ongoing to further strengthen and embed risk management across the Trust, together with the review of the current Risk Management policy. Mrs K Wheatcroft updated that this report will be progressed further with Executive Directors and will be triangulated with the BAF going forward, with the BAF being reviewed quarterly but also being a standing agenda item for each Board of Directors meeting.</p> <p>Non-Executive Director, Mr D Williamson, highlighted that the risks relating to finance & performance overlap with the BAF and Mrs K Wheatcroft clarified that the BAF sits separately to the risk register and whilst these will remain separate, further work is required to join up these areas.</p> <p>The Interim Chief People Officer, Mrs D Herring, updated that the people related risks are currently being reviewed further with an update to be provided to the next People & Organisation Development Committee meeting. Non-Executive Director, Mrs W Williams, acknowledged the need for people & organisation related risks to be reflective of concerns raised and to structure future deep dives being presented to the Committee.</p> <p>Non-Executive Director, Professor A Hassell, queried the ventilation issues referenced within the report and if Quality & Safety Committee is the correct Committee to monitor this risk and it was agreed this would be clarified following the meeting.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> • Noted the contents of this report and note the risks with a residual risk score of 15 and above. • Noted the next steps as outlined above and how they will be progressed. 	
<p>PB10/ 07/24</p>	<p><u>Maternity Safety Support Programme (MSSP) Exit Recommendation</u></p> <p>The Director of Midwifery, Ms N Macdonald, introduced the National Maternity Improvement Advisor – NHS England, Mr S Mehigan to the Board of Directors. Ms N Macdonald outlined that the purpose of this report is to seek agreement of the Board of Directors with the recommendations of the National Maternity Improvement Advisor and the Regional Chief Midwife for the Northwest that the Countess of Chester Hospitals NHS Trust should formally exit the Maternity Safety Support Programme with the ongoing oversight and assurance of the maternity services being undertaken by the Local Maternity & Neonatal System (LMNS) and Integrated Care Board (ICB). Ms N Macdonald advised that during the Perinatal Assurance and Improvement Board a detailed presentation was</p>	



	<p>provided regarding the Quality Improvement work and next steps including regional working and regional Postpartum haemorrhage monitoring.</p> <p>Ms N Macdonald confirmed that following agreement at the Board of Directors, a letter of support is required to be sent to Claire Matthews confirming this paper has been discussed and to confirm that the Board of Directors are supportive of this exit.</p> <p>Mr S Mehigan advised that he also attended the Perinatal Assurance and Improvement Board and noted the only areas of challenge were in relation to the inactive Maternity and Neonatal Voices Partnership (MNVP) and reference to the sustainability plan, however, evidence was provided to demonstrate there is input from service users. It was agreed for Mr S Mehigan to update the paper provided to include these further 2 points and for this to be circulated to the Board of Directors.</p> <p>Subject to the minor additions as outlined above, the Board of Directors:</p> <ul style="list-style-type: none"> • Noted the progress made by the maternity service during its time on the MSSP • Agreed the recommendation that the Trust formally exit the MSSP • Agreed that the ongoing external assurance and oversight will be provide by the LMNS / ICB. 	
<p>PB11/ 07/24</p>	<p><u>Care Quality Commission (CQC) Improvement Plan including Well Led</u></p> <p>The Director of Nursing & Quality / Deputy Chief Executive, Ms S Pemberton, provided an update on progress with the consolidated CQC Improvement Plan, including Well Led. Ms S Pemberton updated that progress has been noted, with completed actions, within the following areas:</p> <ul style="list-style-type: none"> • Full review of Nurse staffing undertaken (in line with Safer Nursing Care Tool Guidance). • Launch of the Patient & Family Experience Strategy. • Approval of the Board sub-committees Terms of Reference and workplans • Wellbeing Hub has opened which is accessible to all staff. • Listening events held and civility statement agreed. • Fit and Proper Person Test Framework • Executive network champions identified. • Review of all storage across the Trust undertaken and spot checks being implemented. • Full review of NET2 access undertaken. • Patient Led Assessments of the Care Environment assessments • Civility Charter agreed and is being incorporated into all employee processes. • New welcome induction programme in place. • Emergency Department Improvement Plan in place • Workstreams established within Medicines Safety Group. • National mandated medicine audits have been reviewed • Increased visibility and Executive walkarounds 	



- All Board positions substantively appointed with (with the exception of the Chief People Officer, which has a recruitment plan in place)
- Board development programme agreed for 2024/25
- The Trust Strategy has been approved at the Board of Directors
- The new Complaints Policy has been formally ratified.
- CQC registration Tarporley Hospital (awaiting CQC confirmation)
- Mental health and community services collaborative
- Board Assurance Framework refresh
- Quality priorities
- Clinical Standard Operating Procedure in place to identify and risk assess patients entering the Emergency Department that present a self-harming risk.
- Divisional Leadership teams have engagement and visibility plans in place for visiting all wards and departments.

It was noted that continued areas of focus include:

- Malnutrition Universal Screening Tool screening to be launched in the Emergency Department
- Review of all information available to patients (in various languages and formats)
- To continue to embed the changes made to the post-operative care of women's & birthing people following obstetric surgery (initial review conducted in 2024 and outcome report is currently awaited)
- Discharge summit to be held throughout July 2024, with system partners invited to join
- Electronic Prescribing and Medicines Administration system review undertaken and training controls in place whilst stronger system controls are sought.
- Electronic Patient Record optimisation and upgrade programme underway
- Directorates and Divisions to develop enabling strategies.
- Trial of out of hours stroke service provision extended until midnight as a pilot
- Review of the Governance Handbook
- A review of 7 day services
- Coronial cases governance
- Review of all fire exits being undertaken.
- Review of all equipment being undertaken to ascertain that it is fit for purpose.
- Anti ligature Policy in development.
- Full review of maternity theatres and birthing rooms to be undertaken.
- Review of Risk Management Strategy and processes
- Out of date policy review
- Employee engagement plan
- Statutory and mandatory training compliance
- Further audit of waiting lists (Referral to Treatment and Non Referral to Treatment)
- Review of Allied Health Professionals workforce and medical staffing
- Review of medicines prescribing policy
- Sepsis screening



	<ul style="list-style-type: none"> • Freedom to Speak Up Board self-assessment to be held on 6th August 2024 • Work is progressing on the 4 Staff survey priorities <p>The Trust Chair, Mr I Haythornthwaite, acknowledged the good progress of the consolidated CQC improvement plan.</p> <p>Non-Executive Director, Mrs P Williams, acknowledged the excellent update report, however, queried of the 'green' status with regards to health & safety audits not being completed, noting this has been flagged via the Finance & Performance Committee previously too. Ms S Pemberton advised that the 'green' status indicates that this is work in progress and it is the 'blue' status which confirms completion. The Chief Operating Officer, Ms C Chadwick, outlined that there are identified issues relating to Health & Safety resource, however that a new interim experienced staff member commenced at the Trust on 29th July 2024. Ms C Chadwick confirmed that a priority for this staff member is to review the Health & safety action plan to ensure it is fit for purpose, then priorities are to be included. Ms C Chadwick explained that health & safety usually sits with fire & security services, however, that they had been previously split at the Trust and the team now consists of one team member which is not a sustainable model. Ms C Chadwick provided assurance that by the end of August 2024 further work will be completed to pull all aforementioned areas together into estates and this will then be led by the Chief Finance Officer, Mrs K Edge.</p> <p>The Board of Directors noted the assurance of the progress against the consolidated CQC action plan and noted that progress against this action plan will be tracked through the Executive Directors Group and reported to the Board of Directors, together with outcomes.</p>	
PB12/ 07/24	<p><u>Controlled Drugs (CD) Annual Report 2023/24</u></p> <p><i>To note, this item was presented following PB10/07/24.</i></p> <p>The Pharmacy Clinical Services Manager, Mrs J Barlow, advised that she was presenting this report to the Board of Directors on behalf of the Director of Pharmacy, Mrs K Adams, noting this is the first separate Controlled Drugs (CD) report produced for the Trust following guidance from NHS England. Mrs J Barlow highlighted the positive areas of assurance as outlined within the report and confirmed that there are no concerns that the Director of Pharmacy had been required to raise with the Board of Directors. Mrs Barlow outlined that quarterly reports and audits are reported via NHS England and the Trust Medicines Safety Committee and that the Director of Pharmacy has completed a CQC self-assessment and no gaps were identified and no cases of concern were raised in relation to thematic reviews. Mrs J Barlow confirmed the Trusts 100% compliance with all statutory requirements and that following a recent Home Office Inspection, 3 minor actions were identified, 2 of which are now completed and the final one due to be completed by the end of Summer 2024.</p> <p>The Director of Nursing & Quality, Ms S Pemberton, acknowledged the positive assurance report. The Trust Chair, Mr I Haythornthwaite, expressed thanks to Mrs J Barlow for presenting this update to the Board of Directors.</p>	



<p>PB13/ 07/24</p>	<p>The Board of Directors noted the assurance provided within the report.</p> <p><u>System Oversight Framework Report</u></p> <p>The Chief Operating Officer, Ms C Chadwick, introduced the item and provided a summary of the key performance indicators. Ms C Chadwick highlighted the following areas of positive assurance:</p> <ul style="list-style-type: none"> • Hospital Standardised Morality Ratios (HSMR) • 0 reported STEiS and Never Events • Reduced number of falls • Sustained delivery of 28 day Cancer Faster Diagnosis Standard (FDS). • Significantly higher performance than national average against 31 and 62 Cancer standard. • Reduction in 12 hour breaches • Improved compliance in both appraisals and mandatory training • Sustained reduction in Nurse agency spend • Sustained reduction in staff turnover. <p>Ms C Chadwick highlighted the following areas requiring improvement:</p> <ul style="list-style-type: none"> • Registered Nursing Fill Rates • Medical Agency Spend • Emergency Medicine Performance • Financial overspend. <p>Ms C Chadwick continued highlighting the following:</p> <ul style="list-style-type: none"> • Emergency Department (ED) attendances remain average in ED (240 per day) • There has been an increase to over 60 minutes for ambulance handover times • There has been a reset within the Emergency Department, with a revised Urgent & Emergency Care (UEC) offer available from 3rd August 2024 • The Trust has received 7.5 million of capital to build a new front door for ED to assist with triage • There is a continued focus regarding the delivery of elective care by the end of September 2024 • Increased activity levels are assisting with the Cost Improvement Programme (CIP) in relation to diagnostics • The wait times for endoscopy have significantly reduced but some patients continue to take the decision to wait longer • There remains concerns relating to Echocardiograms, including the high demand noting that the Executive Directors have supported recruitment into the team and are continuing to work with Cheshire and Merseyside Acute Specialist Trust (CMAST) regarding mutual aid options • The Trust closed 2023/24 with over performance against activity targets, and is on track to deliver for this year too, to date <p>The Director of Nursing & Quality/Deputy Chief Executive, Ms S Pemberton highlighted the following in relation to nursing and quality:</p> <ul style="list-style-type: none"> • The incident reporting culture has improved and harm levels remain low 	
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- There were 0 new never events reported in June 2024 and an investigation is ongoing in relation to the never event (retained swab) reported in the previous period
- There has been 6 cases of Cdifficile, noting community rates are high currently
- There is an improvement plan in place for sepsis screening which is showing improvements to date
- There are 13 complaints currently open and the Trust is undertaking a deep dive regarding concerns raised, which will include working with specialities
- Regular Friends and Family Test (FFT) data is provided to the Trust with a 95% response rate for outpatients, 91% for inpatients and 71% for the Emergency Department.

The Medical Director, Dr N Scawn, confirmed he had nothing further to add relating to safety elements of the SOF.

The Chief Finance Officer, Mrs K Edge, highlighted the following in relation to financial performance:

- The Trust reported a £9.6m deficit as at Month 3 2024/25, noting the main drivers of the variance related to public inquiry costs to date and Junior Doctor industrial action held in June 2024.
- The risk regarding medical pay remains, noting the Trust is however underspend in the totality, and that this remains an area of focus linked to the Cost Improvement Programme.
- There is a lot of continued focus on supporting delivery of the CIP opportunities at pace.
- Further opportunities have been identified regarding income productivity and delivering activity.

Non-Executive Director, Professor A Hassell, queried if the Trust recruited to the full establishment, if there would still be the same amount of agency spend. Dr N Scawn clarified that £3m of the £13m relates to waiting list initiatives and overtime, noting this is currently being reviewed against substantive positions. Dr N Scawn continued that there has been a significant change in junior doctors working with more than 50% working less than Whole Time Equivalent (WTE), with a majority at 0.8WTE. Professor A Hassell requested if the Junior Doctor shortfall can be quantified and Dr N Scawn explained this is a disincentive for certain Doctors to get their Certificate of Eligibility of Specialist Registration (CESR), noting that the process is lengthy. Professor A Hassell queried if the Doctors would earn less they if they received their CESR and the Interim Chief People Officer, Mrs D Herring, clarified that they would not be paid less and that this can be provided in further detail at the People & Organisation Development Committee with regards to the with fixed term contracts and ad hoc cover arrangements.

Non-Executive Director, Mr M Guymer, acknowledged the positive steps being taken and expressed congratulations to all Executive Directors getting back on track so early on in the financial year across all areas notwithstanding the challenging cost improvement programme.



	<p>Non-Executive Director, Mr P Jones, requested an update regarding the recently agreed Junior Doctors pay award and the Trusts funding for this and Mrs K Edge confirmed the Trust are awaiting clarification regarding this from NHS England.</p> <p>The Interim Chief People Officer, Mrs D Herring, highlighted the following in relation to people & organisation development:</p> <ul style="list-style-type: none"> • Mandatory training compliance continues to improve and that this is almost at 90%. • Appraisal rates are improving. • Agency and bank spend remains below the target for the Nursing staff, however, medical cover remains an area of concern. • Progress has been made in various areas relating to health & wellbeing, with a new attendance management policy been agreed is ensuring cases are managed more proactively. <p>Mr M Guymer highlighted that it had been raised at the Audit Committee held on 23rd July 2024 regarding counter fraud including the need to increase the training for some staff and requested an update regarding this. Mrs D Herring advised that all mandatory training areas are currently being reviewed to see if any areas can be streamlined, together with a review of capacity for staff to attend training. Mrs D Herring explained that during times of extreme pressure within the Trust that training is sometimes cancelled, and that the process for this is being reviewed with a suggestion that training can still go ahead during these times, but with a review of attendance.</p> <p>The Board of Directors noted the positive areas of assurance and the updates provided.</p>	
<p>PB14/ 07/24</p>	<p><u>COCH response to the independent infected blood inquiry</u></p> <p>The Pathology Service Manager, Mr J Banwell, shared a presentation with the Board of Directors regarding the Infected Blood Inquiry and the Trust’s response to each of the recommendations together with progress to date.</p> <p>The Chief Executive Officer, Ms J Tomkinson, provided assurance that the Trust is proactive in reviewing recommendations from public and independent inquiries via internal governance mechanisms. Ms J Tomkinson expressed thanks to Mr J Banwell for leading this piece of work and for providing this update to the Board of Directors.</p> <p>Non-Executive Director, Professor A Hassell, queried one area relating to recording if a patient had received a transfusion previously and that it would be beneficial to understand this process and Mr J Banwell referenced this has been raised at the Quality & Safety Committee also and confirmed that the Trust has records for all patients receiving a transfusion and that data is available on legacy systems.</p> <p>Non-Executive Director, Mr M Guymer, queried the possibility to include a flag on patient records who had a transfusion pre 1996 and the Medical Director, Dr N Scawn, confirmed that this is possible, but highlighted that the national responsibilities of this were discussed at the Quality & Safety Committee and the</p>	



	<p>Trust are awaiting ICB / national guidance. Professor A Hassell suggested for the Trust to query with the ICB or nationally for further guidance regarding this and Mr J Banwell agreed to discuss this with peer colleagues to ensure consistency.</p> <p>The Trust Chair, Mr I Haythornthwaite, expressed thanks to Mr J Banwell for attending and providing the update.</p> <p>The Board of Directors noted the assurance provided within the report and presentation provided, together with proposed actions which will be monitored via the Hospital Transfusion Committee (HTC).</p>	
<p>PB15/ 07/24</p>	<p><u>Council of Governors Update Report</u></p> <p>The Board of Directors noted the update report.</p>	
<p>PB16/ 07/24</p>	<p><u>Anchor Institution</u></p> <p>The Director of Strategic Partnerships, Mr J Develing, outlined that in 2020 the Trust embarked on a commissioned project with the Purpose Coalition and that the coalition has developed a framework of 14 purpose goals to allow organisations to measure their activities and identify the gaps where they could provide more support where it is needed. Mr J Develing updated that the 14 measures have been used to develop this report, providing progress against the framework and cross referenced as evidence towards being accredited as an Anchor Institution. Mr J Develing updated that the Trust is working with Cheshire & Wirral Partnership NHS Foundation Trust (CWP) regarding broader social value, to enable the Trust to further understand this role and so how to influence with reaching services into the community. Mr J Develing highlighted that this progress confirmed the Trusts commitment to becoming anchor institution and establishment of group and Non-Executive Director (NED) oversight also.</p> <p>The Trust Chair, Mr I Haythornthwaite, queried if there is a trigger point when the Trust can refer to itself as an anchor institution and Mr J Develing confirmed that when areas are actioned, the Trust can then be measured as an anchor institute.</p> <p>The Director of Governance, Risk & Improvement, Mrs K Wheatcroft, acknowledged the benefits of this being combined together into a progress update and suggested it would be beneficial for this to also include a structured workplan including timescales, responsibilities and measurable outcomes.</p> <p>The Chief Executive Officer, Ms J Tomkinson, acknowledged that this is a good example of the Trusts ambition a key player of the healthcare system and as a part of social requirements and influencing leadership opportunities across Chester, via education and fulfilment and social lens too. Ms J Tomkinson expressed thanks to Mr J Develing in collating this and suggested next steps should include how this can be communicated externally as to what we are doing to support population health.</p> <p>The Trust Chair, Mr I Haythornthwaite, acknowledged the good engagement and progress to date, recognising the positive initiative and that the Board of Directors will await further feedback regarding progress at a future meeting.</p> <p>The Board of Directors noted the progress to date.</p>	



PB17/ 07/24	<p><u>People & Organisation Development Committee Chair's Report – 11th June 2024</u></p> <p>Non-Executive Director, Mrs W Williams, presented the Chair's report and outlined one area to be highlighted to the Board of Directors regarding the high number of surveys issued across the Trust, however, with very poor response rates to some surveys issued. Mrs W Williams continued that this was discussed at length with the Committee and it was agreed for work to be undertaken to streamline and reduce surveys being sent and utilising alternative engagement mechanisms.</p> <p>The Board of Directors noted the report.</p>	
PB18/ 07/24	<p><u>Quality & Safety Committee Chair's Report – 4th July 2024</u></p> <p>Non-Executive Director, Professor A Hassell, presented the Chair's report and highlighted the Committee had noted the limited assurance in relation to the policy update provided, and it was agreed for a more detailed update to be shared back at a future meeting. The Director of Nursing & Quality / Deputy Chief Executive, Ms S Pemberton, updated that each Executive Director now has a list of their out of date policies to review and progress. The Director of Governance, Risk & Improvement, Mrs K Wheatcroft, updated that a full list of out of date policies was also provided within a report to the Audit Committee held on 23rd July 2024 and that the process for this recovery programme is being prioritised via the Executive Directors and supporting teams.</p> <p>Professor A Hassell updated that the Committee had received an update regarding the response to the independent infected blood inquiry, noting the action plan in place in response to the findings, and the Committee suggested a system approach should be included, noting this is linked to the update provided to the Board of Directors earlier as part of agenda item PB14/07/24.</p> <p>The Board of Directors noted the report.</p>	
PB19/ 07/24	<p><u>Finance & Performance Committee Chair's Report – 19th June 2024</u></p> <p>Non-Executive Director, Mrs P Williams, presented the Chair's report and referenced the limited assurance from the health & safety report provided, noting that an update regarding this was provided earlier in the meeting by the Chief Operating Officer, Ms C Chadwick, as part of agenda item PB11/07/24. It was noted that it had been agreed for a full update report to be provided back to the next Committee to be held in September 2024.</p> <p>Mrs P Williams updated that the Committee had received a Month 2 Cost Improvement Programme (CIP) position, and concerns were raised regarding the recovery of the month 2 position and future impact of this. However, as per the update from the Chief Finance Officer, Mrs K Edge, earlier in the meeting as part of agenda item PB13/7/24, that the Committee will continue to monitor progress against this.</p> <p>The Board of Directors noted the report.</p>	
PB20/ 07/24	<p><u>Audit Committee Chair's Report – 23rd July 2024</u></p> <p>Non-Executive Director, Mr M Guymer, advised that an extraordinary meeting of the Audit Committee was held on 25th June 2024 whereby the Committee formally approved the Annual Report and Accounts for 2023/24 and expressed thanks to all involved in this process.</p>	



	<p>Mr M Guymer provided a verbal update following the Committee held on the 23rd July 2024 and highlighted the limited assurance received in relation to the current out of date policies. Mr M Guymer noted however that a thorough update report had been provided outlining the out of date policies and that the Committee were updated of the process in place to address outstanding documents. Mr M Guymer continued that this includes a revised focus across Executives and that the Audit Committee will be seeking to receive a pathway for recovery (including dates for prioritisation).</p> <p>The Board of Directors noted the report.</p>	
<p>PB21/ 07/24</p>	<p><u>Code of Governance Compliance Checklist – June 2024</u></p> <p>The Director of Governance, Risk & Improvement, Mrs K Wheatcroft, outlined that the assessment against the new Code of Governance, which came into effect from 1st April 2023. The report was by exception as the Audit Committee had reviewed the full assessment. This provided assurance on compliance with the governance requirements placed on NHS Foundation Trusts, including:</p> <ul style="list-style-type: none"> • Board leadership and purpose • Division of responsibilities • Composition, succession and evaluation • Audit, risk and internal control • Remuneration <p>Mrs K Wheatcroft confirmed that of the 136 areas in total, the Trust has declared partial compliance in 7 areas and there are mitigations and actions in place. The code is assessed on the basis of comply or explain and that details relating to any actions required are included within this summary report.</p> <p>Mrs K Wheatcroft advised that this annual compliance report will be aligned to the Annual report timetable going forward, with full a full compliance report being provided via the Audit Committee.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> • Noted the Trust’s current compliance against each of the Code of Governance provisions, noting the actions required to ensure full compliance as outlined. 	
<p>PB22/ 07/24</p>	<p><u>Provider Licence Compliance 2023/24</u></p> <p>The Director of Governance, Risk & Improvement, Mrs K Wheatcroft outlined that the paper provides assurance on compliance with the Provider Licence for 2023/24. Mrs K Wheatcroft explained that assurance is provided in the context that during 2023/24 the Trust has continued to manage the recovery of waiting lists, alongside the challenges of continued industrial action, staffing constraints and operational pressures. These areas continued to have strong oversight through the Executive Team, respective assurance committees and the Board of Directors.</p> <p>Mrs K Wheatcroft advised this annual compliance report will be aligned to the Annual Report timetable going forward, with a mid-year review being provided to the Audit Committee.</p>	



	<p>Non-Executive Director, Professor A Hassell, suggested it would be beneficial to highlight in the report of the number of areas of which the Trust is compliant with and it was agreed for this to be reflected in future reports.</p> <p>The Board of Directors noted the review of the compliance with the provider licence for 2023/24.</p>	
PB23/ 07/24	<p><u>Items for noting and receipt</u></p> <p>The Board of Directors noted the following minutes which had been approved by the relevant Committees:</p> <ul style="list-style-type: none"> a) Approved minutes of the Quality & Safety Committee – 30th April 2024 b) Approved minutes of the People & Organisation Development Committee – 9th April 2024 c) Approved minutes of the Finance & Performance Committee – 17th April 2024 and 26th April 2024 d) Approved minutes of the Operational Management Board – 23rd May 2024 <p>The Board of Directors noted the following items:</p> <ul style="list-style-type: none"> e) Board of Directors Workplan 2024/25 f) Cheshire & Merseyside Acute Specialist Trust (CMAST) Leadership Board Update - July 2024 	
PB24/ 07/24	<p><u>Any other business</u></p> <p>There were no further items of business raised.</p>	
PB25/ 07/24	<p><u>Questions from Governors and members of the Public relating to items on the meeting agenda</u></p> <p>No questions were raised.</p>	
PB26/ 07/24	<p><u>Closing remarks</u></p> <p>The Trust Chair, Mr I Haythornthwaite, expressed thanks to all members for their input to the reports and discussions during the meeting. Mr I Haythornthwaite acknowledged the references to assurances being provided within the reports provided, noting the positive progress to date with improvements across all areas of the Trust and expressed thanks to all Executive Directors on behalf of himself and all Non-Executive Directors.</p> <p><i>To note, the meeting was closed at 11.20am.</i></p>	
PB27/ 07/24	<p><u>Date & Time of next meeting</u></p> <p>The next meeting will be held on Tuesday 24th September 2024 (timings to be confirmed).</p>	