

Meeting of the Council of Governors in Public

Thursday 13th February 2025, 2.00pm – 4.50pm, Boardroom, 1829 Building

Chair	Mr I Haythornthwaite, Trust Chair
Apologies	Ms J Tomkinson, Chief Executive, Ms C Chadwick, Chief Operating Officer, Mr J Bradley, Chief Digital & Data Officer, Ms S Corcoran, Non-Executive Director, Mr P Jones, Non-Executive Director, Ms C Gahan, Dr Chris Stockport, Partnership Governors, Dr S Tueger, Staff Governor
In attendance	Ms N Macdonald, Director of Midwifery, Director of Digital, Mr D Reilly, Ms S Edwards, Associate Director of Nursing, Corporate Nursing and Deputy Chief Operating Officer, Mr S Brown

Time	Agenda Number	Agenda item	Lead	Page Number	Decision Required
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 21 st November 2024 (attached)	Trust Chair	4 - 13	For approval
2.05 pm	4.	To consider any matters arising and action log (attached)	Trust Chair	14	For noting
2.10 pm	5.	a) Maternity Survey 2024: Management Report January 2024 (attached)	Director of Midwifery	15 - 22	For assurance
		b) Urgent and Emergency Care Patient Experience Survey Results - 2024 (attached)	Associate Director of Nursing, Corporate Nursing	23 - 33	For noting
2.30 pm	6.	Patient Story (to be presented on the day)	Director of Nursing & Quality / Deputy Chief Executive		For noting
2.40 pm	7.	Trust Chair's Briefing (verbal)	Trust Chair		For noting
2.45 pm	8.	Chief Executive Officer's Report (attached)	Director of Nursing & Quality / Deputy Chief Executive	34 - 46	For noting
2.50 pm	9.	Lead Governor Update – February 2025 (attached)	Lead Governor	47 - 50	For noting
2.55 pm	10.	Anchor Institution Update (attached)	Director of Strategy Partnerships	51 - 61	For assurance

3.00 pm	11.	Update on the Clinical Strategy (attached)	Director of Strategy Partnerships	62 - 65	For noting
3.10 pm	12.	To receive questions on:			
3.15 pm		a) Board of Directors meeting 26 th November 2024 (minutes) and Board of Directors meeting 28 th January 2025 (agenda) (attached)	Trust Chair & Executive Directors	66 - 91	For noting and discussion
3.35 pm		b) The recent Chair's reports of Board Sub-Committees (attached): <ul style="list-style-type: none"> • Chair's report from the Chair of the Quality & Safety Committee – 9th January 2025 • Chair's report from the Chair of the People Committee – 10th December 2024 • Chair's Report Finance & Performance Committee – 21st January 2025 	Non-Executive Directors	92 - 97	For noting and discussion
		c) Strategic Oversight Framework Report – December 2024 (attached) <ul style="list-style-type: none"> • Operational Performance • Quality • Safety • Finance • Human Resources & People 	Deputy Chief Operating Officer Director of Nursing & Quality/ Deputy Chief Executive Medical Director Chief Finance Officer Acting Chief People Officer	98 - 138	For assurance

3.55 pm	13.	To receive feedback from Governors (verbal)	Governors		For noting
4.00 pm	14.	a) Council of Governors Workshop 12 th December 2024 feedback (verbal)	Director of Governance, Risk and Improvement		For noting
		b) Council of Governors Action Plan Update (attached)	Director of Governance, Risk and Improvement	139 - 142	For assurance
4.05 pm	15.	Governor Committee Involvement (attached)	Director of Governance, Risk and Improvement	143 - 148	For ratification
4.10 pm	16.	Feedback from Non-Executive Director /Governor Walkabouts (verbal)	All Governors		For noting
4.15 pm	17.*	For noting: a) Council of Governors Workplan (attached)	Director of Governance, Risk and Improvement	149 - 151	For noting
		b) Council of Governors Photo Sheet Link Foundation Trust Council of Governors Countess of Chester Hospital	Trust Chair		For noting
4.15 pm	18.	The 10 Year Health Plan (attached)	Director of Strategy Partnerships	152 - 187	For noting
4.30 pm	19.	Any Other Business (verbal)	Trust Chair		For noting
PRIVATE					
4.35 pm	20.	Chairs Appraisal Process 2024/25 (attached)	Non-Executive Director and Senior Independent Director	1 - 19	For approval
4.40 pm	21.	Non-Executive Directors Appraisal Process 2024/25 (attached)	Trust Chair	20 - 24	For approval
4.45 pm	22.	Private Board Summary Report (28 th January 2025) (attached)	Trust Chair	25 - 27	For noting
4.50 pm	23.	Close of meeting			

Next Meeting: Wednesday 23rd April 2025 at 2pm – 4pm in the Boardroom, 1829 Building

*Papers are 'for information' unless any Committee member requests a discussion

Minutes of the Council of Governors (in Public)

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

Members	11/04/2024	11/07/2024	21/11/2024	
Trust Chair (Chair), Mr I Haythornthwaite	<input checked="" type="checkbox"/>	<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"/>	N/A	
Public Governor, Mr R Howe	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Public Governor, Mr J Jones	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Public Governor, Ms L Liang	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Public Governor/Deputy Lead Governor, Dr C Stein	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
Public Governor, Mr T Wheeler	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Public Governor, Ms S Dunbar	N/A	N/A	<input checked="" type="checkbox"/>	
Public Governor, Mr T Preach	N/A	N/A	<input checked="" type="checkbox"/>	
Public Governor, Ms J Chillery	N/A	N/A	<input checked="" type="checkbox"/>	
Public Governor, Ms L Jha	N/A	N/A	<input checked="" type="checkbox"/>	
Ellesmere Port and Neston				
Public Governor/Lead Governor, Mr P Folwell	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
Public Governor, Mr B Jones	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Public Governor, Ms P Hayes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
<i>Vacant position</i>	N/A	N/A	N/A	
<i>Vacant position</i>	N/A	N/A	N/A	
<i>Vacant position</i>	N/A	N/A	N/A	
Flintshire				
Public Governor, Mr M McAdams	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
Public Governor, Mrs R Overington	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Public Governor, Mr M Roberts	N/A	N/A	<input checked="" type="checkbox"/>	
<i>Vacant position</i>	N/A	N/A	N/A	
Remaining England and Wales				
Public Governor, Ms E Foreman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
Public Governor, Mr D Cassidy	N/A	N/A	<input checked="" type="checkbox"/>	
Partnership Organisations				
Partnership Governor, Ms J Bellis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Partnership Governor, Mr D Foulds	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Partnership Governor, Ms C Gahan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Partnership Governor, Prof E Mason-Whitehead	<input checked="" type="checkbox"/>	N/A	N/A	
Partnership Governor, Dr K Knight	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Partnership Governor, Dr Chris Stockport	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Staff Governor				
Staff Governor, Ms P Edwards	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Staff Governor, Ms C Hankinson	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Staff Governor, Mr S Higgitt	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Staff Governor, Ms A Jayne Caple	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Staff Governor, Ms D Kambasha	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Staff Governor, Ms A Lewis-Aaron	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Staff Governor, Mrs C Price	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Staff Governor, Dr A Tueger	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Staff Governor, Mrs M Woodward	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

In attendance	11/04/2024	11/07/2024	21/11/2024	
Chief Executive Officer, Ms J Tomkinson OBE	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	
Acting Chief People Officer, Mr M Dale	<input checked="" type="checkbox"/>	N/A	N/A	
Interim Chief People Officer, Mrs D Herring	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Deputy Chief Operating Officer, Mr S Brown (on behalf of the Chief Operating Officer Ms C Chadwick)	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Deputy Director of Finance, Ms H Wells (on behalf of the Chief Finance Officer, Mrs Karen Edge)	N/A	N/A	<input checked="" type="checkbox"/>	
Medical Director, Dr N Scawn	<input checked="" type="checkbox"/>	<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)	N/A	<input checked="" type="checkbox"/>	N/A	
Chief Digital Data Officer, Mr J Bradley	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Non-Executive Director, Mr M Guymmer,	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Non-Executive Director, Mrs P Williams,	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Non-Executive Director, Ms W Williams,	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Non-Executive Director, Mr A Hassell	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Non-Executive Director, Mr D Williamson	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Non-Executive Director, Ms S Corcoran	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Non-Executive Director, Mr P Jones	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Director of Strategic Partnerships, Mr J Develing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Director of Governance, Risk & Improvement, Mrs K Wheatcroft	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Deputy Director of Governance & Risk, Mrs L Leadsom	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
Committee Secretary, Mrs C Jones (Minute Taker)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Formal Business		
Agenda Item Number	Item	Lead
1.	<p><u>Welcome, apologies, and opening remarks</u></p> <p>The Trust Chair, Mr I Haythornthwaite welcomed all to the meeting. Apologies were noted from:</p> <p><u>Governors:</u> Partnership Governors, Dr K Knight; Ms C Gahan and D C Stockport; and Staff Governors, Ms A Jayne Caple Ms C Price and Maria Woodward.</p> <p><u>Executive Directors:</u> Chief Executive, Ms J Tomkinson; Chief Operating Officer, Ms C Chadwick, Interim Chief People Officer, Mrs D Herring and Chief Finance Officer, Ms K Edge</p>	

	<p><u>Non-Executive Directors:</u> Ms S Corcoran and Mr D Williamson</p> <p>To note Staff Governor, Dr Tueger; Public Governors Ms L Jha and Mr T Wheeler; and Non- Executive Directors, Prof A Hassell, Ms W Williams and Mr M Guymer joined via Microsoft Teams.</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 public agenda items.</p>	
3.	<p><u>To approve the minutes of the Council of Governors held on the 11th July 2024</u></p> <p>The minutes of the meeting held on the 11th July 2024 were approved as a true and accurate record.</p>	
4.	<p><u>To consider any matters arising and action log</u></p> <p>Lead Governor, Mr J Jones raised action 10 regarding Thirlwall Inquiry and Police Investigation updates. The Trust Chair, Mr I Haythornthwaite responded that the action has been closed with updates scheduled on the Council of Governors workplan confirming that the Trust will provide any further information as required.</p>	
5.	<p><u>Patient Story</u></p> <p>The Director of Nursing & Quality/Deputy Chief Executive, Ms S Pemberton shared a patient story with the Council of Governors. The Trust Chair, Mr I Haythornthwaite thanked Ms S Pemberton for sharing. Public Governor, Ms R Overington noted the great positive feedback.</p> <p>Public Governor, Ms S Dunbar queried how patients are identified for patient stories and if consent is received for patient stories to be shared. Ms S Pemberton responded that the Trust actively encourages everyone to share their patient story, and they are received via the Communications, Complaints teams and through engagement events. It was confirmed that consent is gained to share patient stories through the organisation at forums such as this and wider Trust learning forums.</p> <p>The Council of Governors noted the Patient Story.</p>	
6.	<p><u>Council of Governors Workshop – 17th October 2024 feedback and action plan</u></p> <p>The Trust Chair, Mr I Haythornthwaite referred to the positive Council of Governors workshop on the 17th October 2024 and the commitment made to share feedback and actions from the session. The Director of Governance, Risk & Improvement, Ms K Wheatcroft confirmed with the Governors that</p>	

	<p>there will be a series of workshops over the coming year for the Trust to work with the Council of Governors and the shared paper reflects the feedback from the 17th October 2024. A lot of actions were developed from the workshop and a range of actions will be delivered in 2024/25 to support Governors to fulfil their roles. It was noted that this is a Council of Governors action plan and if there is anything that Governors would like to be included to let the team know.</p> <p>Mr I Haythornthwaite hoped the Council of Governors found the information shared from the workshop helpful and thanked the Governors for their input on the day. The next Council of Governors Workshop is scheduled on the 12th December 2024 which will focus on strategy and be led by the Director of Strategic Partnerships, Mr J Develing.</p> <p>Action: Council of Governor Workshop feedback to be included on the workplan to be detailed on all future Council of Governors agendas.</p> <p>The Council of Governors ratified the action plan with updates on progress to be reported through formal Council of Governor meetings.</p>	CJ
7.	<p><u>Trust Chair’s Briefing</u></p> <p>The Trust Chair, Mr I Haythornthwaite highlighted the following to the Governors:</p> <ul style="list-style-type: none"> • The Thirlwall Inquiry is a public inquiry focused on learning. A significant number of witnesses have been called to give written and verbal evidence, including a wide range of staff members involved at the time. In the coming week the Inquiry will start the hearings of the previous Board members, and Governors were reminded that these transcripts will be available publicly online. It was reiterated that the main purpose of the inquiry is to learn lessons. The current Trust Chief Executive, Ms J Tomkinson will give evidence in January 2025. • There are two significant coroner’s cases to share with Governors. One having finalised last week regarding a gentleman who took his own life within the Emergency Department (ED). There were lessons for both the Trust and Cheshire Wirral Partnership NHS Foundation Trust (CWP) and a significant number of actions had already been put into place to reduce the risk of this happening again. The second case starts this week and is a case going back to 2021. There may be media interest in the cases and if the Council of Governors have any queries on either case they were encouraged to get in touch with Mr I Haythornthwaite or Lead Governor, Mr J Jones. • The employment tribunal starts week commencing the 25th November 2024 and is a case the previous Chief Executive is taking against the Trust. The hearings are scheduled to continue until the 20th December 2024. This is taking place in Liverpool, the same city as the Thirlwall inquiry and is likely to draw media attention. It was confirmed that the Thirlwall inquiry and employment tribunal are not connected. The Trust cannot share information with regards to the employment tribunal as it is taking place but will be able to update in more detail once it is complete. 	

	<p>The Council of Governos noted the Trust Chair’s Briefing.</p>	
<p>8.</p>	<p><u>Chief Executive Officer’s (CEO) Report</u></p> <p>The Trust Chair, Mr I Haythornthwaite informed the Governors that the Chief Executive, Ms J Tomkinson sends her apologies as she is joining her first meeting as a Board member of the University of Chester.</p> <p>The Director of Nursing & Quality/Deputy Chief Executive, Ms S Pemberton and executive colleagues highlighted the following from the CEO Report:</p> <ul style="list-style-type: none"> • The Director of Strategic Partnerships, Mr J Develing updated the Governors that the Trust is involved with Cheshire and Merseyside Acute and Specialist Trust provider collaborative (CMAST) with a joint working agreement to enable hospitals to work collaboratively looking at common challenges for solutions. Provider collaborations are being reviewed as there is also a separate collaborative for mental health and learning disability services. • The Cheshire Health and Care review is reviewing the distribution and provision of services. The Trust is participating in this work, leading cardiovascular disease collaborations across Cheshire. • The Lord Darzi report, which is in the public domain, highlights three themes of Hospital to Home, Analogue to Digital and Treatment to Prevention and the Department of Health (DOH) want to review these in respect of the sustainability of services. The Trust are ensuing that this is considered as we develop our Clinical Strategy. • The inpatient survey results were published on the 21st August 2024, demonstrating improvement for the Trust. The results will be discussed further down the agenda. • The Trust met with NHS England (NHSE) with regards to urgent care concerns for ambulance handovers, at this meeting the number of non-criteria to reside patients was discussed. • The Trust has started winter planning, with no money allocated for plans. • Work continues to progress on the Women & Children’s building which is due to open in the Summer of 2025. • The Staff Celebration of Achievement Awards had been an amazing event recognising the achievements of staff. • The Medical Emergency Team (MET) are starting to make a difference, teams are feeling supported with a high number of calls to MET noted. <p>(Non-Executive Director, Ms W Williams left the meeting)</p> <p>Mr I Haythornthwaite informed the Governors that the CMAST report is available to be shared if any of the Governor’s request any further information.</p> <p>Public Governor, Ms L Liang requested reassurance that the Trust is on track with regards to its Cost Improvement Programme (CIP) target and financial</p>	

	<p>plan deficit. The Deputy Director of Finance, Ms H Wells confirmed that getting the Trust out of deficit is a challenge and the Trust is not planning to be out of deficit this year. There are similar positions across the system along with structural issues across the System which are out of the Trusts control, these feed into the Trusts financial position resulting in the Trust not coming out of a deficit position within the next two years. The Governors were reminded that the Trust agreed a deficit plan at the start of 2024/25.</p> <p>Chief Digital & Data Officer, Mr J Bradley noted the improvements moving forward with regards to the use of shared data platforms, and digital tools for the availability of sharing data across the local authority and social care. The Electronic Patient Record (EPR) system Cerner is the Trusts system, and it is under review for sharing information from this system outside of the organisation, some systems have been adapted for more readily available discharge information with Cheshire Wirral Partnership (CWP) and social care for patient planning. This data is shared safely and protected within all organisations.</p> <p>Public Governor, Mr M Roberts raised nursing moral and how the financial deficit is affecting nursing staff. Ms S Pemberton confirmed that nursing staff are currently fully established with the Trust having worked on recruitment and retention and employing a Retention Lead for nursing. There are daily pressures within the Emergency Department (ED) and there has been a huge investment in staffing, these staff are currently coming into post. There is a need to watch staff burn out in ED as there has been a need to move staff regularly to the area which has affected the nursing sickness, this will hopefully be addressed when ED is fully established by the end of January 2025. Ms S Pemberton added that moral is ok, and improvements have been introduced to support staff with the Human Resources team also supporting the Retention Lead. Mr M Roberts raised agency usage. Ms S Pemberton confirmed that agency use has been reduced and the Trust is under the target set for hospitals, with the Trust using bank staff as an alternative.</p> <p>The Council of Governors noted the updates provided within this report.</p>	
9.	<p><u>Lead Governor Update – November 2024</u></p> <p>Lead Governor Mr J Jones highlighted the following from the Lead Governor Update – November 2024:</p> <ul style="list-style-type: none"> • The three key items raised from the Council of Governors workshop were <ol style="list-style-type: none"> 1. Historically Governors attend circa 20 meetings and groups which many felt were not appropriate, this is to be reviewed so Governors can attend and observe for assurance where appropriate and time used more effectively to support them fulfilling their role. 2. The next workshop will focus on Trust strategy, the one following this will be held with the Non-Executive Directors to share their portfolios and enable discussion about how they fulfil their role. 3. Mr J Jones and the Trust Chair, Mr I Haythornthwaite are keen to further develop their engagement with Governors and have 	

	<p>informally met with Staff Governors, with a meeting scheduled with the partnership Governors and one to be arranged with the Public Governors.</p> <ul style="list-style-type: none"> • Governors are happy to engage on a one to one basis and the Governor buddy arrangements are developing. • A warm welcome was noted to the new Governors with thanks noted to the previous Lead Governor and Deputy Lead Governor Mr P Folwell and Ms C Stein who left their roles as Governors in September 2024. <p>The Council of Governors noted the contents of the report.</p>	
10.	<p><u>Care Quality Commission (CQC) National Inpatient Survey 2023 – Results Update</u></p> <p>The Director of Nursing & Quality/Deputy Chief Executive, Ms S Pemberton highlighted the following from the CQC National Inpatient Survey 2023 – Results Update, from patients spending one night or more in the hospital in November 2023:</p> <ul style="list-style-type: none"> • One thousand two hundred and fifty patients were invited to take part with circa 40% responding. • From the responses to the majority of questions the Trust has improved from 2022 with one question regarding wait time resulting in a worse score. • The Trusts ranking has improved from fifty seven in 2022 to thirty five in 2023. • There are improvement actions in place with the six step family experience vision shared in multiple areas across the organisation. The vision will be refreshed in March 2025 and the Trust can measure where it is against these six steps. • The Trust has seen significant improvements from 2022 to 2023 but there is still work to be done with the Trust wanting to be ranked at number one with outstanding care for its patients and families being the aim. <p>Public Governor, Ms L Liang complimented the patient voice being heard querying how this will be communicated in the community. Ms S Pemberton confirmed that when the results were released staff were briefed on the results and thanked, communications have been shared within the organisation as well as externally. It was noted that the Urgent Care results have also now been received.</p> <p>Action: Urgent Care Survey Results and Maternity Services Survey results to be shared at the next Council of Governors.</p> <p>Director of Governance, Risk and Improvement, Ms K Wheatcroft updated the Governors that the Communications team are about to launch a good news story campaign reiterating the achievements across the organisation which will also be shared on social media. Public Governor, Ms J Chillery queried the social media platforms. Ms K Wheatcroft confirmed Facebook, Instagram</p>	SP

	<p>and LinkedIn along with internal communication to recognise and celebrate achievements.</p> <p>The Council of Governors noted the assurance provided within the report highlighted by the CQC National Inpatient Survey Results.</p>	
11.	<p><u>To receive questions on:</u></p> <p>a) <u>Board of Directors meeting 30th July 2024 (minutes) and Board of Directors meeting 24th September 2024 (agenda)</u></p> <p>The Trust Chair, Mr I Haythornthwaite reiterated that all Governors are invited to attend to observe the Public Board of Directors meetings. No questions were raised from the Governors.</p> <p>The Council of Governors noted the minutes from the 30th July 2024 Board of Director and the agenda from the 24th September 2024 Board of Directors.</p> <p>b) <u>The recent Chair’s reports of Board Sub-Committees:</u></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>Mr I Haythornthwaite noted that the Committee Chair’s reports are the reporting mechanism from these committees to the Board of Directors.</p> <p>Lead Governor, Mr J Jones raised the alert from the Quality & Safety Committee regarding the policy recovery programme and out of date policies. Non-Executive Director, Prof A Hassell confirmed that there are a significant number of policies out of date with the Trust having a clear handle on where it is up to but was alerted to the Board of Director due to the number of them. Non-Executive Director, Mr M Guymer assured the Governors that the Audit Committee are aware of the alert and is to be updated at its next meeting with regards to the priority order of these policies for update and a target date for completion. The Director of Governance, Risk and Improvement, Mrs M Wheatcroft added that there is a significant backlog circa 160 when last reported to Audit Committee, this is a significant number to manage and is why a recovery programme is in place.</p> <p>The Council of Governors noted the Chair reports from the Quality & Safety Committee – 10th September 2024 and the People & Organisation Development Committee – 13th August 2024</p> <p>c) <u>Strategic Oversight Framework Report – September 2024</u></p> <ul style="list-style-type: none"> • Operational Performance • Quality • Safety • Finance 	

	<ul style="list-style-type: none"> • Human Resources & People <p>Mr I Haythornthwaite noted the report shared is to simplify data trends. No questions were raised from the Governors.</p> <p>The Council of Governors noted the performance information provided within this report.</p>	
12.	<p><u>To receive feedback from Governors</u></p> <p>Public Governor, Mr M Roberts noted that he had recently attended a Non-Executive Director and Governor walkabout and raised his concerns with regards to visiting vulnerable patient areas. The Trust Chair, Mr I Haythornthwaite noted the feedback, and that the next agenda item is for Non-Executive Director and Governor walkabout updates. The Director of Nursing & Quality/Deputy Chief Executive, Ms S Pemberton confirmed that the Trust plans walkabouts and would ensure that Mr M Roberts point with regards to vulnerable patients was taken on board.</p>	
13.	<p><u>Feedback from Non-Executive Director /Governor Walkabouts</u></p> <p>Lead Governor, Mr J Jones updated that he had recently visited the Catering department and witnessed the hard work that takes place all year round. The Head of Catering Services, Ms S Miller gave a lot of her time being very helpful and updated that there is a business case in progress regarding electronic menus which will be able to save time and money towards CIP. Non-Executive Director, Prof A Hassell added that he had attended the same walkabout noting the great service provided.</p> <p>Prof A Hassell continued that he had recently attended the Urgent Care show case noting the superb work taking place to prevent patients requiring inpatient treatment. It was an all-round great showcase with areas sharing the innovative work taking place. Public Governor, Ms S Dunbar added that she also attended, and it was fascinating with excellent information shared. The Trust Chair, Mr I Haythornthwaite thanked them for the feedback noting the hard work that goes into the showcases.</p> <p>Public Governor, Ms R Overington updated that she had recently visited outpatient areas noting the staff's knowledge and enthusiasm.</p> <p>Staff Governor, Mr S Higgitt updated that he had recently visited the Research Team where they discussed the possibility of joint ventures with the University of Chester. Mr I Haythornthwaite confirmed that relationships and partnerships are forming between the University of Chester and the Executive team are exploring options to work together. The Medical Director, Dr N Scawn confirmed that it is in the early stages and that there is a lot to be gained by closer relationships and partnerships with the Chester Medical Centre just opening its doors. It was noted that there is no formal agreement in place yet, but relationships are building.</p>	

14.	<p><u>For noting:</u></p> <p>The Council of Governors noted the:</p> <p>a) Council of Governors Workplan. The Director of Governance, Risk and Improvement, Mrs K Wheatcroft stated that the workplan has been updated to reflect the feedback from the Council of Governors Workshop and will be further updated to include survey outcomes and friends and family experience and Anchor Institute updates. Mrs K Wheatcroft confirmed that the workplan is the Governors document and encouraged Governors to feedback and influence the workplan going forward.</p> <p>Action: It was agreed to include survey outcomes and friends and family experience and Anchor Institute updates to the Workplan.</p> <p>b) Updated Council of Governors Photo Sheet. The Communications Team attended before the meeting started to take updated photographs of the Governors.</p> <p>Action: It was agreed to share the updated Governor photo sheet once updated.</p>	<p>CJ</p> <p>KW</p>
15.	<p><u>Any Other Business</u></p> <p>The Trust Chair, Mr I Haythornthwaite informed the Council of Governors that the Deputy Director of Governance and Risk, Mrs L Leadsom is leaving the Trust at the end of 2024 and wanted to formally record his thanks for her work with the Council of Governors and wished her well in her new role.</p>	

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

Council of Governors Action Log
2024/25 updated 10th January 2025

Action Number	Meeting Date	Allocated to	Agenda Item Number	Issue/Action Raised	Action Details	Action Update/Outcome	Due Date	Status
12.	21 st Nov 2024	Committee Secretary	6.	Council of Governors Workshop feedback	Council of Governor Workshop feedback to be included on the workplan to be detailed on all future Council of Governors agendas.	Update 16th December 2024 – Added to the workplan for inclusion on future meeting agendas.	Dec-24	Closed
13.	21 st Nov 2024	Director of Nursing & Quality/ Deputy Chief Executive	10.	Care Quality Commission (CQC) National Inpatient Survey 2023 – Results Update	Urgent Care Survey Results and Maternity Services Survey results to be shared at the next Council of Governors.	Update 10th January 2025 – included on the February 2025 Council of Governors agenda.	Feb-24	Open
14.	21 st Nov 2024	Director of Governance, Risk & Improvement / Committee Secretary	14.	Workplan and Governor Photo Sheet	It was agreed to include survey outcomes and friends and family experience and Anchor Institute updates to the Workplan. It was agreed to share the updated Governor photo sheet once updated.	Update 16th December 2024 – Workplan updated to include survey outcomes and friends and family experience and Anchor Institute updates. Update 23rd December 2024 – updated Governor photo format on the internet shared with Governors.	Feb-24	Closed

Council of Governors
13th February 2025

Report	Agenda Item 5a.	Maternity Survey 2024: Management Report January 2024					
Purpose of the Report	Decision		Ratification		Assurance	X	Information
Accountable Executive	Sue Pemberton			Director of Nursing and Quality / Deputy Chief Executive			
Author(s)	Claire Davies Natasha Macdonald			Head of Midwifery Director of Midwifery			
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 impact is failure to maintain quality of care would result in poorer patient & family experience and inability to deliver operational planning standards, inability to address the backlog of patients waiting could result in poorer patient outcomes, and result in financial consequences to the Trust.		
Strategic goals	Patient and Family Experience						X
	People and Culture						X
	Purposeful Leadership						X
	Adding Value						X
	Partnerships						
	Population Health						
CQC Domains	Safe						X
	Effective						X
	Caring						X
	Responsive						
	Well led						
Previous considerations	Safety Champions July 2024 Board of Directors – 28 th January 2025						
Executive summary	<p>The Maternity Survey 2024 reveals significant progress in patient experience, with the Trust ranking 20th out of 56 organisations, a remarkable improvement from 38th in 2022 and 26th in 2023. Key highlights include:</p> <ul style="list-style-type: none"> • 95% of respondents felt treated with respect and dignity during labour and birth. • 96% had confidence and trust in staff during labour and birth. • 92% felt involved in decisions about their care. <p>Areas identified for improvement include partner access, medical history awareness, and immediate assistance during labour. These are being addressed through a comprehensive action plan with measurable goals.</p>						

Recommendations	The Council of Governors is asked to note the ongoing work to progress the action plan, which will continue to be monitored by the Patient Experience Oversight Group.
------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Corporate Impact Assessment	
Statutory/regulatory requirements	CQC/Constitution/other regulation/legislation
Risk	BAF impact is failure to maintain quality of care would result in poorer patient & family experience and Inability to deliver operational planning standards, inability to address the backlog of patients waiting could result in poorer patient outcomes, and result in financial consequences to the Trust.
Equality & Diversity	Meets Equality Act 2010 duties & PSED 2 aims and does not directly discriminate against protected characteristics
Communication	Not confidential

Maternity Survey 2024: Management Report September 2024

1. Background

This report summarises the findings from the Maternity Survey 2024 conducted by Picker on behalf of the Countess of Chester Hospital NHS Foundation Trust.

A total of 89 questions were included in the 2024 survey. Of these, 59 questions received positive scores, with 49 questions offering historical comparison. The Trust's maternity service achieved a ranking of **20th out of 56 organisations**, a significant improvement from **38th in 2022** and **26th in 2023**.

The historical positive score demonstrates consistent progress, with the Trust being ranked as the **15th most improved service in 2024** (compared to **54th in 2022** and **23rd in 2023**).

This survey is part of the NHS Patient Survey Programme, benchmarking Trust performance nationally to drive improvements in care

2. Key Findings

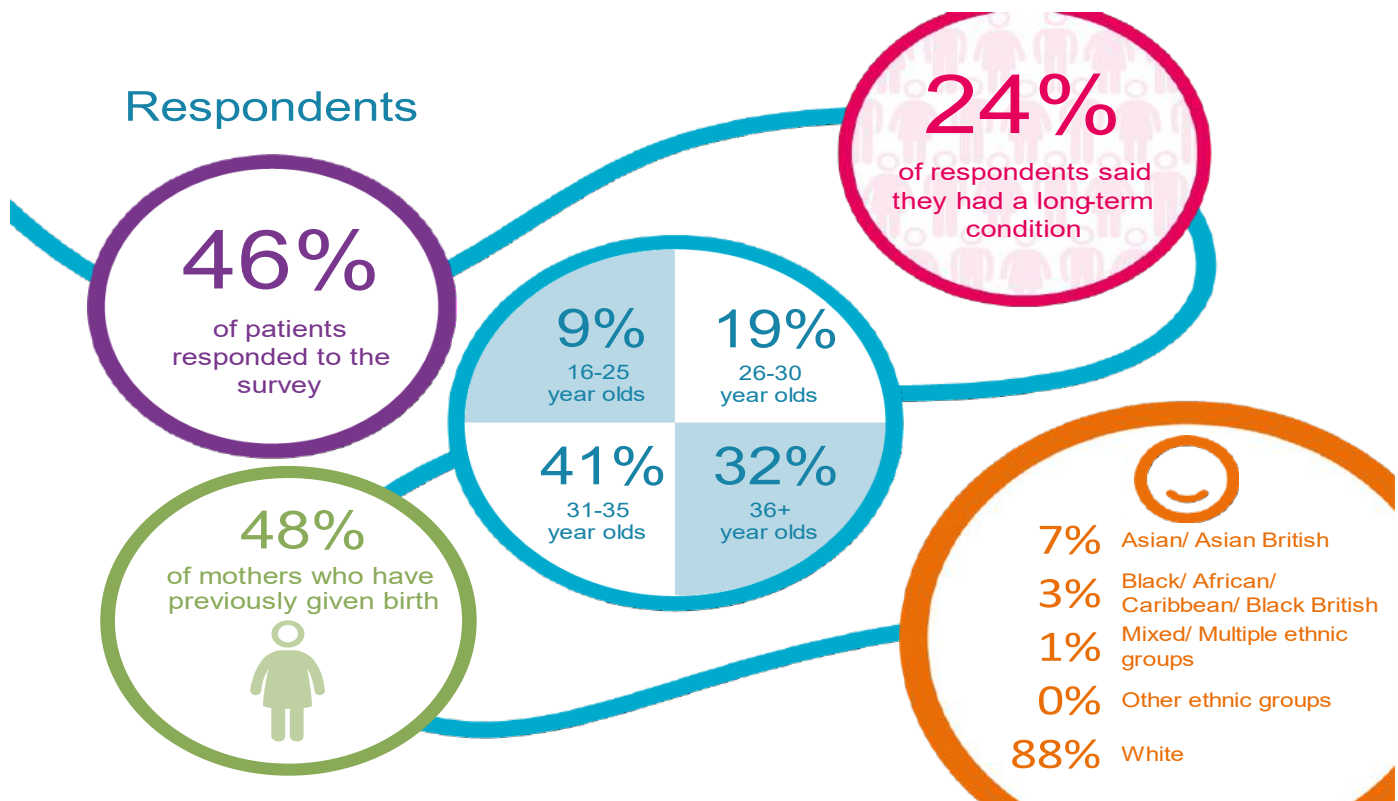
Positive Outcomes

- Exceptional care: Patients praised the kind, compassionate, and calm approach of the maternity team.
- Improved antenatal education: High scores for providing information about warning signs during pregnancy.
- Notable improvement in rankings: The Trust moved from 54th in 2022 to 15th most improved in 2024.
- Feeding support: Positive feedback on advice and support for feeding during the postnatal period.

Areas for Improvement

- Partner access (D6): Only 31% of respondents reported that their partner could stay as long as they wanted.
- Medical history awareness (B6): 77% of respondents felt midwives or doctors were aware of their medical history.
- Help during labour (C13): 89% of respondents reported they could get help when needed.
- Respect and dignity (C17): Opportunity to enhance patients' sense of respect and dignity during care.

Summary of Respondents



Survey Data Overview

- Invitations Sent: 285
- Eligible Respondents: 283
- Response Rate: 46% (previously 44%)
- Comparison to Peers: Slightly above the average response rate of similar organisations (41%).
- Demographic Insights:
 - Respondents included diverse age groups, with 41% aged 31-35 years.
 - 24% reported having a long-term condition, emphasising the need for personalised care.
 - 98% indicated English as their primary language.

Performance Trends:

Bar graph demonstrating ranking improvement (38th in 2022, 26th in 2023, 20th in 2024).

Summary of Findings

- 95% (C.17) felt that they were treated with respect and dignity during labour and birth
- 96% (C.18) felt they had confidence and trust in staff during labour and birth
- 92% (C.16) felt they were involved enough in decisions about their care

Most improved scores	Trust 2024	Trust 2023
C4. Given information / advice on risks of induced labour	90%	70%
F18. Felt GP talked enough about mental health during postnatal check-up	78%	65%
F15. If needed it, received support or advice about feeding their baby during evenings, nights or weekends	78%	67%
F17. Felt GP talked enough about physical health during postnatal check-up	75%	66%
B11. Given the help needed by midwives (antenatal)	99%	91%

Most declined scores	Trust 2024	Trust 2023
D6. Found partner was able to stay with them as long as they wanted (in hospital after birth)	31%	49%
B6. Felt midwives or doctor aware of medical history (antenatal)	77%	94%
C13. Able to get help when needed (during labour and birth)	93%	99%
D2. Discharged without delay	64%	69%
C20. Felt midwives or doctor aware of medical history (during labour and birth)	89%	94%

Areas for Improvement

The areas for improvement have been identified as the Trust 2024 results had declined from the previous 2023 results.

1. D6 – found partner was able to stay with them as long as they wanted
2. B6 – felt midwives or Drs were aware of medical history (antenatal)
3. C13 – able to get help when needed (during labour and birth)

Patient Feedback:

A total of 81 responses was feedback to the Trust through the PICKER survey, with a mixture of positive and negative comments.

Positive Responses

- Exceptional level of care
- Excellent care from start to finish
- Could not fault care
- Excellent continuity of care
- A kind, compassionate and calm team

Negative Responses

- Partner was unable to stay overnight
- Limited support for postnatal health
- Noisy on the postnatal ward at night
- A few too many staff in the postnatal period
- Birth plan ruined as needed a cannula

3. Next Steps

- I. Action plan to be completed which has identified areas for improvement
- II. Work in collaboration with the Maternity and Neonatal Voices partnership Lead.
- III. Communicate and share learning with the team

4. Recommendations

The Council of Governors is asked to note the ongoing work to progress the action plan, which will continue to be monitored by the Patient Experience Oversight Group.

5. Conclusion

The Maternity Survey 2024 demonstrates the Trust's dedication to improving maternity services. While progress is evident, focused actions are in place to address identified challenges and sustain upward trends in patient satisfaction.

National Maternity CQC Survey 2024 Results – management report
Action plan commenced – November 2024

Executive Sponsor	Sue Pemberton: Deputy Chief Executive and Director of Nursing and Quality
Action Plan Lead	Natasha Macdonald: Director of Midwifery Claire Davies: head of Midwifery
Date shared at Governance Board	
Last updated	December 2024

Key	RED - Project Experiencing or very likely to experience significant problems – urgent action required	AMBER - Project has potential for significant problems – action required	GREEN - Project on target and no significant problems anticipated
------------	--------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------	--------------------------------------------------------------------------

Action	Areas for Review	Recommendation/ Action	Lead Person	Target Date for completion	Progress of Actions	Date of Completion	Evidence

D6	31% Found partner was able to stay with them as long as they wanted	Extend visiting hours for partner, friends and family Maternity Six Steps	Inpatient Matron MNVP Lead	January 2025	Inpatient Matron to ensure the appropriate communication has been shared with our service users and teams	Completed	Email
B6	77% Felt midwives or Drs were aware of medical history (antenatal)	Quality Improvement Group reviewing Antenatal Clinic and Personalised Care	Inpatient Matron Community Matron	March 2025	Antenatal QI working group in place.	Ongoing	
C13	89% Able to get help when needed (during labour and birth)	Highlight on safety huddles the importance of providing one to one care in the labour room Call bell to hand	Inpatient Matron Central Labour Suite manager	January 2025	Matrons to add to the safety huddle and discuss with their teams.	Completed	

Council of Governors

13th February 2025

Report	Agenda Item 5b.	Urgent and Emergency Care Patient Experience Survey Results - 2024						
Purpose of the Report	Decision		Ratification		Assurance		Information	X
Accountable Executive	Sue Pemberton			Director of Nursing & Quality / Deputy Chief Executive				
Author(s)	Sam Edwards Emma Maxwell			Associate Director of Nursing Head of Nursing – Urgent Care				
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 BAF 2 – Failure to maintain safety and prevent harm would result in poorer patient care and outcomes			
Strategic goals	Patient and Family Experience							X
	People and Culture Purposeful Leadership Adding Value Partnerships Population Health							X
CQC Domains	Safe							X
	Effective							X
	Caring							X
	Responsive							X
	Well led							X
Previous considerations	Board of Directors – 26 th November 2024							
Executive summary	<p>This report summarises the findings from the Urgent and Emergency Care Survey 2024 carried out by Picker, on behalf of Countess of Chester Hospital NHS Foundation Trust. Patients were surveyed between February and March 2024.</p> <p>In the Type 1 survey, 55 questions were asked, of these 40 can be positively scored, with 19 of these which can be historically compared. In the Type 3 survey, 52 questions were asked of these 38 can be positively scored, with 16 of these which can be historically compared.</p>							
Recommendations	The Council of Governors is requested to note the contents of the report and the survey results.							

Corporate Impact Assessment	
Statutory/regulatory requirements	CQC
Risk	Failure to maintain quality of care would result in poorer patient & family experience.
Equality & Diversity	Meets Equality Act 2010 duties & PSED 2 aims and does not directly discriminate against protected characteristics
Communication	Not confidential.

1. Introduction

The NHS CQC National Urgent and Emergency Care Survey 2024 surveyed adult patients who were seen in the service in February and March 2024.

2. Summary results for Type 1 Emergency Department

276 (31%) people who attended ED in February and March 2024 completed the survey

Most improved scores	Trust 2024	Trust 2022
Q32. Able to get food and drink while in A&E	88%	57%
Q15. Able to get help with your condition or symptoms from a member of staff	49%	32%
Q13. Informed of waiting time for examination or treatment	25%	16%
Q40. Staff discussed potential further care	66%	60%
Q21. Had confidence and trust in the doctors and nurses	94%	90%

Most declined scores	Trust 2024	Trust 2022
Q25. Given enough privacy when being examined or treated	94%	97%

The Trust scored '**about the same**' as all other Trusts

One question was somewhat worse than other Trusts;

Were you kept updated on how long your wait would be?

Whilst the Trust performed less well on this question than other Trusts it was an improved score in 2024 from the score in 2022.

No questions were reported better than other Trusts.

Our survey partner has advised that out of 55 Trusts it works with the Trust's overall positive score is ranked 33rd, this is an improvement, in 2022 where the ranking was 55th.

The questionnaire is divided into 11 sections:

1. Arrival
2. Waiting
3. Privacy (new section)
4. Nurses and Doctors
5. Your care and treatment
6. Communication about tests
7. Hospital Environment and facilities
8. Information to support recovery at home (new section)
9. Support and Care after leaving hospital
10. Respect and Dignity
11. Overall experience

Chart 1.

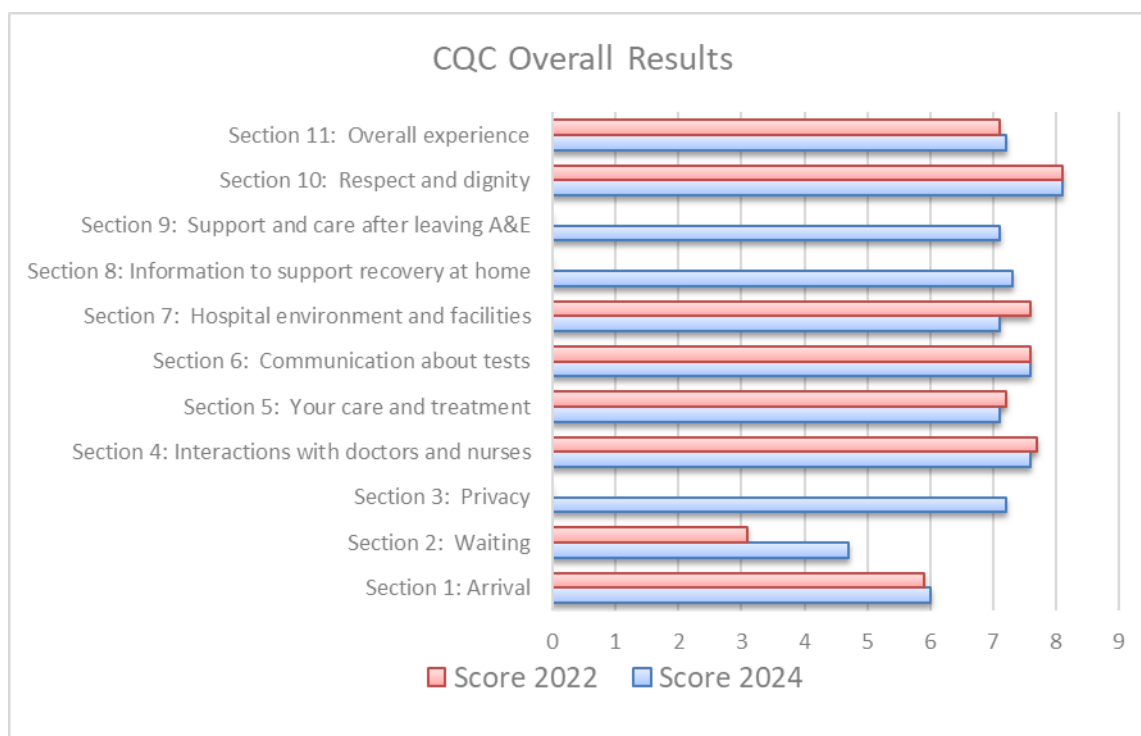


Chart 1 shows where sections can be compared with the 2022 survey, the Trust results show improvement in 4 sections, where about the same in 2 sections and showed some deterioration in 2 sections.

3. Summary Results for Type 3 Urgent Treatment Centre

147 people (26%) who attended UTC February and March 2024 completed the survey

Most improved scores	Trust 2024	Trust 2022
Q13. Spent under 4 hours in A&E	73%	63%
Q7. Enough privacy when discussing condition with the receptionist	88%	83%
Q25. Understood why tests were needed	97%	93%
Q19. Family, friends, or carer able to talk to a professional	82%	80%

Most declined scores	Trust 2024	Trust 2022
Q36. Told who to contact if worried	77%	100%
Q27. Staff helped control pain	73%	90%
Q15. Understood explanation of condition and treatment	92%	98%
Q16. Professional listened to patient	94%	99%

The Trust scored 'about the same' as all other Trusts.

One question was somewhat worse than most Trusts for 1 question.

Before you left the Urgent Treatment Centre, did a member of staff explain the results of the tests in a way you could understand.

No questions were reported better than other Trusts.

The questionnaire is divided into 10 sections:

1. Waiting
2. Interactions with Health Professionals
3. Privacy
4. Your care and treatment
5. Communication about tests
6. Hospital environment and facilities
7. Information to support recovery at home
8. Support and care after leaving the Urgent Treatment Centre
9. Respect and dignity
10. Overall experience

Chart 2.

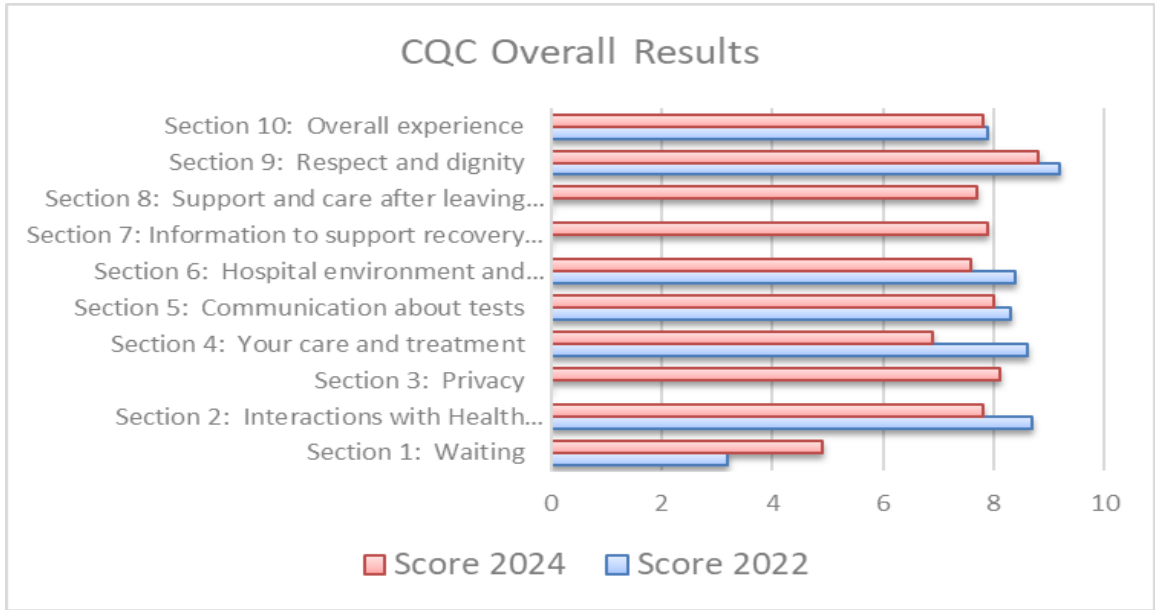


Chart 2 shows where sections can be compared with the 2022 survey, the Trust results show improvement in 1 section, where about the same in 1 section and showed some slight deterioration in 5 sections.

4. Six Step Experience Visions in the Emergency Department

The service has a bespoke Six Step Patient Experience Vision launched in April 2024 to drive improvements in patient and family experience in the department. This large poster representation is on display in the main department waiting room.

The service has developed a bespoke Patient and Family Experience Six Step Experience Vision and action plan to describe excellence in patient and family experience in the department. This is on display in the waiting room.

The Six Step Vision is monitored through the Emergency Department Improvement Framework. Matrons also gather patient feedback on experience through patient calls to discharged patients.

Friends and Family test results are monitored monthly and reflect national benchmarking results.

‘Rapid triage by very friendly professional staff. Then seen in good time for treatment of injuries before being seen by speciality Doctor and referral for follow up. Excellent service overall thank- you’.

The service is monitoring feedback on the Six Steps Patient Experience Vision by a continual Patient Experience questionnaire:

Emergency Department	July	August	September	October
Number of responses	82	102	38	82
Patient Statement	%Positivity score	%Positivity score	%Positivity score	%Positivity score
It was easy to understand where to go to be treated and accessing the service was simple.	95.12	93.14	97.37	89.02
I was listened to, they understood my needs. I was assessed promptly, and was informed about what would happen next.	93.90	93.14	92.11	91.46
I knew what was going on and was part of the decisions about my care and treatment.	92.68	96.08	94.74	93.90
The department was welcoming, tidy and clean and I felt safe there.	81.70	95.10	92.11	87.65
I knew who was caring for me. I was made to feel comfortable and had everything I needed	90.24	90.20	78.95	82.93
I received excellent treatment from the care team	96.29	99.02	97.37	93.90

5. Action Plan

issue	Action	Progress	Lead	Timescale For Completion
Waiting Times				
Communication about waiting times	Slides to be developed to be shown on loop on waiting room TV showing key information/ updates/ health promotion advice. Six Step Patient Experience large print poster in waiting area which describes what patients can expect from the department.	Slide deck in place in waiting room. Additional information is also displayed in each cubicle to support patients to understand their journey through the department.	Head of Nursing/ Comms team	Jan 2024 Complete
	Discuss with BI team whether live waiting times can be shown on screen in waiting room.	Oct 24- Capital projects which work commence on in Q2 will allow for the addition of a waiting time screen in the waiting room, this has not been possible to date due to IT constraints. It is anticipated this will be in place by March 2024.	Acute Directorate Manager	On Track
	Patient rounding across the dept and in the waiting room 24/7.	Monitored through Matron daily rounding and audit, and 2 hourly huddles and staffing meetings.	ED Matron	Complete
	Review nursing model in department to ensure a nurse is allocated to always waiting room. All patients will be assigned with a nurse responsible for their care.			

Facilities				
Waiting Room Facilities	<p>Regular review of waiting room by RN allocated to ensure appropriate patients are placed in the waiting room and oversight of deterioration/ comfort needs.</p> <p>Announcement to be made during times of crowding in waiting room respectfully asking for relatives of staff who do not require support/ carer to leave to allow patient's sitting room.</p>	<p>Script written to ensure a standard polite message is given.</p> <p>Aug 24- As part of the capital projects and new "atrium" at the front door, a Tannoy has been ordered. There is a plan in place for regular updates to be given over the Tannoy</p>	<p>Nurse Team Leader/ Matron</p> <p>Reception Staff/ Matron / department manager oversight</p> <p>Head of Nursing</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p>
Provision of food and drink whilst waiting	<p>Discuss with catering team an improved nutrition and hydration provision for children when waiting times are high.</p> <p>Children and Adult snack packs now available. Hot meal supply daily</p> <p>New vending machines in place</p>			Complete
Treatment and Care				

Regular updates about tests and Investigations	Audit to be undertaken by PDN team.	Audit in place monthly, actions embedded in ED improvement framework. Workstream support by Nurse rounding	ED Lead PDN, Matron	Complete
		Follow up calls made by Matron team	Matron	Complete
A&E Management & System Pressures				
Privacy	Patient experience to be improved.	Dec 23- Care and comfort packs launched including letter signed by executive team apologising for corridor care and outlining expectations.	ED Matron/ HoN	Complete
		Part of Matron daily round includes speaking to all patients on the corridor.	Matron	Complete
Crowding/ Long waits to see a Dr following triage.	Improve timely egress from the Emergency Department and overall patient flow.	Monitored via Patient Flow Steering Group.	Divisional Director	Ongoing- On Track
	Improve Streaming to SDEC and UTC	Funding has been allocated for additional senior medical recruitment.		
	Medical and Nursing workforce reviews have been undertaken			

Staffing levels		A full nursing workforce review has been undertaken and in April 2024 there has been significant investment to the ED nursing workforce, which will bring ratios in line with RCEM and CQC standards. There is a trajectory for ED to be fully recruited by the end of November 2024, thus reducing reliance on bank and agency spend.		
-----------------	--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--

6. Summary, Recommendations and Action Plan

The Trust welcomes the findings of the National CQC Type 1 and Type 3 Patient Experience Surveys and recognises the areas for improvement. The improvements are supported by an overarching Patient and Family Experience Strategy with clear objectives measured via the Emergency Department Improvement Framework. An Action Plan has been implemented to ensure there is target work in,

- Communication about waiting times
- Privacy in the department
- The comfort of patients whilst waiting
- Explanation of tests and investigations

The Department has processes in place to continually collect patient feedback to evaluate the impact of these improvements.

The Council of Governors is requested to note the contents of the report and the survey results.

Council of Governors
13th February 2025

Report	Agenda Item 8.		Chief Executive Officer's Report				
	Decision		Ratification		Assurance	Information	X
Purpose of the Report							
Accountable Executive	Jane Tomkinson OBE			Chief Executive Officer			
Author(s)	Karan Wheatcroft			Director of Governance, Risk & 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	Relevant across all BAF areas.		
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 – 28 th January 2025						
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 contents of 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 & 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 agenda pack.

Chief Executive Officer's Report (January 2025)

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

1. NHS England Plan to Reform Elective Care

On the 6th January 2025, NHS England published its plan to reform elective care for patients.

In terms of operational planning and as a first step, it is expected that by March 2026 the percentage of patients waiting less than 18 weeks for elective treatment will be 65% nationally. Every trust will need to deliver a minimum 5 percentage point improvement by March 2026.

Whilst we are still awaiting the national planning guidance, we are progressing our operational plan to align to these expectations.

2. CMAST Leadership Board meeting

CMAST Leadership Board met on 6th December discussing a number of system issues.

The Leadership Board were joined by Trust Chairs for a quarterly update on programme deliverables which covered outputs for the first half of the financial year. These updates were both noted and widely celebrated by those present.

The Board also received an update on recent system discussions and was asked to feedback, outside of the meeting, on the suggestion that there could be one provider collaborative within C&M. Board feedback was particularly sought on anticipated benefits and any areas which should be subject to wider exploration.

Update papers were also provided on the following areas:

- System financial report
- System performance

3. Cheshire West Health and Care Partnership

The Partnership met in January 2025 and received a report from the Local Authority public health function in relation to future production of strategic needs assessment across Cheshire West.

To support, a new collaborative business intelligence board will be established with the aim of strengthening collaboration and create a unified process to generate actionable intelligence and insight that underpin and drive future system strategies, policies, and effective service delivery to advance the health and wellbeing of the Cheshire West and Chester population. The Trust is a member of the intelligence board and will support with executive input as appropriate.

The partnership also received updates on

- Children and young people improvement plan including revisions to safeguarding policy, noting the significant increasing costs and demand for services.
- Adult social care strategy `Enabling Great Lives ` noting that CQC, using the new single assessment framework, will be undertaking an inspection in February 2025.
- Healthier Futures – reprovision of Leighton hospital as part of the new hospital program.

4. Mental Health, Learning Disability and Community services collaborative (MHLDC)

Future provider collaborative arrangements and relationships with the Integrated Care Board (ICB) and Cheshire and Merseyside Acute and specialist Trust collaborative (CMAST) continue to be explored.

Urgent Care: Planning is in hand to use 'EPR onward referral' which will allow for ambulance crews to electronically refer to urgent care from attendance at scene.

Community services specification: As the offer of community services differs across Cheshire and Merseyside the ICB are developing a specification for a more standardised approach.

5. NHS England Letter re Undertakings

The Trust has now received formal confirmation from NHS England that enforcement undertakings have been discontinued. This is welcome news, reflecting the sustained improvement in the areas that were under scrutiny and the continued commitment to improving services for our patients.

6. Maternity patient survey results

The Care Quality Commission (CQC) released the National Maternity Survey findings for 2024, capturing the perspectives of women who gave birth in February 2024, providing a crucial snapshot into their experiences of the maternity care provided by the Trust. Families were asked questions about every aspect of their care.

Our results show yet another year-on-year improvement in the experiences of our service users and their families. Of the 58 acute NHS Trusts who use the same survey provider (Picker) as us, we are one of the most improved this year, which is a great achievement and reflects the efforts of everyone involved in these services and the continued focus on ensuring high quality patient care and experience.

7. Urgent and Emergency Care patient survey results

The CQC survey, conducted in February and March 2024, gathering feedback from over 400 patients about their experiences of emergency care at the Countess of Chester Hospital with the findings highlighting significant progress in key areas:

- 94% of patients reported that they had confidence and trust in doctors and nurses
- 30% more patients reported being able to access food and drink while in A&E.
- 17% more patients felt they could get help for their condition from a member of staff.
- Noticeable improvements were also reported in keeping patients informed about waiting times.

Some of the Trust's scores were amongst the highest in the region, including for care and treatment, information about recovery at home and the overall experience patients had of the department. The results demonstrate the success of the newly implemented six-step patient experience vision, which has been developed by frontline A&E staff to enhance care, compassion, and quality.

Closely monitored through an A&E Improvement Framework which tracks progress and identifies areas for further improvement, this approach has brought real and sustained improvements to patient care, including how care is provided, safety, and communication.

The results for our Urgent Treatment Centre also demonstrated improvements.

There is more work to do in our urgent and emergency care services and the survey also identified some key areas for further focus.

8. CWP and COCH Community Collaborative

The CWP and COCH Community Collaborative between the Trusts commenced on 1st May 2024 with the aim to integrate the CWP Neighbourhood Care Group and the COCH Therapies and Integrated Community care Division to improve and extend care delivered to patients in the community in Cheshire West. The Community Collaborative is underpinned by a Memorandum of Understanding (MOU) and an operational committee with various sub groups has been in place to support the developments. We are now looking to formally establish a Joint Committee to drive strategic decision making and ensure a clear line of assurance to both Trust Boards.

9. National Staff Survey

The final response rate for substantive staff completing the national NHS Staff Survey was 45% which continues to be an important improvement in ensuring we hear the voices of our staff. Bank staff also had a higher return rate with 20% completing their surveys. There remains more to do to increase submission rates further, but this is a positive trajectory.

In early 2025, the Trust received a headline report from IQVIA, the independent company who administered the survey on behalf of the Trust. This will provide an overview of the survey results and will be followed by a much more detailed full report in the spring. Results will be published on the NHS Staff Survey website alongside results from previous years.

10. Staff Networks – ENABLED

The new ENABLED (Enhancing Abilities and Leveraging Disabilities) network launched in December 2024 with an event in the Wellbeing Hub at the Countess of Chester Hospital.

The network is a combination of the Disability Advice & Welfare Network (DAWN) and Neurodiversity Staff Networks and is for anyone working at the Trust who has a disability, neurodiversity or long-term health condition, as well as for allies. The aim is to help anyone who needs support and to work with other staff networks to help make the Trust a safer, happier, supportive and inclusive place to work.

The Trust's staff networks are engaging with colleagues and offering advice and support.

11. Employee and Team of the Month

Our Employee of the Month for December 2024 was Arthur Barrett, Health Records Assistant. Arthur was nominated for his outstanding positive attitude and unwavering commitment to excellence.

Our Team of the Month for December 2024 was our Endoscopy & Endoscopy booking team. Our Endoscopy booking team have transformed the way they work to ensure patients get the best possible experience and are now the leading booking team in the region and an example of best practice for others.

12. Women's and Children's Build update

The new Women and Children's Building is on track to open in summer 2025. Construction of the three-storey building began in June 2023 and is now 65% complete. The skeleton of the inside is taking shape, and the building is now watertight.

The Project Team has facilitated many site visits to help clinical teams prepare for the relocation into the new building and plan for new ways of working.

Once complete, the new development will replace the current Women and Children's Building, which has been in use since 1971, and will accommodate maternity, neonatal, paediatrics and gynaecology wards and services. The facility will offer increased capacity, modern amenities and carefully designed spaces for patients, families and staff.

13. Clinical Research Unit and Mobile Research Bus

In December 2024, the Trust unveiled its new Clinical Research Unit (CRU) and Mobile Research Bus. The facility and bus are set to transform the Trust's research capabilities, providing patients with access to the latest treatments and trials.

Featuring two consultation rooms and an observation bay, the research unit, the first of its kind in West Cheshire, will enable the Trust to conduct a broader range of studies and additional trials, and further establish itself as a centre of research excellence.

One of only four research buses in the North West, which is designed to bring clinical trials and healthcare opportunities directly to populations across Cheshire West and beyond, including in rural and deprived communities that may have previously been under-represented in medical studies.

Both innovations mark a £300,000 overall investment into the Trust's research capabilities, including grants from the North West Coast Clinical Research Network where the Trust was one of five successful bids for funding.

Work has also begun on two more research hubs at Ellesmere Port and Tarporley Hospitals to create a research network within Cheshire.

14. Trauma Unit Accreditation

The Cheshire & Mersey Major Trauma Specialised Services Clinical Network (CMMTN) conducted a service review on the 4th of December 2024, as part of the network accreditation process for Trauma Unit status for acute trusts across Cheshire & Mersey.

The review concluded that the Countess of Chester Hospital has met the required standards for accreditation as a Trauma Unit (TU) for the period of 2024-2026.

An action plan is also being developed in response to the opportunities for improvement.

15. New trans-nasal endoscopy service launched

A new trans-nasal endoscopy service (TNE) launched in November to provide patients with a less invasive and safer, more comfortable experience.

The innovative new procedure allows the endoscopist to examine the oesophagus, stomach and upper part of the small intestine without the need for sedation, which offers a safer option with fewer side effects. It also uses a small, flexible tube equipped with a camera which is passed through a patient's nostril rather than through the mouth. By bypassing the gag reflex, the

procedure significantly reduces discomfort and allows patients to remain more relaxed. It typically lasts up to 15 minutes and is performed using local anaesthetic, without the need for sedative drugs.

Among the key benefits of the new service are faster recovery times, minimal gagging and the ability for patients to speak with the endoscopist during the procedure. These factors make TNE better tolerated for most patients, particularly those who may struggle with traditional endoscopy.

16. New heart failure virtual ward

We are proud to be one of the first Trusts in the region to launch a brand new Heart Failure virtual ward, bringing hospital-level care straight to our patients' homes.

This innovative service means patients can leave hospital sooner, or even avoid being admitted altogether, whilst still receiving expert care from the comfort of their own home. Using specialist monitors, patients record their symptoms and stats daily, which are sent directly to our team, who then create a tailored treatment plan, ensuring quicker adjustments and earlier interventions.

17. New one-stop urology clinic

In November 2024, we launched a 'one stop' Urology clinic, which is helping patients with urinary tract issues get the care they need faster and more efficiently. Previously, patients often faced multiple appointments for different tests before treatment decisions could be made.

The new streamlined clinic offers all necessary tests, consultations and treatment discussions in a single visit, not only providing a more thorough and convenient experience for patients, but also reducing the waiting list so more people can be seen sooner.

18. MP Engagement

We continue to engage regularly with our local MPs, with a visit from Samantha Dixon, in November, and Aphra Brandreth and Justin Madders in January 2025. As well as sharing updates and discussing local issues, the visits involved a tour of the new Women's and Children's building.

19. Thirlwall Inquiry update

The Thirlwall Inquiry oral hearings are due to complete mid January, with closing statements to take place in March and the report expected in the Autumn 2025. The most recent witnesses have been given evidence in respect of part C of the inquiry focused on effectiveness of NHS management and governance structures and processes, and external scrutiny and regulation as well as NHS culture.

The Trust remains committed to supporting the Thirlwall Inquiry and ongoing police investigations.

20. Duty of Candour and Manager Regulation Consultations

The consultation process of the Regulation of Managers started with responses due by the 18th February. The Countess of Chester Hospital NHS Foundation Trust will participate in this via a CMAST collaborative response.

There is also a consultation on the Duty of Candour and a number of colleagues are currently reviewing this to support a Trust response.

21. Executive Team update

We have welcomed Vicki Wilson to the Executive Team, commencing in the role of Acting Chief People Officer from 1st January 2025.

22. Children's Champion

Sue Pemberton, Deputy CEO and Director of Nursing & Quality has taken on the role of the Children's Champion for the Trust. This will include advocating for children, young people and their families.



CMAST BULLETIN



Welcome message

Linda Buckley Managing Director, CMAST, for and on behalf of our members

CMAST Leadership Board met on 6th December discussing a number of system issues as follows:

The Leadership Board were joined by Trust Chairs for a quarterly update on programme deliverables through the first half of the financial year. A summary of progress to date can be found [here](#) and was both widely noted and celebrated by those present.

The Board also received an update on recent system discussions and was asked to feedback, outside of the meeting, on the suggestion that there could be one provider collaborative within C&M. Board feedback was particularly sought on anticipated benefits and any areas which should be subject to wider exploration.

Update papers were also provided on the following areas:

- System financial report
- System performance update

Finally, we would like to wish you all a very Merry Christmas and Happy New Year.



[Mersey and West Lancashire Teaching Hospitals NHS Trust - MWL NHS | News](#)

Elective Recovery

Senior Responsible Officer: Janelle Holmes
 Programme Director: Jenny Briggs

Cheshire and Merseyside

Acute and Specialist Trust Provider Collaborative

In November 2024:

909

65-week patients
and

29

78-week patients.

Some Trusts are anticipating residual risks in delivering 65-weeks in December and the team are working closely with providers to ensure that all mutual aid and operational tactical measures are undertaken to support the position.

Validation improvement plans and trajectories have been completed, and the actual position is being tracked weekly which is reporting positive increases of up to

7%

Outpatients

Successfully relaunched the **C&M Operational Delivery Group** to capture Trust improvement plans across the **Further Faster** priorities with final Trusts reporting next month, and the format aligned to the revised regional reporting requirements.

Achievement of the national value against Further Faster metrics continues as a system for Remote Consultations and ERF Activity.

Urology Pathway mapping, capacity and demand modelling and clinic template variation review continuing with pilot Trust.

Completed agenda and session format for the Clinical Leads Workshop in December focused on the priorities, challenges and FF improvement metrics.

Theatres

79% capped theatre utilisation (improvement).

Liverpool Heart and Chest Hospital the second best performer in country for capped utilisation and Wirral University Teaching Hospital and East Cheshire Trust are in quartile 4.

Gynaecology

The reason for referral audit funded by Elective Recovery is now complete and is being summarised with recommendations.

Planning for expansion of Liverpool Women's Hospital (LWH) Menopause community clinics continues and expected to commence in February 2025 within Sefton. Modelling completed to understand freed up capacity within LWH.

Work to begin to support Wirral University Teaching Hospital in PCN collaboration and with Endometriosis pathways.

Cardiology

The second part to the **Cardiology Cath Lab Options Appraisal Workshop** took place on 4th November – the group concluded the session by successfully scoring all 4 options against the outstanding scoring criteria.



[Liverpool Heart and Chest Hospital | NEWS: Liverpool Heart and Chest Hospital Successfully Implants World's First Leadless Dual Chamber Pacemaker](#)

The outcome of the scoring is to be presented and discussed at relevant forums, such as the CM Cardiac Leadership Group, the CMAST Cardiology Provider Alliance and the CMAST CPP Leadership Group to agree next steps for the Cardiology Provider Alliance.

Ophthalmology

In November 2024, the **Advice and Guidance Pilot** went live with Mid Cheshire Hospitals NHS FT and Countess of Chester Hospitals NHS FT. As with the current pilot underway at East Cheshire NHS Trust, this will link community optometrists directly with consultant ophthalmologists for specialist advice and guidance. The pilots across all 3 Trust's will run until end of March 2025.

Following the successful **NHSE Eyecare Accelerator funding bid**, we are working closely with the C&M ICB on the procurement and commissioning requirements regarding the implementation of the Glaucoma Enhanced Case Finding service pilot.

ENT

Strategic discussions around improved C&M **ENT resilience and longevity** have begun; options to become more sustainable will be outlined for further discussion and sight by appropriate governance.

Dermatology

The **Dermatology Alliance** is focused on the roll out of Skin Analytics, with all trusts currently in the process of developing system and clinical pathways and completing key project milestones. The majority of trusts have set a target to go-live January 2025.

91.2%

of patients waiting 6 weeks or less (1.3% increase from the previous month)

#3

ICS ranking remained stable at 3rd out of 42 ICS

Endoscopy

Halton Endoscopy Hub is providing additional capacity for up to 400 slots of Colonoscopy or Gastroscopy per month. The Hub capacity has already been utilised by Warrington and Halton Hospital, Countess of Chester Hospital and University Hospitals of Liverpool Group.

List productivity – Utilisation of lists is at 112.45% (19th November).

Network is interviewing for **Deputy Clinical Lead** in December 2024, with a view to have a candidate in post by January 2025.

Midlands and Lancashire Digital Transformation team have been commissioned to support implementation of SOLUS V2



[Countess of Chester Hospital NHS Foundation Trust launches new trans-nasal endoscopy service | Countess of Chester Hospital](#)

Pathology

TOM

(3 Hub Target Operating Model)
East Hub outline business case (OBC) approved by Warrington and Halton Hospital board

LIMS

(Laboratory Information Management System) – Official programme launch held 11th and 12th November

Workforce workstreams established for South and East hubs to support delivery of future models.

Digital Pathology- In progress of securing £1.25m of revenue funding to support further adoption of DigiPath and to move towards NHSE targets of 50% of digital reporting.



[Warrington and Halton Hospitals NHS Trust - National Pathology Week - 4 to 10 November](#)

Physiological Sciences

Progressing work on expanding sleep studies, echo, spiro and audiology tests at CDCs

Artificial Intelligence (AI) in Echocardiology Clinics

Product demonstration and planning sessions held with Mersey and West Lancashire Teaching Hospital and University Hospitals of Liverpool Group.

Enhanced GP Direct Access for COPD, asthma and heart failure

Final proposal produced.

Service and financial models required to deliver additional tests developed at C&M and Place level.

Radiology/Imaging

PACS Based Reporting

A change to the report distribution issue was approved and made on behalf of all trusts. Tests have been undertaken and this has gone well to date.

CAMRIN Radiology Clinical Reference Group

Discussed new arrangements for Gynae clinical representative

AI For Chest X-rays

Go-live to be completed November 2024. CAMRIN waiting for data from C&M ICS to complete data return.

Workforce

CAMRIN Recruitment and retention policy written in conjunction with ICB R&R leads



[Mersey and West Lancashire Teaching Hospitals NHS Trust - MWL NHS | News](#)



[First patient joins radiotherapy clinical research trial :: The Clatterbridge Cancer Centre](#)

Community Diagnostic Centres (CDCs)

Sustainability Project

Following the success of the 23/24 sustainability review the project has been recommissioned to deliver another piece of work across C&M. The project is due for completion January 2025.

Re-profiling

H2 re-profiling has been approved and sites now working to re-profiled plans

Pathways

VIN & Shopping City's pathway bids have been approved and signed off.



[Parking to be limited at Congleton War Memorial Hospital from 2nd to 13th December as work continues on new Community Diagnostic Centre :: East Cheshire NHS Trust](#)

C&M has been selected as a key stakeholder in supporting the national additional indemnity insurances programme following the scoping work that has taken place within C&M over the past year.

Medicines Optimisation

The QIPP 24/25 target is forecast to deliver

£20.2m

in primary care

£7.6m

was delivered in September



[Help reduce medication waste and support the NHS across Cheshire and Merseyside :: Liverpool University Hospitals NHS Foundation Trust](#)

Procurement

The E@S Procurement Programme Director, Sue Colbeck, was awarded the **Procurement Excellence Award** at the national Healthcare Supplies Association Annual Awards (HCSA) for the C&M region.



Sue Colbeck and Nina Russell, E@S Programme Director both spoke at the **HCSA Annual Conference & Exhibition.**



76% of the 24/25 procurement workplan has been delivered. A saving of

£5.4m

has already been delivered against the

£7.1m

workplan.

**Council of Governors
13th February 2025**

Report	Agenda Item 9.	Lead Governor update – February 2025					
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"> • Council of Governors development • Non-Executive Director/Governor Walkabouts • Cheshire & Mersey Lead Governors 						
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 – February 2025

- The Chair of the Trust and I continue to have regular 1.1 meetings where we are supported by the Director of Governance, Risk and Improvement. We have been reviewing the committees and meetings which Governors have historically attended on the refreshed principle that Governors are in attendance to observe / undertake their role of being assured through Non-Executive Directors. The Director of Governance, Risk and Improvement will fully brief on the outcome of these discussions at our next Governor Development session on the 20th March 2025.
- The Chair and I are continuing with our informal meetings with all governors. We have already met with staff governors. We are meeting with the voluntary sector / partner governors on the 13th February 2025 and are planning to meet with our public governors before the next Council of Governors meeting.
- I attended the Trusts Finance and Performance Committee on the 20th November 2024 and 21st January 2025. I have also attended Morality Surveillance Group meetings (Formally the Learning from Deaths Group).
- In December 2024, I joined a Non-Executive Director (NED) to undertake a full morning's walkabout in the Trusts ante natal OPD, Birth Central Labour Ward and post-natal Cestrian ward and Post Natal community midwifery. I would like to thank the Director of Midwifery and the Head of Midwifery for the time that they gave to us. The visit was very informative and by chance we had an impromptu patient story which highlighted the outcome for one lady who had had a particular set of difficult circumstances. She could not praise highly enough the team who had supported her.
- In January 2025, I joined a Governor and NED to do a walkabout through Ward 42 – Acute Stroke and Ward 43 – Medicine. A number of issues were raised in both wards particularly about the environment – lack of adequate heating and the need for air conditioning. Storage of equipment was also seen as a problem. We had lengthy discussion with the lead clinical specialist nurse who raised a number of concerns – these have been raised through the feedback process. It has been highlighted it is important that both the NEDs and Governors need to see the progress / actions which are taken from these visits. Again, thanks to all those staff who gave their time. (The 2025 NED/Governor Walkabout schedule is attached)
- On the 12th of December 2024, we had a second Trust Development session for Governors. This was led by the Director of Strategy and Partnerships who took us through the Trust strategy. A third Governor Development session is planned for the 20th of March 2025 where Non-Executive Directors will be attending to introduce themselves and share with Governors their lead portfolios and lines of accountabilities through to Governors.
- I have met with the Cheshire and Mersey Lead Governors who are collectively in the planning stages to hold a conference / symposium later in the year (either May or September). This will be for Governors across Cheshire and Mersey. The session is being fully supported by both the Chair of the Integrated Care Board (ICB) and Trust Chairs. Although the program is still being developed the main themes being considered are around sharing best practice / shared learning, approaches to involving members, how do Governors improve patient's outcomes, the NHS 10-year plan and the role of the ICB.
- I attended the Board of Directors on the 28th January 2025.

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

Schedule - Governor & Non-Executive Director (NED) Walkabouts 2025

Date & Time	Area	Attending	Taking the visit
15 th January 2025 – 9.30am – 12.30pm	Ward 42 Acute Stroke and Ward 43 Medicine	<u>NED</u> Wendy Williams <u>Gov</u> John Jones Terry Peach	Ward Manager 42 Matron Ward 42 Ward Manager 43 Matron Ward 43
5 th February 2025 – 9.30am – 12.30pm	Radiology and Diagnostics	<u>NED</u> Ian Haythornthwaite <u>Gov</u> Paula Edwards Jan Chillery	Divisional Director Deputy Radiology Services Manager
5 th March 2025 – 9.30am – 12.30pm	Women & Children's New Build	<u>NED</u> Andrew Hassell <u>Gov</u> Myrddin Roberts Ruth Overington Lucy Liang	Project Director
2 nd April 2025 – 9.30am – 12.30pm	Coronary Care Unit (CCU) Respiratory Support Unit (RSU) – Wards 48 and Ward 49	<u>NED</u> Pam Williams <u>Gov</u> Terry Peach Chris Price Rob Howe	CCU Manger RSU Ward Manger Matron Wards 48/49
7 th May 2025 – 9.30am – 12.30pm	Security	<u>NED</u> Sarah Corcoran <u>Gov</u> Stephen Higgitt Ruth Overington Paula Edwards	Security Manager
4 th June 2025 – 9.30am – 12.30pm	Cardiology Day Suite	<u>NED</u> Pam Williams <u>Gov</u> Ruth Overington Louise Jha Lucy Liang	Service Manager Unit Manager Head of Nursing Matron
2 nd July 2025 – 9.30am – 12.30pm	Endoscopy	<u>NED</u> Wendy Williams <u>Gov</u> Stephen Higgitt Jan Chillery	Manager Matron
6 th August 2025 – 9.30am – 12.30pm	Out-patient Department (OPD) 3 Multiple specialties including Breast Care and OPD 4 Audiology	<u>NED</u> Pam Williams <u>Gov</u> Chris Price	Directorate Manager Breast Directorate Manager Audiology

		Jan Chillery	
3 rd September 2025 – 9.30am – 12.30pm	Emergency Department / Same Day Emergency Care (SDEC) / Urgent Treatment Centre	<u>NED</u> Sarah Corcoran <u>Gov</u> Myrddin Roberts Terry Peach Louise Jha	SDEC Ward Manager Matron Directorate Manager
1 st October 2025 – 9.30am – 12.30pm	Occupational health , recruitment & staffing, and staff training	<u>NED</u> David Williamson <u>Gov</u> Myrddin Roberts Stephen Higgitt Lucy Liang	Occupational Health & Wellbeing Manager Education & Training Manager
5 th November 2025 – 9.30am – 12.30pm	Ward 55 OP COCH Westminster eyes and Ward 60 OP COCH Haematology	<u>NED</u> Wendy Williams <u>Gov</u> Louise Jha Jan Chillery	Westminster Eye Centre Manager Ward 60 Manager Haematology Specialist Nurse Matron Ward 60
3 rd December 2025 – 9.30am – 12.30pm	Wards 54 & 56 – Planned care and Jubilee Day Surgery Centre (JDSC)	<u>NED</u> Sarah Corcoran <u>Gov</u> Jan Chillery	Ward Manager 54/56 Manager Matron JDSC Manager

- All visits to take place in the morning – 9.30am – 12.30pm on the first Wednesday of the month
- 3 Governors and 1 Non-Executive Director per visit

Council of Governors
13th February 2025

Report	Agenda Item 10.	Anchor Institution Update					
Purpose of the Report	Decision		Ratification		Assurance	X	Information
Accountable Executive	Mr J Develing			Director of Strategy and Partnerships			
Author(s)	Mr J Develing			Director of Strategy and Partnerships			
Board Assurance Framework	BAF 1 Quality		X				
	BAF 2 Safety						
	BAF 3 Operational		X				
	BAF 4 People						
	BAF 5 Finance						
	BAF 6 Capital		X				
	BAF 7 Digital		X				
	BAF 8 Governance		X				
	BAF 9 Partnerships		X				
	BAF 10 Research						
Strategic goals	Patient and Family Experience						X
	People and Culture						X
	Purposeful Leadership						X
	Adding Value						X
	Partnerships						X
	Population Health						X
CQC Domains	Safe						X
	Effective						X
	Caring						X
	Responsive						X
	Well led						X
Previous considerations	Board of Directors – May 2024						
Executive summary	The purpose of this paper is to provide an update on progress. toward the development of an Anchor Institution.						
Recommendations	The Council of Governors is asked to note the progress and the establishment of the Anchor Institution Group.						

Corporate Impact Assessment	
Statutory/regulatory requirements	CQC/Constitution/other regulation/legislation
Risk	Not applicable
Equality & Diversity	Meets Equality Act 2010 duties & PSED 2 aims and does not directly discriminate against protected characteristics
Communication	Not confidential

ANCHOR INSTITUTION UPDATE

INTRODUCTION

NHS organisations are rooted in their communities. Through its size and scale the NHS can positively contribute in many ways beyond providing health care.

Typically, an anchor institution has three component parts:

- Collaborate closely with local partners on targeted interventions to reduce health inequalities, promote earlier intervention and prevention. This is evidenced by our work to deliver the NHS Prevention Pledge
- Purchasing more locally for social benefit. This is evidenced by our work to deliver improved Social Value in the local economy.
- Reducing our environmental impact. This is evidenced by our work to deliver our Green Plan.

PURPOSE COALITION FRAMEWORK

The following measures form part of a coalition framework. That is a framework used to develop an evidence base of progress toward being accredited as an Anchor Institution.

Goal 1. Strong foundations in Early Years

In our catchment area almost one in 15 babies are born to mothers under the age of 20. These women are often at higher risk of experiencing mental health issues and living in poverty.

The trust aims to provide safe, effective maternity and neonatal services. As part of its clinical strategy, we are developing a care model that supports a community-focused approach to patient management.

Specialist inpatient paediatric services support community and primary clinicians to provide paediatric care as close to home as possible for families, including via family community hubs, spoke units, or where necessary on-site.

As part of our five-year strategy, we are also developing the new women and children's building.

Goal 2. Successful school years (Early Intervention)

There is a significant educational achievement gap between those children in the area, who are eligible for free school meals, those in care and those who receive special educational needs support, and their peers who do not.

It is also estimated that 23 per cent of 4-5 years olds are overweight or obese, increasing to 34 per cent in 10–11-year-olds, leaving these children at risk of adult obesity. The trust recognises that it has a significant role to play in helping to tackle this.

We advocate for a care model which allows children to receive inpatient treatment, or care as close to home as possible, to make the experience as easy as possible for the family.

Goal 3. Positive destinations post 16+

Partnerships

The Trust has a key partnership with the University of Chester and other education providers, and we have established new career development pathways for young people at the beginning of their journey as healthcare professionals.

We also have strong links with the University of Liverpool and a robust ethos of post graduate medical education.

Placements

The Trust continues to support, through the provision of placements, undergraduate students in all health-related programmes with significant numbers of nursing students from the University of Chester being supported.

Apprenticeships

The Trust has an apprenticeship strategy and provides more than 30 apprenticeship opportunities across the organisation to anyone over the age of 16. There is no upper age limit.

Goal 4. Right advice and experiences

Volunteering, work experience and apprenticeships

The trust is committed to developing new volunteering, work experience and apprenticeship opportunities. Around 150 volunteers currently work for the trust.

Goal 5. Open recruitment

People strategy

Our people strategy has a focus on sustaining safe levels of staff availability, improving staff capability, and creating a positive staff experience.

Nurse recruitment

Post pandemic, we embarked on a successful programme of overseas nurse recruitment, and we have close links with local universities and training programmes to attract new employees.

Goal 6. Fair career progression

The trust sees itself as a “teaching and learning” organisation and is in the process of developing future leaders and talent.

Staff are invested in developing their skills and professional development through effective learning and development programmes and facilities.

The trust works to a continuous improvement model, which aims to empower staff to identify and lead improvements in their own area of work, providing the necessary support, skills, and training to help them do so.

Trust Leadership programmes

A new Leadership Framework has been developed to help, challenge, and support our leaders across four domains:

- Leading with compassion and Inclusion
- Working together and collaboration
- Learning and improvement and
- Delivery & performance.

The framework will support the development needs of our organisation and its people as well as supporting delivery of our wider transformation plans and the NHS People Promise.

As part of our new Talent and Succession Planning strategy we are developing leadership programmes at four levels:

- Level 1: Aspiring leaders
- Level 2: First line leaders
- Level 3: Senior and clinical leaders
- Level 4: Strategic Leaders

The leadership offers will be a combination of internal and external offers such as via Northwest Leadership Academy (NWLTA) and the National Leadership Academy as well as our own bespoke programmes.

Lean for Leaders

The Lean for Leaders programme is designed to provide leaders with an introduction to lean methodology and an in depth look at the various concepts, tools, and techniques which they practice whilst implementing an organisational relevant improvement project.

Goal 7. Widening access to savings and credit

Staff can access financial and legal advice through a contracted Employee Assistance Programme.

All staff are entitled to the NHS Pension Scheme, and control measures are in place to meet all employer obligations contained within the scheme regulations.

Goal 8. Good health and well-being

The overarching objective of the Trust is to ensure the good health and wellbeing of the local population and communities it serves. Furthermore, the Trust is developing an inhouse health and well-being offer, including the development of a health and well-being Hub.

Three of its main purposes align directly with this goal, as outlined below:

- To provide safe, kind, and effective care to the population
- To collaborate with partners to improve the health wellbeing and lives of service users in Cheshire West and North Wales
- To work collaboratively with a range of partners in health and social care to enable care within the appropriate setting.

The trust's corporate strategy outlines how we plan to develop and improve its services over the next five years. However, it recognises that alongside specialist services, it has an important part to play in tackling public health burdens in the wider community, including smoking, alcohol, and obesity.

The NHS 111 First service now makes it easier and safer for patients to get the right advice or treatment when they urgently need it. Developments of Same Day Emergency Care (SDEC) Centre, which will improve the trust's ability to provide urgent care.

Mental health signposting in A&E

The Trust works closely with Cheshire and Wirral Partnership Trust (CWP) a provider for mental health services. This partnership supports patients in the Accident and Emergency Department and a Framework for the Management of MH Patients has been developed.

Mental Health support:

The Trust has also established engagement with the Cheshire West Voluntary Services Mental Health Alliance. Helping us to build our partnerships with local mental health support services in the community and establish better referral/signposting links for staff to access additional low level mental health support.

Making Every Contact Count

The Trust has signed up to Making Every Contact Count (MECC) - an approach to behaviour change.

MECC focuses on the lifestyle issues that, when addressed, can make the greatest improvement to an individual's health:

- Stopping smoking
- Drinking alcohol only within the recommended limits
- Healthy eating
- Being physically active
- Keeping to a healthy weight
- Improving mental health and wellbeing.

High Intensity Use Programme (HIU)

The HIU programme offers a robust way of supporting people who make high intensity use of health services, in particular A&E, non-elective admissions, primary care, and mental health services.

Through the Cheshire West Integrated Care Partnership, the trust assists with the HIU Programme, along providing advice and support.

Staff Wellbeing hub

We have recently developed a new Wellbeing hub that provides a space for staff to rest, recover and recharge during their shift, they will also be able to access wellbeing information and resources 24/7 and engagement in wellbeing events, activities and 1:1 support.

Goal 9. Extending enterprise

The trust actively seeks to establish commercial relationships with businesses in the local area, and to use its resources responsibly. A commercial strategy is being developed to support local procurement and supply chains.

Local procurement is also an important part of the Trust's Green plan.

Countess volunteers

Volunteers provide a reliable source of support for the staff and patients in the Trust. We currently have 115 active volunteers who deliver 500 hours each month. Where volunteers support is ever changing as we forge new relationships with departments and identify new roles.

Volunteers are supported throughout their time volunteering with us with events and celebrations planned throughout the year to thank them for their vital and kind support.

NHS Prevention Pledge

The NHS Prevention Pledge is a key workstream within the Cheshire and Merseyside Integrated Care Board's Population Health Programme. The Countess of Chester Hospital is one of ten phase 3 Trusts who started adoption and the Trust has received a plaque to celebrate 'intermediate adoption' of the NHS Prevention Pledge.

Goal 10. Closing the digital divide

Digital strategy

As healthcare becomes increasingly digital, we are focused on providing tools that make it easy for people to access information and services to improve their own health.

The trust aims to ensure that all members of the community have access to the health and care services that they need regardless of their personal access to technology.

Cheshire Care Record

The trust is signed up to the Cheshire Care Record, which is an overview of a patient's health and social care information in one digital record. The shared health and social care information includes test results, medications, allergies and social or mental health information.

By sharing a summary of the information included in the records, patients enable the trust to provide better care.

Electronic patient records

The trust continues to develop our electronic patient records system provided by Cerner Millennium.

The system means a patient's full record is available electronically for healthcare professionals in one place, at any time.

Goal 11. Infrastructure for Opportunity

In 2021 the trust installed secure bike parking facilities for staff, as well as 'dock less' parking bays for electric scooter rental which is available on site.

The trust actively promotes alternative modes of transport through a cycle to work scheme and encourages the use of Cheshire West and Chester Council's Park and Ride service. It has collaborated closely with the council in securing a stop and pick up and concessionary rates for the bus service to and from the Countess of Chester Hospital.

Community diagnostic centre

A community diagnostic centre has been developed at Ellesmere Port Hospital to enable patients to receive life-saving checks, scans, and tests closer to their homes.

Tarporley War Memorial Hospital

The trust is working in partnership with Tarporley War Memorial Hospital to renovate and develop the facility which specialises in inpatient, intermediate care of the elderly.

The hospital will become a rural hub for:

- A rapid response team enabling people to receive care and rehabilitation in their own homes.
- REACT Hospital at Home Team enabling improved access to patients in crisis who might otherwise need to go to hospital to receive treatment in their home.
- Several outpatient clinics to include some consultant, diagnostic and therapy clinics normally run at Countess of Chester Hospital.

Chester Health Park Travel Plan

The Trust works collaboratively with CWP on all aspects of Travel as part of both Trust using the same Health Park.

As a collaborative, we have already introduced 'shared' use between the two Health Park Trusts of our staff cycle storage & changing facility, with uptake and use of the facility improving each day as part of our 'Active Travel' work stream. We have improved the 'NHS' staff offer for those staff who elect to take up 'Alternative Travel' by securing attractive discount rates for all Health Park staff with Stagecoach and Arriva Travel bus company's which includes provision for Park & Ride facility in Upton besides the Chester Zoo.

Green plan update (Ozone Waste intent)

Within the Trust's Green Plan (GP), as part of the Trust's Waste & Environmental Management, we outlined a substantial project committing to investigate all advancements in waste management technology to identify what is possible for a Trust of our size and how we can improve in this key area. The project has identified a solution, which if successful, would see our site become the first Trust in the UK, to manage its health care associated waste through the process of Ozoning.

This innovative proposal would be a first for the NHS and would further support our Trust in working toward the mandated Net Zero targets by 2028 to 2032. It would also mitigate financial and operational risks associated with a fluctuating waste provider market.

Goal 12. Building homes and sustainable communities

The trust collaborated with local partners, including the Land Trust to transform a derelict brownfield site into the 29-hectare Countess of Chester Country Park for the use of the public.

It continues to collaborate with these partners in sustaining the public space with appropriate maintenance, while also offering opportunities for community engagement through a range of health and wellbeing, educational and environmental initiatives.

Primary Care Collaborations

The Trust has an Integrated Care Division within which we have developed a strong working relationship with primary care, through supportive working with colleagues, enhancing community services and even staff deployed within Primary Care Networks (PCNs).

Goal 13. Harness the energy transition.

The trust's Green Plan 2022-2025 sets out an in-depth strategy for how it plans to become a more sustainable business for future generations to take forward.

Goal 14. Achieve equality through diversity and inclusion.

The trust aims to create a diverse and inclusive place of work, with around 10 per cent of Trust employees currently belonging to Black, Asian, or ethnic minority backgrounds.

It is focused on reducing incidences of bullying, harassment, and discrimination and its 'Freedom to speak up' and 'Your Voice Matters' initiatives encourage staff to raise concerns safely and ensure action is taken quickly and effectively.

The trust undertakes a substantial number of inclusion and engagement activities with protected groups and has an awareness day calendar for equality, diversity and inclusion that includes Black History Month, LGBT History Month, Pride, Disability Awareness Day, Carers Week, and more.

UPDATE AS OF JANUARY 2025

To oversee the full range of workstreams within the Trust we have now established a strategic oversight group for our Anchor Institution work. Bringing together the following interdependent workstreams provide cohesion and coordination of our combined efforts to become an Anchor Institution.

An oversight dashboard has been developed with clinical and operational leads identified for each workstream. In summary these workstreams and key lines of inquiry include.



Green Plan -Summary

1. Governance
 - a. Board updates and reporting.
2. Workforce
 - a. staff awareness and training
3. Clinical leadership
 - a. considerations of carbon impact of care delivery through a clinical lens
4. Digital transformation
 - a. Use of cloud solutions and repurposing of hardware
5. Digital strategy
 - a. Commitment to meeting net zero ambitions as per National digital strategy.
6. Travel and Transport
 - a. Move to Electric Vehicles (EV) within Trust fleet, travel incentive schemes, transport partnership and active travel.
7. Estates and facilities
 - a. Move to 100% renewable Rego, certified electricity.
 - b. Energy meterage
 - c. LED lighting replacement

- d. Use of building management systems to monitor and manage energy use.
 - e. Local energy management solutions.
 - f. Off-site renewables.
 - g. Proportion of decarbonization of heating across all sites.
 - h. Waste segregation.
8. Medicines Management
- a. Audit of waste generated from piped nitrous oxide and decommissioning as required.
 - b. Move toward the use of dry powder inhalers.
 - c. Removal of harmful anesthetic gases (Desflurane)
 - d. Reduction in medicine management waste.
 - e. Net zero impact on supply chain management
9. Supply chain.
- a. Inclusion of a carbon reduction weighting in all procurement.
10. Food and nutrition
- a. Meal ordering systems
 - b. Seasonal products
 - c. Monitoring of waste produced.
 - d. Proportion of fruit and vegetables, pulses, and other low carbon ingredients
11. Climate changes adaptations

NHS Prevention Pledge – Summary

1. Embedding prevention within our governance structures
2. Quality improvement for prevention
3. Using Marmot principles in service design
4. Lifestyle approaches to CVD and stroke prevention and rehabilitation
5. Establish key anchor practices.
6. Systematically adopting and embedding a 'Making Every Contact Count approach
7. Work with primary care, local authorities and VCSO's to systematically refer to sources of non-clinical support through social prescribing.
8. Support workforce development, providing training and/or resources to frontline staff to offer brief advice and/or referral in supporting patients to eat well, be physically active, reduce harm from tobacco and alcohol and promote mental well-being.
9. Ensure a smoke-free environment, linked to support to stop smoking for patients and staff who need it.
10. Foster an organisational culture that promotes workplace resilience and creates opportunities for staff to eat well, be active, reduce harm from tobacco and alcohol and promote mental well-being.
11. Review food and drink provision across all our NHS buildings.
12. Increase public access to fresh drinking water on NHS sites.
13. Support the sub-regional physical activity strategy.
14. Sign up to the 'Prevention Concordat for Better Mental Health for All
15. Monitor the progress of the pledge against all commitments.

Social Value Pledges – Summary

1. Health and Wellbeing
2. Education and Skills
3. Employment and Volunteering
4. Environmental (Cross over with Green Plan)
5. Economic Social and Community
6. Crime and Justice
7. Housing
8. Leadership

CONCLUSION

Countess of Chester Hospital NHS Foundation Trust is an example of an organisation that recognises the wider role that it can play in the communities that it serves.

The development of our Strategic Oversight Group provides a comprehensive and cohesive response to key interdependent workstreams and provides vital evidence of action and progress for the new single CQC assessment framework, which now includes substantiality as a line of enquiry.

RECOMMENDATIONS

The Council of Governors is asked to note the progress and the establishment of the Anchor Institution Group.

Council of Governors
13th February 2025

Report	Agenda Item 11.	Clinical Strategy Update					
Purpose of the Report	Decision		Ratification		Assurance	Information	X
Accountable Executive	Mr J Develing			Director of Strategy and Partnerships			
Author(s)	Mr J Develing			Director of Strategy and Partnerships			
Board Assurance Framework	BAF 1 Quality			X			
	BAF 2 Safety			X			
	BAF 3 Operational			X			
	BAF 4 People			X			
	BAF 5 Finance			X			
	BAF 6 Capital			X			
	BAF 7 Digital			X			
	BAF 8 Governance			X			
	BAF 9 Partnerships			X			
	BAF 10 Research			X			
Strategic goals	Patient and Family Experience						X
	People and Culture						X
	Purposeful Leadership						X
	Adding Value						X
	Partnerships						X
	Population Health						X
CQC Domains	Safe						X
	Effective						X
	Caring						X
	Responsive						X
	Well led						X
Previous considerations	Board of Directors – May 2024						
Executive summary	The purpose of this paper is to provide an update on progress toward the development of a new five-year clinical strategy						
Recommendations	The Council of Governors is asked to note the progress to date.						

Corporate Impact Assessment	
Statutory/regulatory requirements	CQC/Constitution/other regulation/legislation
Risk	Not applicable
Equality & Diversity	Meets Equality Act 2010 duties & PSED 2 aims and does not directly discriminate against protected characteristics
Communication	Not confidential

Clinical Strategy Update

1. INTRODUCTION

Published in 2019, the Trust has an existing five-year clinical strategy which, given the changing context of the health and care system, our demographic growth and impact of health inequalities, now requires a fresh approach.

2. PURPOSE

The purpose of this report is to provide an update on the development of clinical strategies within the Trust

3. CLINICAL STRATEGY DEVELOPMENT

To facilitate the development of the clinical strategy a series of workshops (October and December 2024) have been held collating inputs from clinical and operational leaders. This has seen more than 60 leaders across the organisation offering a multi-disciplinary input into a future direction of how services can be best developed and delivered.

Time for this strategic thinking has not been offered for many years and the approach has been widely welcomed, culminating in an overwhelming consensus that we want to see the Countess of Chester achieving excellence, becoming an outstanding hospital and meeting the needs of the population.

4. PROGRESS

The two workshops have already had a positive impact in terms of an engaged clinical and operational community with specific objectives to:

- Set time to aside to reflect, plan, identify trends and determine where to allocate resources
- Identify a specific target, outcome or objective that will add value or lever an opportunity
- Seek information from subject matter experts and key opinion leaders (facilitated guest speakers' sessions)
- Coproduction of ideas that are inquisitive not judgemental.
- Co-creation of a shared purpose.
 - Why does the Countess of Chester exist?
 - What is its purpose?
 - How does the Trust go about meeting the needs of the population?

We want **`WHY`** to become

- To support our population to the live healthiest life possible
- Care for them in a positive way
- Improve quality of life for patients and staff
- Our community deserve high quality safe care
- Promote health and wellbeing of population and staff
- Make the most difficult times of people's lives the best it can be
- Be part of the team and a team with similar values
- Be kind to patients and each other
- Support healthy populations
- Sustainability of the health and care system
- Do the right things for the right person at the right time -effective

‘What’ we want to be known for

- Provide a wide range of medical and surgical services and diagnostic services
- Multidisciplinary team decision making
- Provide services from cradle to grave
- Provide services that meet the needs of the population NOT the organisation
- Delivering excellent clinical care
- Attracting the best people
- Work in partnerships and networking
- Create trust for local people - rely `on us to look after them
- A Health promoting, health and wellbeing hospital
- Continuous learning
- Clinical excellence
- High quality teaching and student experience
- Be a great place to work

‘How’ we will do things in the future

- Provide high quality clinically effective and safe care
- Provide cost effective and evidence-based care
- Provide more convenient care closer to home
- By being kind to patients and each other
- Match demand with the needs of the population
- Provide patient and family centered whole patient care
- Align our `why` to build a culture of change and trust
- Supporting each other
- Embracing innovation and new technologies
- Make better use of data
- By being closer to primary care, coproduce solutions now and for the future

Whole Patient and Whole Life Course

Rather than looking at single episodic care there is an overwhelming consensus that we would wish to consider whole patient care and the whole life course of an individual’s experience.

- **Whole patient care** is an approach to healthcare that focuses on treating the patient as a whole person, rather than just addressing a specific illness or condition. This concept emphasizes the physical, emotional, social, and spiritual aspects of a person’s well-being, recognizing that health is influenced by many factors beyond just the biological or clinical symptoms.
- **The whole life course** refers to the entire span of an individual's life, from birth to death, and the various stages, experiences, and transitions that occur over this period. It is an interdisciplinary concept that is often used in social sciences, public health, psychology, and sociology to understand how different life events and circumstances shape individuals' physical, mental, social, and economic well-being.

5. STRAGIC OUTPUTS

Affording this dedicated time to consider the roll of an acute Trust within a changing provider landscape and a changing demographic has allowed us to consider the factors above and

focuses on several key areas each supported by 'We Will' Statements. These statements will be translated into specific service strategies which are currently being developed by respective clinical divisions.

Key areas for our strategy

1. Improve outcomes for patients
2. Resources management
3. Team collaboration and leadership
4. Adapting to change
5. Patient centred approach
6. Technology and innovation
7. Developing resilience

Example – Improving outcomes for patients

In adopting a whole patient care and whole patient life course approach we will consider the long-term health outcomes for patients, not just the immediate issue at hand.

We will - Working with multidisciplinary teams to manage complex conditions. This will involve coordinating long-term treatment plans, preventive care, and palliative care. Outcome - more people dying in place of choice.

Example – Resource Management

We want to understand how to reduce waste and optimise resource use, which can lower costs while maintaining quality care.

We will - introduce service line reporting, develop an approach for innovation and share best practice. Outcome, improved insight into costs and expenditure and how each service line could become more efficient

6. CONCLUSION

The two workshops have provided significant insight into the development and delivery of services for the future. This time for strategic thinking, learning and leadership is now in hand and will now occur on a regular quarterly basis.

The outputs from this work will now facilitate a draft strategy for operational and clinical leads consideration by February 2025, and a final draft for Board consideration in March in time for an April launch and publication.

7. RECOMMENDATIONS

The Council of Governors is asked to note the progress to date.

MINUTES OF THE PUBLIC BOARD OF DIRECTORS

Tuesday 26th November 2024, 8.30am – 12.00pm, Boardroom – 1829 Building

Members	04/06/24	30/07/24	24/09/24	26/11/24		
Trust Chair, Mr I Haythornthwaite	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Chief Executive Officer, Ms J Tomkinson OBE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Executive Director, Mr D Williamson	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Executive Director, Mr P Jones	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Executive Director, Mr M Guymer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Executive Director, Mrs P Williams	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Executive Director, Professor A Hassell	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Executive Director, Mrs W Williams	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Executive Director, Mrs S Corcoran	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Chief Operating Officer, Ms C Chadwick	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Medical Director, Dr N Scawn	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Director of Strategic Partnerships, Mr J Develing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Chief Digital & Data Officer, Mr J Bradley	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Interim Chief People Officer, Mrs D Herring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Chief Finance Officer, Mrs K Edge	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Director of Governance, Risk & Improvement, Mrs K Wheatcroft	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
In attendance	04/06/24	30/07/24	24/09/24	26/11/24		
Deputy Director of Governance & Risk, Mrs L Leadsom (<i>Minutes</i>)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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)	<input checked="" type="checkbox"/> (item 10)	<input checked="" type="checkbox"/> (item 10)		
Development Non-Executive Director, Mr M Smith	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A		
Development Non-Executive Director, Mrs L Liang	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Business Performance Manager - Diagnostics and Clinical Support Services Division, Ms EJ Punter,	N/A	N/A	N/A	<input checked="" type="checkbox"/> (item 3)		
Specialist Neurological Occupational Therapist, Ms K Cottrell	N/A	N/A	N/A	<input checked="" type="checkbox"/> (item 7)		
Associate Director of Nursing – Corporate, Mrs S Edwards	N/A	N/A	N/A	<input checked="" type="checkbox"/> (item 11)		
Head of Nursing – Urgent & Emergency Care, Mrs E Maxwell	N/A	N/A	N/A	<input checked="" type="checkbox"/> (item 11)		

Formal Business		
Agenda Item Number	Item	Lead
PB1/ 11/24	<p><u>Welcome, apologies and Chair’s opening remarks</u></p> <p>The Trust Chair, Mr Ian Haythornthwaite, welcomed members to the meeting. It was noted that Non-Executive Directors, Mr M Guymer and Ms W Williams were attending via MS Teams.</p> <p>The Interim Chief People Officer, Mrs D Herring, explained that the Interim Deputy Chief People Officer, Ms V Wilson, was unable to attend the meeting due to planned leave.</p> <p>It was noted that the Chief Executive Officer, Ms J Tomkinson, would need to leave the meeting at 11.00am to attend a meeting with Cheshire & Merseyside Integrated Care Board (ICB) meeting and would return as soon as this was finished.</p> <p>The Medical Director, Dr N Scawn, reported to the Board of Directors the sad news of the recent passing of colleague and friend, Dr Lawrence Wilson, acknowledging his contribution and the loss this brought to the Trust.</p>	
PB2/ 11/24	<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> <p>The Trust Chair, Mr I Haythornthwaite, updated that the Chief Executive Officer, Ms J Tomkinson, is now a member of the Board at the University of Chester, and the Board of Directors expressed their congratulations.</p>	
PB3/ 11/24	<p><u>Service Showcase –Community Diagnostic Centre (CDC)</u></p> <p>The Trust Chair, Mr I Haythornthwaite, welcomed Business Performance Manager - Diagnostics and Clinical Support Services Division, Ms EJ Punter, to the meeting. Ms EJ Punter provided an overview of the service noting that in 2023/24 and the first quarter of 2024/25 the Trust completed a total of 22,329 tests against a plan of 21,567, noting that the tariff for CDC tests is paid on a PBR model, incurring a revenue of close to £2 million during this time. Ms EJ Punter highlighted that in a recent sustainability review the Trust was found to be one of the top Trusts regionally who deliver under tariff. Ms EJ Punter shared some positive patient feedback received in relation to the service and outlined that the Trust has recently started a patient survey for</p>	

	<p>CDC to ensure that the service offered meets the needs of our patients and the outcome of this has been overwhelmingly positive with 97% of patients providing positive feedback.</p> <p>The Interim Chief People Officer, Mrs D Herring, referenced the recent CDC review of financial and maturity commissioned by NHS England with the element relating to overseas recruitment being scored as 'amber', suggesting that in essence this should be marked as 'green' as a metric given the service has not been in a position to require the support to date rather than it was a gap in compliance.</p> <p>Non-Executive Director, Professor A Hassell, thanked Ms EJ Punter for the great presentation and asked for further clarification of the lack of access to CRIS. Ms EJ Punter advised that work is progressing in relation to this and there is a contract in place until 2031, noting minimal impact to date.</p> <p>Mr I Haythornthwaite thanked Ms EJ Punter on behalf of the Board of Directors for providing the service showcase.</p>	
PB4/ 11/24	<p><u>Minutes of the previous meeting held on the 24th September 2024</u></p> <p>The minutes of the previous meeting held on the 24th September 2024 were formally approved as a true and accurate record.</p>	
PB5/ 11/24	<p><u>Matters arising and action log</u></p> <p>The Board of Directors received the updated action log. It was noted that actions 40 and 41 remain ongoing and an update will be provided to the next Board of Directors to be held in January 2025.</p> <p>Non-Executive Director, Mr D Williamson, queried if actions 29 and 30 should remain open until the actions are fully implemented and it was agreed for them to be re-opened on the action log.</p> <p>The Board of Directors noted the update and the remaining actions on the log.</p>	
PB6/ 11/24	<p><u>Staff Story</u></p> <p>The Trust Chair, Mr I Haythornthwaite, welcomed Specialist Neurological Occupational Therapist, Ms K Cottrell, to the meeting. Ms K Cottrell provided an overview of her Doctorate - An Ethnographic Study of Acquired Brain Injury (ABI) Survivors: Meaningful Occupation and Recovery in the Acute Setting. Ms K Cottrell outlined that a working group has now been established and the Trust is collating a Brain Injury Policy to support staff and patients.</p> <p>Non-Executive Director, Ms S Corcoran, thanked Ms K Cottrell for the excellent presentation and queried if any support could be provided by the Board of Directors. Ms K Cottrell explained that further work is required to filter down to staff for them to feel empowered to make person centred decisions and to further understand the impact of unintentional harm.</p>	

	<p>Non-Executive Director, Mrs W Williams, acknowledged the fantastic presentation and highlighted the learning regarding patient care and that this could be included in staff training and development.</p> <p>The Director of Nursing & Quality / Deputy Chief Executive, Mrs S Pemberton, highlighted the priority for the Trust is getting back to basics and referenced the work being led by John Bolton in the Emergency Department, noting the focus of personal care. Mrs S Pemberton acknowledged the excellent work to date which has been led by Ms K Cottrell in promoting good working across nursing and therapy led services.</p> <p>Non-Executive Director, Professor A Hassell, acknowledged the powerful study, querying the number of patients at the Trust who are inpatients for 3 months or more with an ABI. Ms K Cottrell explained that these patients are managed within non stroke wards and via stroke rehabilitation, dependant on the needs of the patient.</p> <p>The Chief Finance Officer, Mrs K Edge, thanked Ms K Cottrell for the overview and the fantastic learning identified and queried if there is an opportunity to share this wider across the system with other Trusts. Ms K Cottrell confirmed this could be shared wider following the completion and publication of her Thesus and Doctorate.</p> <p>The Chief Digital & Data Officer, Mr J Bradley, referenced the aforementioned lessons learned and the Task & Finish Group which has now been established and acknowledged it is positive to see this being taken forward for patients.</p> <p>The Chief Executive Officer, Ms J Tomkinson, highlighted this is of credit to Ms K Cottrell's leadership and queried if St Cyril's Neurological Rehabilitation Unit remains open. Ms K Cottrell confirmed that it is but as a private provider, noting nursing care is provided and they also provide some rehabilitation.</p> <p>Mr I Haythornthwaite expressed thanks to Ms K Cottrell on behalf of the Board of Directors for the update.</p>	
<p>PB7/ 11/24</p>	<p>Chief Executive Officer's Report</p> <p>The report included updates on a range of issues and was taken as read.</p> <p>The Chief Executive Officer, Ms J Tomkinson, provided an overview of the relevant local, regional, and national issues and highlighted the following:</p> <ul style="list-style-type: none"> • The Director of Strategic Partnerships, Mr J Develing, is representing the Trust on the reset of a new collaborative and a paper will be provided to a future Board of Directors meeting to detail the new governance arrangements. It was noted that the ICB has also indicated a desire to develop a specification for community services by February 2025. • Flu and COVID-19 vaccines continue to be offered to all staff who have contact with patients as part of your work benefit package, noting this is the last week of the staff vaccination programme. 	<p>JD</p>

	<ul style="list-style-type: none"> • The Trust continues to engage with local MPs including CEO meetings. A meeting was recently held with Mrs Samantha Dixon MP which included a visit to the new Women’s and Children’s building. • Since this report was collated, Ms J Tomkinson has formally withdrawn from her role on the Board at Liverpool John Moore’s University (LJMU) and has been appointed at the University of Chester (UoC). There are significant opportunities for joint appointments and joint working. It was highlighted that there was a need for a robust strategy to include the use of the Bache Hall building noting this could be a thriving research and innovation hub for both organisations. Mr J Develing explained that Mr P Kingston from the UoC is also linked in with the Trust and will attend the Anchor Institution Group. • The key focus nationally is in relation to the urgent and emergency care agenda, noting the huge increases in attendances of late and that last week saw the highest level of attendances to date. It was noted that the Trust had a visit from the National Emergency Care Lead, Ms SJ Marsh, and this is also linked to the ongoing focus on system engagement to reduce the number of Non-Criteria to Reside Patients (NCTR). <p>The Board of Directors noted the update provided.</p>	
PB8/ 11/24	<p><u>Chair’s Update</u></p> <p>The Trust Chair, Mr I Haythornthwaite, updated that the Trust has successfully recruited 6 new Governors and work is progressing with the Director of Governance, Risk & Improvement, Mrs K Wheatcroft, Deputy Director of Governance & Risk, Mrs L Leadsom and Lead Governor, Mr J Jones, with regards to a series of development programmes for the Council of Governors and a re-set of the work programme for the formal COG meetings to support the Trust Governors to fulfil their roles.</p> <p>Mr I Haythornthwaite referenced the staff communication which had been issued the previous week relating to the upcoming Employment Tribunal which is due to begin on 25th November 2024 and that updates will be provided as they are available. It was noted that Mr I Haythornthwaite and the Interim Chief People Officer, Mrs D Herring would be attending the Employment Tribunal each day, noting it is currently scheduled to run until the 20th December 2024.</p> <p>The Board of Directors noted the update provided.</p>	
PB9/ 11/24	<p>a) <u>Board Assurance Framework 2024/25 – Quarter 2 2024/25</u></p> <p>The Director of Governance, Risk & Improvement, Mrs K Wheatcroft, outlined that the Board Assurance Framework (BAF) has been fully reviewed with Executive Leads at Quarter 2 2024/25 and this paper provides a cover paper on the update along with the full BAF. It was noted that 8 of the 10 risks on the BAF remain above risk appetite level. Actions are progressing, but given the strategic nature of these risks it is recognised that it will take time to fully implement and embed the improvements needed, along with ensuring clear evidence of outcomes in terms of mitigating the risks.</p>	

The paper also provided an update on progress against the Trusts 2024/25 strategic objectives.

Mrs K Wheatcroft highlighted that the key areas of action include research and partnership working with the University of Chester, wider leadership partnership working which is being led by the Director of Strategic Partnerships, Mr J Develing, Trust behaviours and civility, and Urgent & Emergency Care action plans.

Non-Executive Director, Mr M Guymmer, acknowledged the continued improvement in reporting, however, highlighted a typographical error with the reference to the risk tolerance level for BAF 8 and it was agreed this would be reviewed and updated following the meeting.

The Trust Chair, Mr I Haythornthwaite, acknowledged the excellent progress with this report and expressed thanks to Mrs K Wheatcroft and the team.

The Board of Directors:

- **Approved** the updates to the Board Assurance Framework at Quarter 2 2024/25
- **Noted** the progress in delivering the 2024/25 strategic objectives.

b) High Risks Report – November 2024

Mrs K Wheatcroft outlined that work is ongoing to further strengthen and embed risk management across the Trust, together with a refreshed Risk Management Policy. The first Risk Management Committee was held in shadow format on 12th November 2024. A Risk Management Improvement Plan, as presented to the Audit Committee on 15th October 2024, is being progressed to agree risk management Datix development priorities and to establish Risk Management Training to be developed and rolled out across the Trust.

Mrs K Wheatcroft confirmed that there are currently 22 risks in total with a residual risk score of 15 and above following review.

Non-Executive Director, Mr P Jones, acknowledged the good progress to date and queried if there is an indicative timescale for the Datix cleanse to be completed. Mrs K Wheatcroft advised that a Datix Reference Group is being arranged to be held by mid-January 2025 and this will include work with the Divisions to determine the priorities and approach to the data cleanse. It is important that the system is further developed to support effective recording and management of risks.

Mrs K Wheatcroft advised there is a Governance & Risk Management session planned with Operational Leads to continue to raise awareness and develop a stronger understanding of governance and risk management requirements. Mersey Internal Audit Agency (MIAA) are also going to support Divisions with regards to their risk maturity.

	<p>Mr P Jones highlighted there are missing timescales for the high risks and Mrs K Wheatcroft explained this will be captured in Datix going forward, and in the interim that timescales will need to be agreed with the Executive Leads.</p> <p>Non-Executive Director, Mr M Guymer, welcomed the direction of travel with this but flagged the inconsistencies with how risks are being scored and assessed, noting some are not comparable currently which are scored with the same residual risk score. Mrs K Wheatcroft advised discussions are ongoing regarding consistency and recognised further work is required to further develop this.</p> <p>The Trust Chair, Mr I Haythornthwaite, queried if the data cleanse will be undertaken prior to reporting to the Board of Directors going forward and Mrs K Wheatcroft confirmed that this was the intention although it may continue to be a manual process in the short term.</p> <p>Non-Executive Director, Mr D Williamson, acknowledged the great progress to date and expressed thanks to Mrs K Wheatcroft and the team for including the mitigating actions within the report. Mr D Williamson suggested it would be beneficial for the report to also track the direction of travel, together with rationale for the increase or decrease of risk scores and Mrs K Wheatcroft confirmed that trend information will be developed for future reports.</p> <p>Mr D Williamson referenced that the RAAC risk score has increased and the Chief Finance Officer, Mrs K Edge, advised that this was discussed in detail at the Finance & Performance Committee. The RAAC Board have suggested the score should be 20. Whilst actions have progressed, the decision was taken to reflect the RAAC Board's advice and increase the score to 20 given that further work is required to manage the risk. Mrs K Edge highlighted that the Trust is under significant scrutiny by partners running the programme. The Trust Chair, Mr I Haythornthwaite, queried which Committee this risk is being monitored by and Non-Executive Director, Mrs P Williams, confirmed this is via Finance & Performance Committee, and is also referenced in the Chair's report provided as part of this agenda. Mrs P Williams explained that the issue has been identified, there is a workplan in place and it is recognised that this residual risk will remain until the end of the work programme.</p> <p>The Board of Directors noted the contents of this report and considered the current risks reported with a residual score of 15 and above.</p>	
<p>PB10/ 11/24</p>	<p><u>Maternity Service Quarterly Update</u> <i>To note, this item was taken after item PB08/11/24.</i></p> <p>The Director of Midwifery, Ms N Macdonald, explained this report was discussed in detail at the Quality & Safety Committee held in November 2024 and provided the following key highlights:</p>	

- The Trust currently has the lowest neonatal avoidable term admission rate across Cheshire & Merseyside and are continuing to work on family integrated care.
- The Trust is fully compliance with the metrics against all of the maternity incentive scheme
- The Trust has recruited a Maternity and Neonatal Voices Partnership (MNVP) Lead –
- The Trust is on track for all staff to be training compliant with MIS Safety Action 8: Can you evidence the following 3 elements of local training plans and ‘in-house’, one day multi professional training?by the end of November 2024 .
- Maternity safety Champions meeting continues ,
- There is 1 Patient Safety Incident Investigation (PSII) in progress with further detail included within the report, noting that the learning identified has been discussed at the Safety Champions meeting and Perinatal assurance and improvement Board within the division.
- The Women’s & Children’s new 5 year Strategy was launched earlier this year which includes a culture and improvement plan.
- The latest GMC survey results show a decline in comparison to the previous survey. Gaps remain within the obstetrics workforce but are mitigated by locum Consultants but there are robust plans in place to improve the trainee experience.
- Work continues with regards to social inclusion and the Trust is working with a local Kids Bank charity.
- 3 new risks have been added to the Risk Register, further detail is provided within the report.
- Following the last Safety Champion Walkabout the team are looking at increasing visibility for this role and Non-Executive Director, Mrs S Corcoran, is drafting an item for inclusion in the next Women & Children’s newsletter.

The Trust Chair, Mr I Haythornthwaite, acknowledged the great progress and expressed thanks to Ms N Macdonald for her leadership in driving this forward.

Non-Executive Director, Mr D Williamson, asked what the top 3 things to improve within the Division were and Ms N Macdonald confirmed that the top priority is in relation to medical workforce and recruiting substantively to positions, noting the Trust are confident this will improve when the new build opens.

Non-Executive Director, Mr M Guymer, referenced the trainee survey results within Appendix 4 and raised concerns that scores have decreased on all categories and requested further information relating to this. The Medical Director, Dr N Scawn, referenced that the GMC paper later on the agenda provides further details and that the Obstetrics and Gynecology service have a comprehensive action plan in place. Mr M Guymer queried what is being

	<p>done to address this ahead of next year's results and also what is the route back via governance structures, including the opportunity for further assurance in the short term. Ms N Macdonald explained that the action plan together with the metrics are presented to the People Committee, noting that this is the GMC obstetric trainee survey and is therefore not reflective of the whole Women & Children's Division.</p> <p>The Interim Chief People Officer, Mrs D Herring, explained that she has met with the team to review the workforce plan, noting the highest spend on agency staff is in this area and that the Division is being proactive in recruiting for next year, recognising that less than 35% trainees are currently full time.</p> <p>Non-Executive Director, Ms S Corcoran, advised that this was discussed in great detail at the Safety Champions Meeting and the themes were already known, noting the impact of the Thirlwall Inquiry to the team, particularly in relation to morale and absence levels. Ms S Corcoran commended the report, and the level of detail provided and noted the Division planning ahead is to aim to see a different position next year.</p> <p>The Trust Chair, Mr I Haythornthwaite, acknowledged the level of detail being reviewed via the sub-committees ahead of the Board of Directors. The Director of Nursing & Quality, Mrs S Pemberton, reiterated Ms S Corcoran's points and expressed thanks to Ms N Macdonald for the quality of the paper and Ms S Corcoran's rigorous chairing of the Safety Champions meeting to help to drive the standards forward.</p> <p>Non-Executive Director, Professor A Hassell, referenced the in-year appointments and the attractiveness of these positions to Junior Doctors and if this fits the increase in medical students. Mrs D Herring confirmed that all Trusts are in a similar position and require improvements in this area. Dr N Scawn referenced a National Medical Directors conference he has recently attended noting that the plan for NHS Health Education England is to recruit into part time roles, rather than WTE, with an aim for this to support Trusts in reducing the gaps.</p> <p>Mr I Haythornthwaite expressed thanks to Ms N Macdonald for this thorough update.</p> <p>The Board of Directors noted the assurance provided within the report.</p>	
PB11/11/24	<p><u>Urgent and Emergency Care Patient Experience Survey Results 2024</u> <i>To note, this item was taken after PB08/11/24.</i></p> <p>The Trust Chair, Mr I Haythornthwaite, welcomed the Associate Director of Nursing – Corporate, Mrs S Edwards and the Head of Nursing – Urgent & Emergency Care, Mrs E Maxwell to the meeting.</p> <p>Mrs S Edwards outlined that this report summarises the findings from the Urgent and Emergency Care Survey 2024 carried out by Picker, on behalf of Countess of Chester Hospital NHS Foundation Trust, with patients surveyed</p>	

PB12/	<p>between February and March 2024. In the Type 1 survey, 55 questions were asked, of these 40 can be positively scored, with 19 of these which can be historically compared. In the Type 3 survey, 52 questions were asked of these 38 can be positively scored, with 16 of these which can be historically compared. Mrs S Edwards advised that the Trust has made an overall improvement across rankings noting that overall, the rest of England is in a similar position against the 11 sections of the survey.</p> <p>Mrs E Maxwell advised that since the survey was undertaken there have been a lot of improvements across Urgent & Emergency Care, noting the significant focus on UEC nationally, and highlighting that positive patient experience should be a golden thread throughout the Trust. Mrs E Maxwell referenced the positive improvements since the last survey but recognised further improvements are required. Mrs E Maxwell confirmed that clear actions are progressing in response to the results, that a 6 step vision has been developed for patient experience and that follow up calls are also undertaken for patients following their discharge.</p> <p>Non-Executive Director, Professor A Hassell, acknowledged that the commitment comes across very strongly and asked about the areas which can realistically be most improved over the next 12 months. Mrs E Maxwell confirmed that many of the operational pressures are improving, and she is confident that the standards of care will also improve following this, referencing the capital funding for the UEC estate which the Trust has received which will also in turn assist with patient flow.</p> <p>The Medical Director, Dr N Scawn, reiterated the progress made to date and highlighted a message from the regional Medical Director that the CQC are planning to inspect 12 UEC's at Trusts. Mr I Haythornthwaite queried if we have any further indication when this will be and Dr N Scawn advised this is likely to be in the new year. Non-Executive Director, Mrs S Corcoran, highlighted if the Trust are inspected that this is an opportunity to focus on brilliant work and quality improvements across the UEC department.</p> <p>The Director of Nursing & Quality, Mrs S Pemberton, referenced the inter hospital transfer scheme and recognised there is a lot of work to do but we have moved positively from a ranking of 55 to 33. Mrs E Maxwell's leadership within UEC was highlighted, noting that the next steps are in relation to the infrastructure, operational flow and to address staffing issues.</p> <p>Non-Executive Director, Mr D Williamson, queried if the team are receiving the support required for the screens to display waiting times and Mrs E Maxwell advised this will be resolved as part of the new capital project.</p> <p>Mr I Haythornthwaite expressed thanks to Mrs S Edwards and Mrs E Maxwell for attending and providing this thorough update.</p> <p>The Board of Directors noted the contents of the report and the survey results.</p>	
	Safety Surveillance Report – Quarter 2 2024/25	

11/24	<p>The Director of Nursing & Quality, Mrs S Pemberton, provided the following key highlights from the report:</p> <ul style="list-style-type: none"> • This report is continuing to be developed to ensure learning is included for all areas throughout this report. • The majority of incidents reported are of no and low harm and on average 79% of incidents relate to a number of categories. • There is a delay with one PSII which is being addressed. • Review of Post Partum Haemorrhage (PPH) is underway. • A robust review is held each Friday to discuss and review significant incidents. Regular meetings are held with the ICB, and a number have been signed off as completed with the ICB praising the Trust for the investigations undertaken. • Complaints figures remain lower with an increased focus on concerns being received. These mainly relating to patients following up appointments and the Divisions are working hard to initiate a process for patients to contact them direct rather than via the PALs team. • It was noted an update would be provided during the private Board of Directors in relation to open corners inquests. <p>The Chief Executive Officer, Ms J Tomkinson, acknowledged the outstanding progress made to date and agreed with the focus being on the learning culture, and ensuring this is embedded across the Trust including the medical workforce. Ms J Tomkinson referenced the ongoing Thirlwall Inquiry noting that learning from incidents is key.</p> <p>Non-Executive Director, Mrs S Corcoran, expressed thanks for the excellent report and also referenced the progress the Trust has made in relation to sharing of learning to prevent incidents from reoccurring.</p> <p>Non-Executive Director, Professor A Hassell, acknowledged the really good report and queried if there are any themes identified of the concerns received from patients following up appointments and issues. Mrs S Pemberton advised that the Head of Patient Experience is undertaking a deep dive of these concerns, and this will be followed up via the Quality & Safety Committee.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> • Noted the contents of the paper. • Noted the assurance that the Trust is continuing to promote a learning culture with evident and measurable actions to improve patient safety. • Noted the improvements in governance and oversight workstreams within the Trust. • Noted the approval of the Quality & Safety Committee of the recommendation that a quarterly Harms Improvement Paper is presented, and a Safety Surveillance Paper is presented at each Quality Governance Group (QGG) meeting (i.e. 6 a year, that will 	
-------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

	<p>replace the quarterly Integrated Incidents Complaints and Concerns paper but increased frequency of reporting).</p> <p><i>To note, Ms J Tomkinson left the meeting. A comfort break was also held from 10.40am – 10.50am.</i></p>	
<p>PB13/ 11/24</p>	<p><u>Care Quality Commission (CQC) Improvement Plan including Well Led</u></p> <p>The Director of Nursing & Quality / Deputy Chief Executive, Mrs S Pemberton, provided an update on progress against the consolidated CQC Improvement Plan, including Well Led. Mrs S Pemberton updated that progress has been noted, with the key areas of progress including:</p> <ul style="list-style-type: none"> • Successful Electronic Patient Record (EPR) upgrade and the focus is now on optimisation. • Development of the clinical strategy has commenced. • Governance Handbook has been reviewed and options are currently being explored. • Coronial governance continues to be strengthened. • Risk management improvements. • Policy recovery programme and process improvements. • Improvements have been made following the 2023 staff survey and there is a strong campaign to support engagement with the 2024 staff survey. • Development session held and further workshops planned with the Council of Governors. • Governance, assurance and report writing awareness raising and development sessions in progress. <p>Mrs S Pemberton acknowledged that some dates had been revised noting they were over-estimated initially but provided re-assurance that the areas are progressing. Mrs S Pemberton referenced the significant amount of work being undertaken in relation to governance, the EPR upgrade and optimisation plans, the commencement of the Clinical Strategy and the policy review programme.</p> <p>Non-Executive Director, Mrs S Corcoran, queried the process for revising dates and Mrs S Pemberton explained that sections are updated by each Executive Lead and reviewed and agreed via the Executive Directors Group.</p> <p>The Director of Governance, Risk & Improvement, Mrs K Wheatcroft, referenced the number of action plans currently in place across the Trust, noting actions will not be marked as completed until there is assurance in place to demonstrate embedding and outcomes within the Trust.</p> <p>Non-Executive Director, Mr M Guymer, referenced KLOE2 the 5 Year Financial Strategy and expressed his frustration in the delays in progress. MR M Guymer also referenced the governance organogram document which remains work in progress and requested for this to be circulated, even if this is for an earlier draft version to be provided. The Chief Finance Officer, Mrs K Edge, outlined that financial governance has been reviewed as a priority and</p>	

	<p>the financial strategy is agreed to be reviewed for Quarter 4, to ensure this aligns to the system and national finances. Mr M Guymer highlighted that it is important for the Unitary Board to be involved in this, and Mrs K Edge outlined this is a timing issue and the work will feed into the next steps. Non-Executive Director, Mrs P Williams, suggested for a discussed at a Board Development session to ensure full engagement of this and this was agreed.</p> <p>Mrs K Wheatcroft agreed to circulate the governance organogram recognising this was work in progress.</p> <p>Non-Executive Director, Mr D Wiliamson, queried what is required to address the link to ICB and LA colleagues and further beds required. The Chief Operating Officer advised that the ICB have commissioned an external professional regarding complex discharge of Cheshire West patients, noting the work required in relation to patient assessment, with the main gap identified as Priority 2 (P2) beds. Ms C Chadwick explained that a meeting has been held with NHS England regionally and the ICB and discussions are ongoing to agree who will write the case regarding funding. Ms C Chadwick confirmed the Trust have escalated this as far as it can and noted that the NCTR split is predominantly Cheshire West and continues to be challenged with the main issue within its own Local Authority boundaries.</p> <p>Mr D Williamson suggested it would be beneficial for Health Inequalities to be discussed further at a future Board Development session and for a roadmap to be provided with specific actions. Mr J Develing explained that he is looking to develop this for health and inequalities, together with metrics to measure against, and this will be part of a wider engagement piece of work with staff.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> • Noted the assurance on the progress of the consolidated CQC Improvement Plan. • Noted that progress against this action plan will continue to be tracked through the Executive Directors Group and reported to the Board of Directors, together with outcomes. 	KW
PB14/ 11/24	<p><u>Bi-annual Safer Nurse Staffing Report – August 2024</u></p> <p>It was noted that this paper is 'for information' unless any Board member requests a discussion.</p> <p>Non-Executive Director, Mr M Guymer, acknowledged the thorough and comprehensive report noting that some areas are identified as having higher establishments than required. Reference was made to wards 42, 48, 49 and Cardiology and it was agreed this would be reviewed outside of the meeting. The Director of Nursing & Quality / Deputy Chief Executive, Mrs S Pemberton, explained that Non-Executive Director, Mrs W Williams, had requested similar information via the People Committee and it was agreed for this to be covered as part of that report further down on the agenda.</p> <p>The Board of Directors noted the contents of the report.</p>	

<p>PB15/ 11/24</p>	<p><u>Quality & Safety Committee Chair's Report - 7th November 2024</u> Non-Executive Director, Professor A Hassell, presented the Chair's report and highlighted the Committee had agreed for the following items to be brought to the attention of the Board of Directors:</p> <ul style="list-style-type: none"> • Reducing Corridor Care – Limited Assurance. Remains an area of challenge. Lots of work continues on improving flow and on ensuring safety of patients placed in the corridor. • Medical Device Management Report – Limited Assurance. Concerns with regards to a consolidated asset register and evidence of action plans. It was agreed that this register would be collated by the newly appointed Medical Device Safety Officer (start date to be confirmed). • Resuscitation Report News 2 compliance My Kit check – Limited Assurance in relation to the NEWS 2 Limited Assurance and Moderate Assurance in relation to the My Kit check. The third time QGG has detailed limited assurance against NEWS2 with training compliance; performance has reached a plateau (81%). Improvement plans due to be presented to the Operational Management Board (OMB) in December 2024. • Committee received the Association for Perioperative Practice Review Briefing Paper. Concerns in a number of areas, including issues with regards to WHO surgical checklist completion. Paper and action plan escalated to Board. • GMC postgraduate trainee survey in Obstetrics. <p>The Trust Chair, Mr I Haythornthwaite, queried the requirements of the Board of Directors in relation to these areas of alert and highlighted that they are not reflective of current risks on the risk register and queried how this data is being triangulated. The Director of Governance, Risk & Improvement, Mrs K Wheatcroft, explained that an email conversation was initiated with Professor A Hassell prior to this meeting to discuss the AAA report, and it would be good practice for Committees to query whether these are reflected on risk registers when risks are being discussed as this would help to ensure the embedding of risk management.</p> <p>The Board of Directors noted the Committee Chair's report.</p>	
<p>PB16/ 11/24</p>	<p><u>General Medical Council (GMC) National Trainee Survey Report 2024</u> The Medical Director, Dr N Scawn, confirmed that this report was also presented to the People Committee held in October 2024 and acknowledged the engagement with trainees and trainers and that the two areas of concern relate to rota issues and the Trust's new Job Planning Policy. It was noted that the improvement plan is due to be presented to the People Committee in December 2024.</p> <p>The Board of Directors noted the contents of the report.</p>	
<p>PB17/</p>	<p><u>System Oversight Framework Report</u></p>	

11/24	<p>The Chief Operating Officer, Ms C Chadwick, provided a summary of the key performance indicators and highlighted the following areas of positive assurance:</p> <ul style="list-style-type: none"> • Hospital Standardised Morality Ratios (HSMR) • Sustained reduction in open complaints • 0 new Never Events • Sustained low level of Hospital Acquired Pressure Ulcers • Sustained low level in the number of open complaints. • Reduction in long waiting elective patients. • Sustained improvements in compliance with DM01 • Sustained reduction in staff turnover <p>Ms C Chadwick explained that the following areas require improvement:</p> <ul style="list-style-type: none"> • Sepsis Treatment • Sepsis Screening • Emergency Medicine Performance • Sickness Absence Compliance • Financial Overspend <p>Ms C Chadwick highlighted:</p> <ul style="list-style-type: none"> • Performance within the Emergency Department (ED) remained average in October 2024, noting a spike of 304 attendances the previous week and there are several days where referrals into medicine are over 100. • Ambulance spikes continue and handover times remain higher which is linked to the number of patients within ED and the increase of Long Length of Stay (LLOS) patients. • The issue with NCTR patients remains at 100+ most days and this reached 123 earlier this month noting this also impacts on patient experience across the Trust. • Work is ongoing with nursing and operational teams to focus on actions for each of the areas of ED and a new Standard Operating Procedure (SOP) is being introduced for LLOS patients, which will also include actions for system partners. • The Trust is working with ECIST as part of a rapid improvement offer and supporting work with North West Ambulance Service 'call before convey'. Options are being explored for a Senior Consultant to be on the front door to provide a streaming service. ECIST are undertaking an audit when patients need admitting and Ms SJ Marsh, the National UEC Lead is due to visit the UEC on 2nd December 2024. • £7.5m of capital monies has been awarded to the Trust which will be used to revamp the discharge lounge, together with an area in the ED department specifically for mental health patients, and a separate area for pediatric mental health patients. • The cancer Faster Diagnosis Standards (FDS) remains an area for action, noting that the concern is with the first part of the urology pathway as compliance is lower and the Trust been asked to submit an improvement plan. 	
-------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

- Radiology and diagnostics is already at 89% and the Trust is one of the highest performing Trusts in Cheshire & Merseyside for utilisation.

The Trust Chair, Mr I Haythornthwaite, queried if there is sufficient time allocated on the agenda for this item and queried if a level of the discussion could be covered at sub-committee level. Ms C Chadwick outlined that the operational and financial performance data is reported via the Finance & Performance Committee but certain data for example the elective and cancer information is reported via the Board of Directors. It was agreed that the timings of the agenda would be reviewed further outside of the meeting. Non-Executive Director, Mrs W Williams, commended the work undertaken in ED and referenced the link to positive patient experience.

The Director of Nursing & Quality/Deputy Chief Executive, Mrs S Pemberton highlighted that areas relating to quality are reported to the Quality & Safety Committee and via other reports on this agenda. Ms S Pemberton highlighted that C Difficile cases and E'coli cases are higher than trajectory, and there is an improvement plan in place to address this, and that other Trusts in the region are also above trajectory.

The Medical Director, Dr N Scawn, advised that a more detailed update in relation to mortality is included on the agenda for the Private Board of Directors meeting and that updates in relation to maternity were provided as part of the quarterly maternity update provided earlier on the agenda.

The Chief Finance Officer, Mrs K Edge, updated that the Trust has received an allocation of cash from the ICB, however, this does not eradicate the planned deficit but does reduce the plan deficit to £9.56m in year. It was noted that the Trust is currently £6.3m off plan with is predominantly due to industrial actions earlier this year, the impact of the recent pay award and the costs of the Thirlwall Inquiry. Mrs K Edge updated that the Trust is in dialogue with the system with regards to delivering against plan and Non-Executive Director, Mrs P Williams, advised that this is highlighted as an item to alert the Board of Directors to, following the last Finance & Performance Committee.

The Interim Chief People Officer, Mrs D Herring, highlighted that sickness absence levels have worsened with a significant number relating to stress and anxiety and the Trust is investing in 2 co-ordinators to help managers with sickness absence. It was noted that turnover is below 10%, however, there are some areas where this is higher, and this variation is being monitored and discussed further via the People Committee. The Trust has surpassed its appraisal target. It was noted there has been an increase in agenda spend, however, there has been a significant reduction overall regarding agency spend in comparison to the previous year.

Mr I Haythornthwaite acknowledged the positive progress in a number of areas and the need for the Trust to continue to celebrate improvements and achievements via positive communications mechanisms.

	<p>Non-Executive Director, Mr D Williamson, referenced the pictorial timeline in relation to the staff survey and suggested this could be used for similar successes and positive stories.</p> <p>The Board of Directors noted the SOF performance and areas for action.</p>	
<p>PB18/ 11/24</p>	<p><u>Winter Planning</u></p> <p>The Chief Operating Officer, Ms C Chadwick, provided the following key highlights:</p> <ul style="list-style-type: none"> • COCH currently have 509 general and acute (G&A) beds available and a further 23 beds for escalation purposes. A proposal has been developed to increase the core G&A bed base by a further 11 beds. • Joint Arthroscopy inpatient activity will not transfer to WUTH Clatterbridge elective hub (as per 22/23 Winter Plan) but will remain in COCH. • The West Cheshire UEC Improvement Plan has a number of schemes to be implemented during Q3 and Q4 aiming to reduce unnecessary admissions, improve in hospital flow and facilitate timelier NCTR discharge. <p>Ms C Chadwick outlined that planning remains a challenge and that capacity plans will be tested in advance of winter with the real focus on not normalising corridor care and where this is necessary that the fundamentals of patient care are provided. Ms C Chadwick explained that the Trust is increasing Hospital@Home capacity, the increase of virtual wards, the Trust is looking to increase the rapid response offer and also reviewing how to use day case areas for creatively.</p> <p>Non-Executive Director, Professor A Hassell, highlighted the reference to Arthroscopy within the report and it was agreed this should be Arthroplasty.</p> <p>The Board of Directors noted the winter plan.</p>	
<p>PB19/ 11/24</p>	<p><u>Core Standards Compliance (including EPRR update)</u></p> <p>It was noted that this paper is 'for information' unless any Board member requests a discussion.</p> <p>Non-Executive Director, Mr M Guymer, referenced section 6 re ICB feedback and requested clarity. The Chief Operating Officer, Ms C Chadwick, explained that last year all Trusts across Cheshire & Merseyside were non-compliant and the ICB reviewed all self-assessments. The feedback was noted, and it was agreed for the table to be updated to ensure this is clear. Ms C Chadwick updated that this year the Trust has self assessed as fully compliant in 48 areas and partial compliant in 14 areas, therefore recognising the improvements.</p> <p>Non-Executive Director, Mrs P Williams, explained that this was discussed at the Finance & Performance Committee and the members queried the value of the ICB review as only a small number of items were reviewed and this would not necessarily be key in delivery overall strategy and linked to policy and narrative changes.</p>	

	<p>Non-Executive Director, Mrs S Corcoran, queried if there are any significant risks identified in relation to EPRR and if so, if they are reflected on the risk register and Ms C Chadwick advised this was raised at the Finance & Performance Committee too and an action agreed to ensure clarity on residual risk.</p> <p>The Board of Directors noted the update provided.</p>	
PB20/ 11/24	<p><u>Finance & Performance Committee Chair's Report – 25th September 2024 and 20th November 2024</u></p> <p>Non-Executive Director, Mrs P Williams, outlined there has been a lot of progress between the meetings held in September 2024 and November 2024 and focussed on the latter. The Committee had agreed for the following items to be brought to the attention of the Board of Directors:</p> <ul style="list-style-type: none"> Financial position at Month 7 and forecast risks and actions (£6.3M off plan YTD) which includes Thirlwall Inquiry, impact from industrial action, pay award pressures and under delivery of CIPs of £4.8m). <p>Mrs P Williams updated that progress has been made and there are workplans in place in relation to the health & safety action plan, EPRR core standards and the emerging risks from the new Women's & Children's Build including RAAC. It was noted that the Board of Directors would continue to be updated with each of these pieces of work.</p> <p>The Trust Chair, Mr I Haythornthwaite, clarified that the concerns in relation to RAAC had been sufficiently covered. Non-Executive Director, Mr D Williamson, highlighted this risk score of 20 and it was agreed this has been discussed earlier with this now in line with the RAAC Board recommendation.</p> <p>The Board of Directors noted the Committee Chair's report.</p>	
PB21/ 11/24	<p><u>Audit Committee Chair's Report – 15th October 2024</u></p> <p>Non-Executive Director, Mr M Guymer, confirmed that the Committee did not feel there were any areas of alert to be brought to the attention of the Board of Directors. Mr My Guymer explained that there had been 1 MIAA report received in relation to legal services which received 'limited assurance' and there is an action plan in place to address this.</p> <p>The Director of Governance, Risk & Improvement, Mrs K Wheatcroft, suggested for an update to be provided in relation to the Trusts External Auditors, KPMG. Mr M Guymer confirmed that the Trust has reviewed and recommended an extension to the contract with KPMG and that this was formally approved via the Council of Governors on 21st November 2024 with the Trust now concluding the process.</p> <p>The Board of Directors noted the Committee Chair's report.</p>	
PB22/ 11/24	<p><u>People & Organisation Development Committee Chair's Report – 8th October 2024</u></p>	

	<p>Non-Executive Director, Mrs W Williams, highlighted the Committee had agreed for appraisal rates to be brought to the attention of the Board of Directors, noting that work is underway to understand why there remain difficulties with regards to completion in some areas and the Committee are keen to ensure there are mechanisms in place to support staff.</p> <p>Non-Executive Director, Mr D Williamson, outlined that the previous paperwork used for appraisals was reviewed and reduced in an effort to support completion rates and the Interim Chief People Officer, Mrs D Herring, advised that following the staff survey results from 2023 a new form was designed and implemented, with input from staff and was launched in April 2024. Mrs D Herring confirmed that this form is being used and there has been positive feedback in relation to this, noting this also incorporates wellbeing and development and the Trust is hopeful that this will be reflected in this year's staff survey results.</p> <p>The Board of Directors noted the Committee Chair's report.</p>	
<p>PB23/ 11/24</p>	<p><u>People Strategy 2021 – 2026 Progress Update</u></p> <p>The Interim Chief People Officer, Mrs D Herring, provided a progress update on delivery of the Trust's 5-year People Strategy which commenced in 2021. The fast pace of change, the Covid 19 pandemic, and the operational and financial pressures on the NHS services means that some areas of the strategy relating to leading and managing the Trust during and post pandemic are not now as relevant. Significant progress is noted against the deliverables set out in 2021, but work on a new 3-year strategy, aligned to the Trust's corporate strategy "Transforming Care Together", will commence in 2025 and this will be aligned to the 4 key areas in the national people plan.</p> <p><i>To note, Ms J Tomkinson returned to the meeting.</i></p> <p>Non-Executive Director, Mr P Jones, acknowledged the clear report and the commendable approach to refresh in 2025, a year ahead of required and expressed his support in relation to this.</p> <p>Non-Executive Director, Mrs W Williams, acknowledged the work undertaken to date led by Mrs D Herring, working with staff, and understanding their requirements which stands the Trust in good stead for the revised strategy in 2025.</p> <p>Non-Executive Director, Mr D Williamson, queried the issue with staff overpayments and if the process improvements should be agreed as an objective for next year. Mrs D Herring advised that this will be managed as part of the migration of the payroll service to Mersey & West Lancashire NHS Trust which will include the tightening of processes and controls.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> • Noted the update received and the assurance provided against the 2021 – 2026 People Strategy priorities. 	

	<ul style="list-style-type: none"> • Noted the further priority actions set out in this paper with work commencing on the new People Strategy in 2025. • Agreed that progress against these priorities will be reported through the People Committee with an annual update to the Trust Board. 	
PB24/11/24	<p><u>a) Workforce Disability Equality Standard (WDES) Action Plan</u></p> <p>The Interim Chief People Officer, Mrs D Herring, outlined that the report lists the ten Workforce Disability Equality Standard (WDES) metrics for 2023/24, which the Trust is required to report on annually under the NHS Standard Contract, noting disability equality is the protection of people from discrimination based on their disability.</p> <p>Mrs D Herring provided an update on the following key areas:</p> <ul style="list-style-type: none"> • The Trust has improved its performance against 6 of the 10 WDES metrics, and against parts of Metric 4 which includes 4a, 4c and 4d. • The actions taken to improve performance. • The actions planned, outlined in section 3, are part of the Trust's overarching Equality, Diversity and Inclusion Strategy 2023- 2026 as aligned to the NHS Improvement Plan 2023 with the aim of further improving the Trust's performance against the 10 statutory WDES indicators. <p>The Trust's performance is also measured against the national average. The result shows that the Trust is:</p> <ul style="list-style-type: none"> • Performing below the 2022/23 national average against 7 metrics out of 10 metrics. • Performing better against the national average against 3 indicators <p>Mrs D Herring acknowledged that there is further work to be progressed in this area and that this report together with an improvement plan will be presented to the People Committee to be held in December 2024.</p> <p>Non-Executive Director, Professor A Hassell, queried the reference to % of Board members with a disability and it was agreed that this wasn't clear and that the People Committee would review this detail further.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> • Noted the report and the actions to improve the Trust's position. • Agreed that updates on progress will be provided though the People Committee. <p><u>b) Workforce Race Equality Standard (WRES) Action Plan</u></p> <p>Mrs D Herring provided an update on the following key updates:</p> <ul style="list-style-type: none"> • The Trust has improved its performance against 6 of the 9 WRES indicators between 2022/23 and 2023/24. These indicators are 1, 2, 3, 4, 6 and 7. The Trust's performance against 3 WRES indicators reduced. These indicators are 5, 8 and 9. • The actions taken to improve performance. 	

	<ul style="list-style-type: none"> • The actions planned to address the gaps in race equality between white staff and staff from ethnic minority groups in the workplace and improve the experience of BME staff. <p>The Trust's performance is also measured against the national average. The result shows that the Trust is:</p> <ul style="list-style-type: none"> • Performing below the national average figure against 6 WRES indicators and • Performing better against the national average across 3 indicators. <p>Mrs D Herring highlighted the increase in number of staff being abused by patients, including racial abuse, and the Trust has launched a zero tolerance campaign to address this via the usage of communications and posters. The Director of Nursing & Quality / Deputy Chief Executive, Mrs S Pemberton, acknowledged the challenge with patients who do not have capacity including dementia and this is being looked into further.</p> <p>Mrs D Herring explained that the Trust is looking to introduce bystander training in areas to ensure staff have the confidence to challenge and to raise concerns when instances occur.</p> <p>Non-Executive Director, Mr D Williamson, queried if this is reflective of the national picture and if the Trust has the right proportion of BAME and disabled staff for the local population. Mrs D Herring explained that a lot of this data is from the national staff survey which have our own results too and this is what is published.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> • Noted the report and the actions to improve the Trust's position. • Agreed that updates on progress will be provided though the People Committee. 	
PB25/ 11/24	<p><u>Estates & Facilities Annual Report 2023/24</u></p> <p>It was noted that this paper is 'for information' unless any Board member requests a discussion.</p> <p>The Board of Directors noted the report.</p>	
PB26/ 11/24	<p><u>Items for noting and receipt</u> 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 – 10th September 2024 b) Approved minutes of the People Committee – 10th August 2024 c) Approved minutes of the Audit Committee – 23rd July 2024 <p>The Board of Directors noted the following item:</p>	

	d) Board of Directors Workplan 2024/25.	
PB27/ 11/24	<u>Any other business</u> There were no further items of business raised.	
PB28/ 11/24	<u>Questions from Governors and members of the Public relating to items on the meeting agenda</u> No questions were raised.	
PB29/ 11/24	<u>Closing remarks</u> The Trust Chair, Mr I Haythornthwaite, acknowledged that this would be the last Board of Director's meeting for the Interim Chief People Officer, Mrs D Herring and the Deputy Director of Governance & Risk, Mrs L Leadsom's, as they are both due to leave the Trust in December 2024. Mr I Haythornthwaite expressed thanks to both individuals for their support to him as the Chair and also the Board of Directors during their time at the Trust and wished them both well for the future. <i>To note, the meeting was closed at 12.00pm.</i>	
	<u>Date & Time of next meeting</u> The next meeting will be held on Tuesday 28 th January 2025 (timings to be confirmed).	

Approved 28th January 2025

**Public meeting of the Board of Directors Agenda
(published items)**

Tuesday 28th January 2025, 8.30 – 13.00
Boardroom, 1829 Building

Chair	Mr I Haythornthwaite, Trust Chair
Apologies	
In attendance	Ms H Ellis, FTSU Guardian, Mr P Bamford, Director of Clinical Research, Ms N Macdonald, Director of Midwifery and Ms D Gould, Qi & Safety Lead, LMNS

Time	Agenda No.	Agenda item	Lead	Page No.	Decision Required
8.30	1.	Welcome, apologies and Chair's opening remarks (verbal)	Trust Chair		For noting
8.33	2.	Declarations of Conflicts of Interest with agenda items (verbal)	Trust Chair		For noting
8.35	3.	Service Showcase (to be presented on the day)			
9.15	4.	Patient/Staff Story (to be presented on the day)			
9.25	5.	Minutes of the previous meeting held on 26 th November 2024 (attached)	Trust Chair		For approval
9.30	6.	To consider any matters arising and action log (attached) Action 41 - Safeguarding and Complex Care Training compliance for medical staff Update (verbal)	Trust Chair Medical Director		For noting
9.35	7.	Chief Executive Officer's Report (attached)	Chief Executive Officer		For noting
9.45	8.	Chairs Update (verbal)	Trust Chair		For noting
9.55	9.	a) Board Assurance Framework – Quarter 3 2024/25 (attached) b) High Risks Report – January 2025 (attached)	Director of Governance Risk & Improvement Director of Governance, Risk & Improvement		For noting For noting
Quality of Care					
10.10	10.	Maternity Survey 2024: Management Report January 2024 (attached)	Director of Midwifery		For assurance
10.20	11.	Maternity Incentive Scheme Year 6 Compliance and Assurance Report (attached)	Director of Midwifery /		For approval & assurance

			Qi & Safety Lead, LMNS		
Comfort Break (10.30 – 10.40)					
10.40	12.	Safety Surveillance and Learning Report – Quarter 3 (attached)	Director of Nursing & Quality / Deputy Chief Executive		For assurance & noting
10.50	13.	Care Quality Commission (CQC) Improvement Plan including Well Led (attached)	Director of Nursing & Quality / Deputy Chief Executive		For assurance
10.55	14.	Clinical Strategy (attached)	Medical Director / Director of Strategic Partnerships		For noting
11.05	15.	Quality & Safety Committee Chair’s Report – 9 th January 2025 (attached)	Non-Executive Director		For assurance
Operational Performance					
11.10	16.	System Oversight Framework – December 2024 (attached separately)			For assurance
		Operational Performance	Chief Operating Officer		
		Quality	Director of Nursing & Quality		
		Safety	Medical Director		
		Finance	Chief Finance Officer		
		People	Acting Chief People Officer		
11.35	17.	Operational Management Board Chair’s Report – 28 th November 2024 (attached)	Chief Executive Officer		For assurance
Finance, Use of Resource and Performance					
11.40	18.	Finance & Performance Committee Chair’s Report – 21 st January 2025 (to follow)	Non-Executive Director		For assurance
Strategic Change					

11.45	19.	Research & Innovation Update (attached) a) Research & Innovation Committee Chair's Report – 17 th January 2025 (attached)	Director of Clinical Research		For noting
Leadership, Improvement Capability, Organisation Development and People					
11.55	20.	People Committee Chair's Report – 10 th December 2024 (attached)	Non-Executive Director		For assurance
12.00	21.*	Annual NHS England Quality Self-Assessment Education Report (attached)	Acting Chief People Officer		For noting
12.05	22.	Council of Governors Report (attached)	Director of Governance, Risk & Improvement		For noting
12.15	23.	Freedom to Speak Up Vision and Strategy 2025-28 (attached)	Chief Operating Officer / FTSU Guardian		For approval
Items for noting					
12.25	24.*	Items for noting and receipt (attached): <u>Sent under separate cover:</u> Minutes of Committee Meetings: a) Approved minutes of the Quality & Safety Committee – 7 th November 2024 (attached) b) Approved minutes of the People Committee – 8 th October 2024 (attached) c) Approved minutes of the Finance & Performance Committee – 25 th September 2024 (attached) d) Approved minutes of the Operational Management Board – 26 th September 2024 (attached) e) Approved minutes from the Research Executive Meeting – 11 th October 2024 (attached) Other items: f) Board of Directors Workplan 2024/25 (attached)	Trust Chair		For noting
Other items					
12.35	25.	Any Other Business (verbal)	Trust Chair		For noting
12.45	26.	Questions from Governors and members of the Public relating to items on the meeting agenda - <i>Questions to be submitted in writing in advance of the meeting to: <u>coch.membershipenquiriescoch@nhs.net</u> by Thursday 23rd January 2025</i>	Trust Chair		For noting

		Future Dates: Tuesday 25 th March 2025 20 th May 2025 29 th July 2025 30 th September 2025 25 th November 2025 27 th January 2026 31 st March 2026			
13.00	27.	Closing remarks (verbal)	Trust Chair		For noting

Next Meeting: Tuesday 25th March 2025

*Papers are 'for information' unless any Board member requests a discussion

Committee Chair's Report

Thursday 9th January 2025 at 2.15pm – 4.15pm, Boardroom 1829 Building

Committee	Quality & Safety Committee
Chair	Prof Andrew Hassell, Non-Executive Director

Key discussion points and matters to be escalated from the discussion at the meeting:

Alert (*matters that the Committee wishes to bring to the Board's attention*)

- Escalation beds and pressures on staffing are impacting sickness absence and morale, with actions being taken to try to reduce redeployment of staff whilst ensuring a continued focus on safe staffing levels.
- E'discharge compliance and actions required to demonstrate improvement.
- Emergency Department (ED) remains a concern, and the ward accreditation process shows a decline, notwithstanding the challenges and pressures faced. UEC patient experience results were triangulated, recognising actions are aligned to the patient experience strategy actions. ED and flow remains a concern, and the focus remains on the improvement actions needed including the visibility and strength of leadership, and the support of Place colleagues.

Assure (*matters in relation to which the Committee received assurance*)

- Update progress against the internal audit actions in respect of consultant job planning, bank and agency, discharge planning, legal services and medical staffing review. To note a number of actions, remain in progress including SARD job planning, discharge policy embedding (incl. Estimated Discharge Dates), and legal services policy.
- Reviewed quality and safety Key Performance Indicator (KPI) performance within the System Oversight Framework (SOF). Key areas of focus were increased numbers of concerns, patient flow and ED performance, sickness absence and staffing moves, improving risk assessment recording and compliance, and pressure ulcers. Assurance sought on actions being taken on Malnutrition Universal Screening Tool (MUST) risk assessments.
- Wide range of assurance provided through the work of Quality Governance Group (QGG), including learning from deaths, Infection Prevention & Control (IPC), harms improvement, safeguarding compliance, mortuary assurance, Acute Kidney Injury (AKI) report, organ donation, Place, safety surveillance, resuscitation report, hydration and nutrition. The only area for escalation being e'discharge compliance and assurance sought on improvement plans.
- Organ donation report provided positive update on the approach and contribution made.
- Quality Impact Assessment (QIA) update on process and approvals. Request to add educational impact assessment back in to QIA process.
- Compliance benchmark with Neonatal critical care service standards at level 1 and level 2.
- Resuscitation annual report providing assurance on compliance with resuscitation training, emergency trolley checks, did not attend (DNA)

cardiopulmonary resuscitation (CPR), and National cardiac arrest audit. Action plan focussed on improving training compliance levels in specific areas and staff groups (e.g. medical), specific areas with low trolley check compliance, and sustaining the improvement in DNA CPR audit outcomes.

- National safety standards for invasive procedures (NATSSIPs) work progressing including harmonisation of World Health Organisation (WHO) checklists and audits.

Advise (*items presented for the Board's information*)

- Received a patient story on feedback of impact of the play therapist on a child's journey with our health services.
- SOF development progressing so we have clarity of targets and KPIs.
- Two significant coroner's inquests including significant learning in December 2024. Whilst Regulation 28 not given there were some areas for concern and action including reference to neglect. The Trust has provided detailed learning statements (one was a joint statement with Cheshire Wirral Partnership NHS Foundation Trust). We have also had a review of mental health to support us in developing a wider action plan.
- The Medical Director raised an issue with the committee regarding potential for missed radiology results, with a paper subsequently circulated but the risk and actions needs to be further understood.

Risks discussed and new risks identified

- Board Assurance Framework (BAF) and high risks presented to the Committee and consideration of triangulation with the committee agenda, and discussion on
- Assurance sought that mandatory training compliance and releasing medical staff is included on the risk register.

Committee Chair's Report

10th December 2024, 1pm – 4.30pm, Boardroom, 1829 Building

Committee	People Committee
Chair	Non-Executive Director, Ms W Williams

Key discussion points and matters to be escalated from the discussion at the meeting:

Alert (<i>matters that the Committee wishes to bring to the Board's attention</i>)
<ul style="list-style-type: none"> • Band 2/3 update on the challenges and union grievance now raised. Work ongoing to review implications, costs and agree next steps. • Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES) action plans received and will be incorporated into a combined Equality, Diversity and Inclusion (EDI) plan. Significant actions needed and requires a clear focus on the impact of actions. • Director of Medical Education Annual Report, recognising areas for improvement aligned with General Medical Council (GMC) survey feedback, University feedback and NHS England Education Quality Self-Assessment. Deanery intervention risk highlighted in relation to training and experience of Emergency Department trainees, and the Committee asked for this to be discussed, and actions agreed as a matter of priority including improvements in rostering processes.
Assure (<i>matters in relation to which the Committee received assurance</i>)
<ul style="list-style-type: none"> • Progress on internal audit action log in relation to consultant job planning, bank and agency, and medical staffing reviews. • Workforce metrics performance and areas where action is being taken to improve the position including overall workforce numbers, sickness absence, mandatory training, overtime and agency use. Committee requested further information on the establishment position. • Appraisal compliance has achieved target and work ongoing to explore gaps, as well as assess effectiveness of appraisal processes and experience.
Advise (<i>items presented for the Board's information</i>)
<ul style="list-style-type: none"> • Nursing establishment and workforce challenges including sickness absence and impact of moving staff to the Emergency Department (ED). Actions being taken to recruit and strengthen ED workforce to reduce the need to move staff. Risks are being managed and mitigated throughout the day. • Agreed a new governance structure to be established beneath the People Committee to strengthen the sub committee structures and assurance. • Importance of the Trust ensuring that the workforce plan, operational plan and finance plan are aligned for 2025/26. • Management training programme being developed.

Risks discussed and new risks identified
<ul style="list-style-type: none">• Received the Board Assurance Framework (BAF) and high risk report including mitigations, and triangulated to the Committee agenda.• Risks to be reviewed in light of discussion regarding medical education (see Alert).

Committee Chair's Report

Tuesday 21st January 2025, 1.00pm – 4.00pm

Boardroom, 1829 Building

Committee	Finance & Performance Committee
Chair	Mrs P Williams, Non-Executive Director

Key discussion points and matters to be escalated from the discussion at the meeting:

Alert (*matters that the Committee wishes to bring to the Board's attention*)

- Financial position, Cost Improvement Plan (CIP) delivery, forecast and underlying cost pressures notwithstanding the mitigations and risks to delivering the planned out turn.
- Urgent Emergency Care (UEC) performance continues to be an area of concern. Internal focus and actions as well as external system engagement continues.

Assure (*matters in relation to which the Committee received assurance*)

- Thirlwall Inquiry spend and forecast continues to be tracked, and confirmation has now been received from NHS England that funding of £6.5M will be provided in year.
- Progress against the actions within the audit tracker.
- Pricewaterhouse Copper (PwC) Action plan progress with a significant number complete and others progressing to business as usual (BAU).
- Operational performance standards including cancer targets, waiting time targets (with a small number of 78 week breaches), and diagnostics (notwithstanding in month reduced performance and specific areas of mutual aid support e.g. audiology balance assessments at Liverpool University Hospitals NHS Foundation Trust (LUHFT)).
- Digital and data strategic programme update on delivery including prioritisation, Electronic Patient Record (EPR) development, clinical applications, Artificial Intelligence, digital project management office (PMO), and cyber risks and actions.
- Senior Information Risk Officer update including current cyber security position, data security and protection toolkit, and update on information governance. Actions ongoing to understand and reduce Freedom of Information (FOI) breaches. Update provided on a reportable data breach to the Information Commissioner's Officer with no follow up actions requested at this stage. Plan for information asset owners and business continuity plans requested for next meeting.
- Alert, Assure and Advice Chair reports from commercial procurement income group; women's and children's building project board; and estates and facilities group; Operations and Performance Executive Led Group (OPELG); Digital Transformation Group; and EPR Programme Board.

Advise (*items presented for the Board's information*)

- Benchmarking remains an area where assurance is required that we have clear plans to progress the effective and systematic use of this information.
- Update on Finance Strategy development in terms of approach, structure and early work which will need alignment to the emerging clinical and other strategies.
- Verbal update on the strong team response to the incident following the flood in the Emergency Department (ED) on 17th January 2025.
- Update on the approach to the development of the Trust's Digital and Data Strategy.

Risks discussed and new risks identified

- Extracts of the high risk register and BAF were reviewed with updates provided.
- Clear that progress is being made against the risk management improvement plan with more work to do.
- A number of operational risks relate to equipment, and along with capital funds prioritisation, this will link to a proposed charitable funds appeal to support replacement of equipment across the Trust.

**Council of Governors
13th February 2025**

Report	Agenda Item 12c.	Strategic Oversight Framework – December 2024					
Purpose of the Report	Decision		Ratification		Assurance	X	Information
Accountable Executive	Cathy Chadwick Sue Pemberton Nigel Scawn Karen Edge Debbie Herring			Chief Operating Officer Director of Nursing/Deputy Chief Executive Medical Director Chief Finance Officer Interim Chief People Officer			
Author(s)	Dan Nash			Director of Performance & Operational Performance			
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	This report covers 5 areas of the BAF and therefore changes in performance in any of the areas can affect risk score on the BAF.		
Strategic goals	Patient and Family Experience People and Culture Purposeful Leadership Adding Value Partnerships Population Health						X X X X X X
CQC Domains	Safe Effective Caring Responsive Well led						X X X X
Previous considerations	Operational elements – Finance and Performance Committee – 21 st January 2025. Board of Directors – 28 th January 2025						
Executive summary	<p>The purpose of this report is to:</p> <ul style="list-style-type: none"> Summarise the key performance indicators. Assure the Board of the monthly oversight of Trust priorities against agreed targets. Highlight areas of high or low performance such as: <p>Areas of positive assurance:</p> <ul style="list-style-type: none"> Hospital Standardised Morality Ratios (HSMR) Sustained reduction in open complaints 0 Never Events 						

	<ul style="list-style-type: none"> • Sustained low level in the number of open complaints. • Sustained improvements in with FDS and 62 Day cancer waiting time standards • Sustained reduction in staff turnover <p>Areas requiring improvement:</p> <ul style="list-style-type: none"> • Hospital Acquired Pressure Ulcers • Emergency Medicine Performance • Sickness Absence Compliance • Financial Overspend • 78 week capacity breaches – All breaches due to the cyber-attack at Wirral University Hospitals.
Recommendations	The Council of Governors is asked to consider and note the contents of the Report.

Corporate Impact Assessment	
Statutory/regulatory requirements	Monitors performance against key targets both quality and performance measures.
Risk	Report relates to 5 areas of the BAF risks
Equality & Diversity	Meets Equality Act 2010 duties & PSED 2 aims and does not directly discriminate against protected characteristics
Communication	Not confidential

COCH Strategic Oversight Framework

[View in Power BI](#) ↗

Last data refresh:
17/01/2025 14:09:10 UTC

Downloaded at:
17/01/2025 14:11:51 UTC

COCH SOF Summary - Quality & Safety Overview

Metric ID	MetricName	Group	Latest Date	Value	Variation	Assurance	Target	LPL	Mean	UPL
M1	HSMR	TOTAL	Sep-24	96.2			100	96.4	99.6	103
M2	SHMI	TOTAL	Aug-24	92.9			100	94.3	97.0	99.7
M3	Registered Staffing %	TOTAL	Dec-24	93.9%			95%	86.8%	93.8%	101%
M4	Unregistered Staffing %	TOTAL	Dec-24	96.1%			95%	96.1%	102%	107%
M5	Incident Reporting	All Incidents	Dec-24	1158			700	983	1,216	1,449
M5	Incident Reporting	Falls Rate Per 1000 Bed Days	Dec-24	5.63			7	3.42	5.97	8.52
M5	Incident Reporting	Falls With Harm Rate Per 1000 Bed Days	Dec-24	0.293			0.3	-0.175	0.171	0.517
M5	Incident Reporting	Hospital Acquired Pressure Ulcers Rate Per 1000 Bed Days	Dec-24	2.81			2.5	0.909	1.91	2.92
M5	Incident Reporting	Medication Incidents	Dec-24	109			110	46.7	105	164
M5	Incident Reporting	Medication Incidents With Harm	Dec-24	1			0	-1.30	1.13	3.55
M5	Incident Reporting	Moderate Harm And Above	Dec-24	72			80	4.42	55.5	107
M5	Incident Reporting	MSA Incidents	Dec-24	0			0	-1.36	0.833	3.03
M5	Incident Reporting	Never Events	Dec-24	0			0	-0.379	0.0833	0.546
M5	Incident Reporting	Present On Admission Pressure Ulcers Rate Per 1000 Bed Days	Dec-24	1.76				1.86	3.67	5.48
M5	Incident Reporting	STeIS Reported Incidents	Dec-24	0			0	-1.71	2.52	6.75
M8	Infection Control	Infection Control - MRSA Cases	Dec-24	0			0	-0.397	0.0870	0.571
M8	Infection Control	Infection Control - Rate of C.Difficile	Dec-24	5			4	0.199	6.79	13.4
M9	Sepsis	Sepsis Screening	Jun-24	79.5%			84%	61.9%	81.6%	101%
M9	Sepsis	Sepsis Treatment	Jun-24	59.3%			84%	-3.76%	49.6%	103%
M10	Complaints	Patient Feedback: Complaints Opened	Dec-24	9				-3.16	8.29	19.7
M10	Complaints	Patient Feedback: Concerns Opened	Dec-24	246				130	228	326
M10	Complaints	Patient Feedback: Open Complaints	Dec-24	19			40	7.66	23.3	38.9
M10	Complaints	Patient Feedback: Open Concerns Snapshot	Dec-24	53				29.6	68.4	107
M27	FFT Positive	FFT A&E Positive Rate	Dec-24	69.7%					71.0%	
M27	FFT Positive	FFT IP Positive Rate	Dec-24	90%					91.9%	
M27	FFT Positive	FFT OP Positive Rate	Dec-24	92.9%					93.5%	
M28	FFT Response	FFT A&E Response Rate	Dec-24	12.4%					13.6%	
M28	FFT Response	FFT IP Response Rate	Dec-24	19.5%					23.9%	
M28	FFT Response	FFT OP Response Rate	Dec-24	9.4%					12.1%	


























COCH SOF Summary - Maternity Overview

Metric ID	MetricName	Latest Date	Value	Variation	Assurance	Target	LPL	Mean	UPL
W1	Number of Women giving birth	Dec-24	142	↔			125	162	200
W2	Number of Live Births (All Babies)	Dec-24	144	↔			125	164	203
W3	Total Number of Women experiencing a Caesarean Section	Dec-24	58	↔			45.6	68.2	90.7
W4	Number of Maternal Deaths	Dec-24	0	↔			0	0	0
W5	Number of Cases of Eclampsia	Dec-24	0	↔			0	0	0
W6	Number of Neonatal Admissions - Term Babies	Dec-24	6	↔			-0.667	5	10.7
W7	Number of Early Neonatal Deaths (< 7 Days Old)	Dec-24	0	↔			-0.379	0.0833	0.546
W8	ITU Admissions	Dec-24	1	↔			-0.672	0.378	1.43
W9	Room 15 emergency theatre use	Dec-24	0	↔			-0.723	0.212	1.15
W10	Number of Babies Born in MLU	Dec-24	7	↔			0.577	7.35	14.1
W11	Total Number of Stillbirths (≥ 24 weeks) (Babies)	Dec-24	1	↔			-1.09	0.417	1.92
W12	Number of 3rd/4th Degree Tears in Vaginal Births	Dec-24	3	↔			-2.87	2.33	7.54
W13	Number of Haemorrhages ≥1500 ml	Dec-24	8	↔			0.0552	6.83	13.6
W14	Obstetric Unit - number of days the service has diverted on in reporting period	Dec-24	0	↔			-0.706	0.261	1.23
W16	Coroner Reg 28 made directly to Trust	Dec-24	0	↔			0	0	0
W17	Term Admission Rate	Dec-24	4.17%	↔			0.205%	3.20%	6.19%
W19	Progress in achievement of CNST (out of 10)	Dec-24	10	↔			8.22	8.83	9.43
W21	Service User Feedback: number of formal complaints	Dec-24	1	↔			-0.802	0.591	1.98
W22	staff feedback from frontline champions and walkabouts (number of themes)	Dec-24	1	↔			-0.361	0.333	1.03
W23	Number of consultant non-attendance to 'must attend' clinical situations	Dec-24	0%	↔			0%	0%	0%
W24	Minimum Safe Staffing in Maternity Services: NN middle grade workforce rota gaps (SHO)	Dec-24	0%	↔			25.9%	37.5%	49.1%
W25	Number of Early Neonatal Deaths (< 7 Days Old) - Term Babies	Dec-24	2	↔			-2.19	1.45	5.09
W26	Number of Late Neonatal Deaths (7 to 28 Days Old) - Term Babies	Dec-24	0	↔			-1.65	1.13	3.90



Proportion of midwives responding with 'Agree or Strongly Agree' on whether they would recommend their trust as a place to work or receive treatment (Reported annually)	46.4%
Proportion of specialty trainees in Obstetrics & Gynaecology responding with 'excellent or good' on how would they would rate the quality of clinical supervision out of hours (Reported annually)	89.7%

COCH SOF Summary - Key Returns Overview

Metric ID	MetricName	Group	Latest Date	Value	Variation	Assurance	Target	LPL	Mean	UPL
M11	ED Performance	ED 4 Hour Wait Standard	Dec-24	55.9%			78%	50.9%	56.9%	62.9%
M11	ED Performance	ED 4 Hour Wait Standard - Type 1	Dec-24	42.8%			78%	44.5%	49.8%	55.1%
M12	RTT - 18 Week Compliance	18 Week Referral To Treatment (RTT) Incomplete Pathways	Dec-24	47.9%			92%	47.5%	49.2%	50.8%
M13	RTT Waitlist Sizes	RTT Incomplete Pathways Waiting Over 104 Weeks	Dec-24	0			0	-1.72	0.708	3.14
M13	RTT Waitlist Sizes	RTT Incomplete Pathways Waiting Over 52 Weeks	Dec-24	2189			0	1,987	2429	2,871
M13	RTT Waitlist Sizes	RTT Incomplete Pathways Waiting Over 65 Weeks	Dec-24	183				244	507	771
M13	RTT Waitlist Sizes	RTT Incomplete Pathways Waiting Over 78 Weeks	Dec-24	22			0	-13.0	14.4	41.9
M13	RTT Waitlist Sizes	Total 18 Week RTT Incomplete Pathways	Dec-24	33879			40000	31,723	33,310	34,897
M14	Diagnostics 6 Week Standard	Diagnostics Test Exceeding 6 Weeks Waiting Time (DM01)	Dec-24	12.8%			1%	11.4%	18.7%	26.0%
M15	Cancer Performance	Cancer Treatments: 28 Day FDS	Nov-24	81.9%			77%	60.8%	70.7%	80.6%
M15	Cancer Performance	Cancer Treatments: 31 Day Standard	Nov-24	91.9%			96%	87.6%	95.3%	103%
M15	Cancer Performance	Cancer Treatments: 62 Day Standard	Nov-24	82.5%			85%	64.2%	75.2%	86.1%
M23	12 Hour DTA Breaches	12 Hour DTA Breaches	Dec-24	647				472	635	797
M24	Ambulance Handover	30-60 minutes	Dec-24	405				267	386	504
M25	Ambulance Handover	60 minutes +	Dec-24	581				59.1	333	606
M26	ED 12 Hours Waits	Patients Waiting 12 Hours +	Dec-24	1404				923	1,273	1,624

Metric ID	MetricName	Group	Latest Date	Value	Variation	Assurance	Target	LPL	Mean	UPL
M16	Sickness Absence	Sickness Absence Rate	Dec-24	6.53%			5%	5.10%	5.75%	6.40%
M17	Mandatory Training	Mandatory Training Compliance	Dec-24	90%			90%	84.3%	86.6%	88.9%
M18	Annual Appraisal	Annual Appraisal Compliance	Dec-24	80.5%			80%	72.7%	77.6%	82.6%
M19	Staff Turnover	Staff Turnover Percentage	Dec-24	9.17%			10%	8.29%	8.96%	9.64%
M20	Cap Rates	Medical & Dental Reduction in Agency Shifts over Cap Rates	Dec-24	95			120	122	192	263
M20	Cap Rates	Nursing & Midwifery Reduction in Agency Shifts over Cap Rates	Dec-24	171			1200	76.3	235	393
M20	Cap Rates	Other Reduction in Agency Shifts over Cap Rates	Dec-24	110				121	343	566
M21	Agency Spend	Medical Agency Spend	Dec-24	138000				108,382	210,913	313,444
M21	Agency Spend	Nursing Agency Spend	Dec-24	59000				90,382	160,682	230,982
M22	Finance - Better Payment Practice	Better Payment Practice Code (number)	Dec-24	95.1%			95%	81.3%	86.9%	92.4%
M22	Finance - Better Payment Practice	Better Payment Practice Code (value)	Dec-24	95.1%			95%	83.2%	88.5%	93.7%

Highlights:

- Work continues to undertake baseline assessments across all wards and departments using the 'Striving for Excellence' ward accreditation framework
- Continued Trust wide focus on deconditioning work to start getting patients safely mobilised
- Continued Trust wide focus on patient flow
- Violence and aggression Steering group reconvened to support staff and drive improvements
- Safer Nursing Care tool data evaluation underway
- SDEC – new ways of working to improve flow

Areas of Concern:

Increasing number of nursing staff absent from work due to stress and anxiety, we anticipate this will change to flu related absence over the winter months. This correlates with the number of staff being redeployed on the day to support operational pressures and short notice gaps, remedial actions have been put into place and this is being closely monitored. New ways of working introduced in January regarding the movement of staff.

Patient Flow and Emergency Department performance and quality indicators

E-Discharge compliance requires improvement

Continued focus on improving the 6-hour compliance of Braden, MUST and falls risk assessments.

New Pressure Ulcers (Cat 2) continue to be a concern- weekly review and actions. Pressure Ulcer present on admission contribute to just under 50% of skin integrity incidents.

Weekly pressure ulcer review group.

Forward Look (with actions):

Renewed focus on Back to Basics/ All Risk assessments

Continued monitoring of staff redeployments and staffing incidents

Strengthened flow program focusing on ward leadership and processes

Strengthening the leadership in the emergency department

MIAA audit of PSIRF commenced in December

Sep-24

96.2

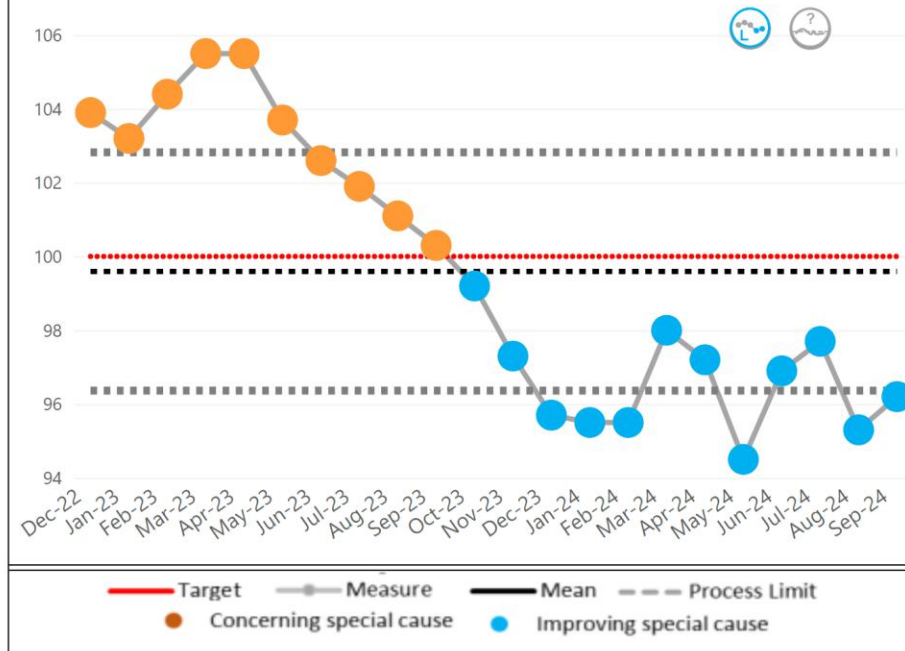
Variance

Special cause variation of an IMPROVING nature where the measure is significantly LOWER.

Target

100

HSMR: TOTAL



Aug-24

92.9

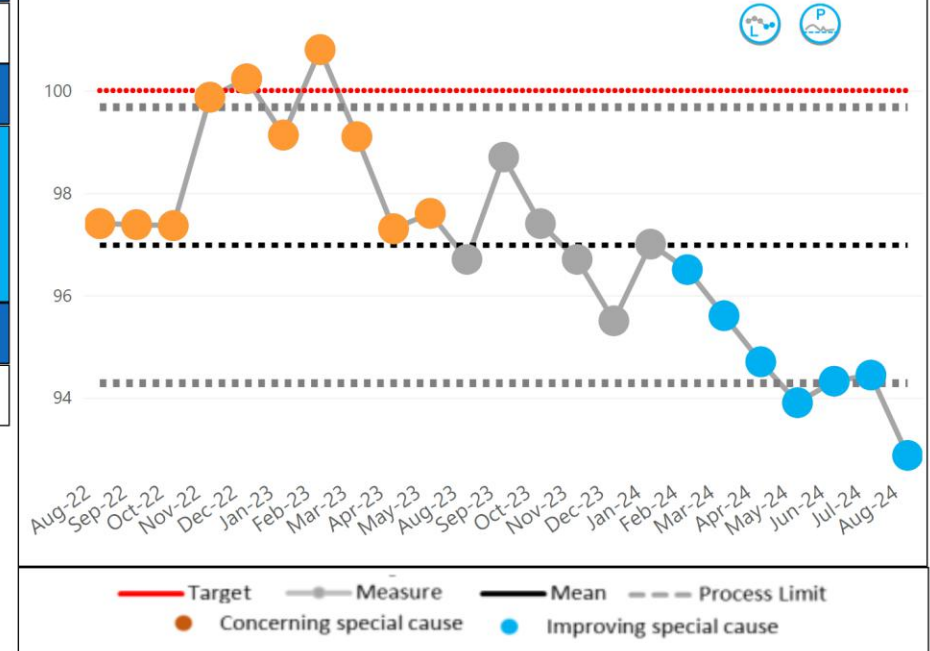
Variance

Special cause variation of an IMPROVING nature where the measure is significantly LOWER.

Target

100

SHMI: TOTAL



HSMR Narrative

The current HSMR (to September 2024) is now 96.2 which is a slight increase from the previous month. From April - 23 onward, we are showing a statistically significant decrease in our HSMR score. As the reporting period now excludes most of the aftermath of the Cerner implementation the mean has dropped, and we now see that the current reporting figure is below the Lower Control Limit, showing an improved performance in this metric.

SHMI Narrative

The current SHMI remains sub 100 which is on par with previous periods and remains within the expected range. The figures are now showing a 7 point below the mean improvement.