

## Meeting of the Council of Governors in Public

Wednesday 23<sup>rd</sup> April 2025, 14.00 – 17.00, Boardroom, 1829 Building

<b>Chair</b>	Mr N Large, Interim Trust Chair
<b>Apologies</b>	Executives: Ms C Chadwick, Chief Operating Officer, Ms V Wilson, Acting Chief People Officer Ms S Pemberton, Director of Nursing Quality/Deputy Chief Executive and Ms K Edge, Chief Finance Officer Governors: Ms C Price and Ms P Edwards, Staff Governors and Dr K Knight and Mr D Foulds, Partnership Governors
<b>In attendance</b>	Ms F Altinas, Deputy Director of Nursing & Quality, Governance, Mr S Brown, Deputy Chief Operating Officer, Ms H Wells, Deputy Director of Finance, Mr P Marston, Deputy Chief People Officer – Human Resources, Ms K Shannon, Practice Development Support Worker (Item 5) and Ms L Shevlin, People Promise Manager (Item 15)

Time	Agenda Number	Agenda item	Lead	Page Number	Decision Required
14.00	1.	Welcome, apologies, and opening remarks (verbal)	Interim Trust Chair		For noting
14.02	2.	Declarations of conflicts of interest with agenda items (verbal)	Interim Trust Chair		For noting
14.05	3.	To approve the minutes of the Council of Governors held on the 13 <sup>th</sup> February 2025 (attached)	Interim Trust Chair	5 - 17	For approval
14.10	4.	To consider any matters arising and action log (attached)	Interim Trust Chair	18 - 19	For noting
14.15	5.	Staff Story (to be presented on the day)	Deputy Director of Nursing & Quality		For noting
14.25	6.	Trust Chair's Briefing (verbal)	Interim Trust Chair		For noting
14.30	7.	Chief Executive Officer's Report (attached)	Chief Executive Officer	20 - 32	For noting
14.35	8.	Lead Governor Update – April 2025 (attached)	Lead Governor	33 - 41	For noting
14.40	9.	Terms of Reference Updates (attached): a) Membership & Engagement Committee Update and Terms of Reference b) Governor Nomination and Remuneration Committee Terms of Reference	Director of Governance, Risk and Improvement	42 - 52	For approval
14.45	10.	To receive Board updates: a) Board of Directors meeting 28 <sup>th</sup> January 2025 (minutes) and Board of Directors	Interim Trust Chair &	53 - 75	For noting and discussion

14.50		<p>meeting 25<sup>th</sup> March 2025 (agenda) (attached)*</p> <p>b) The recent Chair's reports of Board Sub-Committees (attached):</p> <ul style="list-style-type: none"> <li>• Chair's report from the Chair of the Quality &amp; Safety Committee – 6<sup>th</sup> March 2025</li> <li>• Chair's report from the Chair of the People Committee – 11<sup>th</sup> February 2025</li> <li>• Chair's Report Finance &amp; Performance Committee – 7<sup>th</sup> March 2025</li> <li>• Chair's report from the Chair of the Audit Committee – 13<sup>th</sup> February 2025</li> </ul>	<p>Executive Directors</p> <p>Non-Executive Directors</p>	73 - 78	For noting and discussion
15.10		<p>c) Strategic Oversight Framework Report – February 2025 (attached separately)</p> <ul style="list-style-type: none"> <li>• Operational Performance</li> <li>• Quality</li> <li>• Safety</li> <li>• Finance</li> <li>• Human Resources &amp; People</li> </ul>	<p>Deputy Chief Operating Officer</p> <p>Deputy Director of Nursing &amp; Quality, Governance</p> <p>Medical Director</p> <p>Deputy Director of Finance</p> <p>Deputy Chief People Officer – Human Resources</p>		For assurance
15.40	11.	To receive feedback from Governors (verbal)	Governors		For noting

15.50	12.	Council of Governors action plan update (attached)	Director of Governance, Risk and Improvement	79 - 82	For noting
15.55	13.	Feedback from Non-Executive Director/Governor Walkabouts (verbal)	All Governors		For noting
16.00	14.	Trust Quality Priorities 2025/26 (to be presented on the day)	Deputy Director of Nursing & Quality, Governance		For noting
16.10	15.	Staff Survey Outcomes (to be presented on the day)	People Promise Manager		For noting
16.20	16.	Journey to Teaching and University Hospital Status (to be presented on the day)	Director of Strategic Partnerships		For noting
16.30	17.*	For noting: a) Council of Governors Workplan (attached)	Director of Governance, Risk and Improvement	83 - 85	For noting
		b) Council of Governors Photo Sheet (attached)	Interim Trust Chair	86	For noting
16.30	18.	Any Other Business (verbal)	Interim Trust Chair		For noting
16.30		Close of meeting			
<b>PRIVATE</b>					
16.30	19.	To approve the minutes of the Private Council of Governors held on the 20 <sup>th</sup> December 2023, 11 <sup>th</sup> July 2024, 21 <sup>st</sup> November 2024, 13 <sup>th</sup> February 2025 and 19 <sup>th</sup> February 2025 (attached)	Interim Trust Chair	1 - 17	For approval
16.32	20.	CQC UEC Update and Immediate Actions (to be presented on the day)	Deputy Director of Nursing & Quality, Governance		For assurance
16.42	21.	Council of Governors Composition and Staff Elections (attached)	Director of Governance, Risk and Improvement	18 - 23	For noting
16.50	22.	2025 Governor Election Process – Staff & Public (to follow)	Director of Governance, Risk and Improvement		For noting

16.55	23.	Trust Chair Appointment Process (attached)	Director of Governance, Risk and Improvement	24 - 57	For approval
16.58	24.	Private Board Summary Report – 25 <sup>th</sup> March 2025 (attached)	Director of Governance, Risk and Improvement	58 - 61	For noting
17.00		Close of meeting			

\*Papers are 'for information' unless any governor's request a discussion

Next Meeting: Thursday 17<sup>th</sup> July 2025 at 14.00 – 16.00 in the Boardroom, 1829 Building

## Minutes of the Council of Governors (in Public)

Thursday 13<sup>th</sup> February 2025, 2.00pm – 4.50pm, Boardroom – 1829 Building

Members	11/04/24	11/07/24	21/11/24	13/02/25
Trust Chair (Chair), Mr I Haythornthwaite	<input checked="" type="checkbox"/>	<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	N/A
Public Governor, Mr R Howe	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>
Public Governor, Ms L Liang	<input checked="" type="checkbox"/>	<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	N/A
Public Governor, Mr T Wheeler	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/> (via Microsoft Teams) (Part)
Public Governor, Mr T Peach	N/A	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Public Governor, Ms J Chillery	N/A	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (via Microsoft Teams)
Public Governor, Ms L Jha	N/A	N/A	<input checked="" type="checkbox"/>	<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	N/A
Public Governor, Mr B Jones	<input checked="" type="checkbox"/>	<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	N/A
<i>Vacant position</i>	N/A	N/A	N/A	N/A
<i>Vacant position</i>	N/A	N/A	N/A	N/A
<i>Vacant position</i>	N/A	N/A	N/A	N/A
Flintshire				
Public Governor, Mr M McAdams	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A
Public Governor, Mrs R Overington	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>
<i>Vacant position</i>	N/A	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	N/A
Public Governor, Mr D Cassidy	N/A	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Partnership Organisations				
Partnership Governor, Ms J Bellis	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>
Partnership Governor, Ms C Gahan	<input checked="" type="checkbox"/>	<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	N/A
Partnership Governor, Dr K Knight	N/A	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>
Staff Governor				
Staff Governor, Ms P Edwards	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>
Staff Governor, Mr S Higgitt	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>
Staff Governor, Ms D Kambasha	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>
Staff Governor, Mrs C Price	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>
Staff Governor, Mrs M Woodward	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

In attendance	11/04/24	11/07/24	21/11/24	13/02/25
Chief Executive Officer, Ms J Tomkinson OBE	<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"/>
Acting Chief People Officer, Mr M Dale	<input checked="" type="checkbox"/>	N/A	N/A	N/A
Interim Chief People Officer, Mrs D Herring	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A
Acting Chief People Officer, Ms V Wilson	N/A	N/A	N/A	<input checked="" type="checkbox"/>
Deputy Chief Operating Officer, Mr S Brown	N/A	<input checked="" type="checkbox"/> (on behalf of the Chief Operating Officer Ms C Chadwick)	<input checked="" type="checkbox"/> (on behalf of the Chief Operating Officer Ms C Chadwick)	<input checked="" type="checkbox"/> (on behalf of the Chief Operating Officer Ms C Chadwick)
Chief Operating Officer, Ms C Chadwick	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Chief Finance Officer, Ms K Edge	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Deputy Director of Finance, Ms H Wells	N/A	N/A	<input checked="" type="checkbox"/> (on behalf of the Chief Finance Officer, Mrs Karen Edge)	N/A
Medical Director, Dr N Scawn	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Deputy Director of Digital, Mr D Reilly	N/A	<input checked="" type="checkbox"/> (on behalf of Mr J Bradley, Chief Digital Data Officer )	N/A	<input checked="" type="checkbox"/> (on behalf of Mr J Bradley, Chief Digital Data Officer)
Chief Digital Data Officer, Mr J Bradley	<input checked="" 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"/> (via Microsoft Teams)
Non-Executive Director, Ms P Williams	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (Chaired meeting)
Non-Executive Director, Ms W Williams	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (via Microsoft Teams)
Non-Executive Director, Mr A Hassell	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (via Microsoft Teams)
Non-Executive Director, Mr D Williamson	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (via Microsoft Teams)
Non-Executive Director, Ms S Corcoran	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>
Director of Strategic Partnerships, Mr J Develing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (Part)
Director of Governance, Risk & Improvement, Mrs K Wheatcroft	N/A	<input checked="" type="checkbox"/>	<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	N/A
Head of Corporate Governance, Mrs N Cleuvenot	N/A	N/A	N/A	<input checked="" type="checkbox"/>

Director of Midwifery, Ms N Macdonald	N/A	N/A	N/A	<input checked="" type="checkbox"/> (Item 5a.)
Associate Director of Nursing Corporate, Ms S Edwards	N/A	N/A	N/A	<input checked="" type="checkbox"/> (Item 5b.)
Committee Secretary, Mrs C Jones (Minute Taker)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

### Formal Business

Agenda Item Number	Item	Lead
1.	<p><b><u>Welcome, apologies, and opening remarks</u></b></p> <p>Non-Executive Director, Ms P Williams noted the Trust Chair’s apologies noting that she will be Chairing the meeting on his behalf.</p> <p><u>Governor’s apologies:</u> Ms C Gahan, Dr C Stockport and Ms J Bellis – Partnership Governors Dr Tueger and Ms P Edwards – Staff Governor</p> <p><u>Executive Directors apologies:</u> Ms J Tomkinson Chief Executive, MS C Chadwick, Chief Operating Officer and Mr J Bradley, Chief Digital &amp; Data Officer</p> <p><u>Non-Executive Directors apologies:</u> Mr P Jones and Ms S Corcoran – Non-Executive Directors</p> <p>To note Public Governors, Ms J Chillery and Ms S Dunbar, Non-Executive Directors, Ms W Williams. Prof A Hassell, Mr M Guymer and Mr D Williamson joined via Microsoft Teams.</p> <p>Ms P Williams welcomed the Head of Corporate Governance, Ms N Cleuvenot to the Trust and her first Council of Governors meeting. Ms P Williams welcomed the Acting Chief People Officer, Ms V Wilson to her first Council of Governors meeting as Acting Chief People Officer. It was noted that Ms Wilson is held up in the hospital with an urgent matter.</p>	
2.	<p><b><u>Declarations of conflicts of interest with agenda items</u></b></p> <p>Non-Executive Director, Ms P Williams noted her conflicts of interest against agenda item 21. Non-Executive Directors Appraisal Process 2024/25 within the private section of the meeting.</p>	
3.	<p><b><u>To approve the minutes of the Council of Governors held on the 21<sup>st</sup> November 2024</u></b></p> <p>The minutes of the meeting held on the 21<sup>st</sup> November 2024 were <b>approved</b> as a true and accurate record.</p>	

4.	<p><b><u>To consider any matters arising and action log</u></b></p> <p>The Council of Governors <b>noted</b> the action log.</p>	
5.	<p><b><u>a) Maternity Survey 2024: Management Report January 2024</u></b>  (Director of Midwifery, Ms N Macdonald in attendance)</p> <p>The Director of Midwifery, Ms N Macdonald highlighted the following from the Maternity Survey 2024: Management Report January 2024:</p> <ul style="list-style-type: none"> <li>• The survey is a good news story for 2024.</li> <li>• The Trust is detailed at twenty out of fifty six organisations, a great improvement from thirty eight in 2022 and twenty six in 2023.</li> <li>• Ninety five percent of respondents felt treated with respect and dignity during labour and birth.</li> <li>• Ninety six percent had confidence and trust in staff during labour and birth.</li> <li>• Ninety two percent felt involved in decisions about their care.</li> <li>• There was a forty six percent response rate.</li> <li>• An ask coming out of the survey is for partners to be able to stay longer, which will be resolved in the new Women &amp; Children’s (W&amp;Cs) which can facilitate partners staying twenty four/seven.</li> </ul> <p>Public Governor, Mrs R Overington noted the improvements. Ms N Macdonald agreed that the improvements were great to see.</p> <p>The Council of Governors <b>noted</b> the ongoing work to progress the action plan, which will continue to be monitored by the Patient Experience Oversight Group (PEOG).</p> <p><b><u>b) Urgent and Emergency Care Patient Experience Survey Results - 2024</u></b>  (Associate Director of Nursing Corporate, Ms S Edwards in attendance)</p> <p>The Associate Director of Nursing Corporate, Ms S Edwards highlighted the following from the Urgent and Emergency Care Patient Experience Survey Results – 2024:</p> <ul style="list-style-type: none"> <li>• This is an annual survey completed by the Picker Institute which is split by the Emergency Department (ED) and the Urgent Treat Centre (UTC).</li> <li>• The Trust demonstrated its most improved score.</li> <li>• The score regarding patients wait time has dropped and action is underway to improve moving forward.</li> <li>• Picker have ranked the Trust thirty three out of fifty five organisations, and improvement on the Trust being ranked fifty five in 2022.</li> <li>• The survey is split into eleven sections, noting a slight deterioration for the UTC following its location move. Improvements are being seen via the Friends and Family Test (FFT) against this deterioration.</li> <li>• It was noted that the ED has a six step patient vision.</li> </ul>	

	<ul style="list-style-type: none"> <li>Monitoring moving forward with be via the FFT which is continuously completed via postcard and voicemail.</li> <li>From January 2025 the FFT results are in a more positive position and benchmarking is taking place nationally for UTC and ED. The Trust has detailed seventy percent of patients having a positive experience in ED and eighty percent having positive experience in UTC.</li> </ul> <p>Public Governor, Ms L Liang informed the Council of Governors that she has received positive feedback in the community for experiences in ED and the staff spoken off highly. Ms S Edwards updated the Council of Governors on the work taking place within ED in relation to nutrition, hydration and the food offer within the department.</p> <p>The Council of Governors <b>noted</b> the contents of the report and the survey results.</p>	
6.	<p><b><u>Patient Story</u></b></p> <p>The Director of Nursing &amp; Quality/Deputy Chief Executive, Ms S Pemberton introduced the patient story which was a video previously shared at the Quality and Safety Committee and the Board of Directors. The video told the story of a patient and her twin sister who were born prematurely and their story of the medical interventions they have received since a young age and the Play Assistant supporting them to overcome any fears or anxieties with interventions undertaken.</p> <p>Ms S Pemberton added how the story highlighted how crucial the role of the Play Assistant is and how it also highlights the Trust’s values.</p> <p>The Council of Governors <b>noted</b> the Patient Story.</p>	
7.	<p><b><u>Trust Chair’s Briefing</u></b></p> <p>Non-Executive Director, Ms P Williams noted that the Trust Chair, Mr I Haythornthwaite will share any particular updates with them separately via e-mail.</p>	
8.	<p><b><u>Chief Executive Officer’s (CEO) Report</u></b></p> <p>The Director of Nursing &amp; Quality/Deputy Chief Executive, Ms S Pemberton highlighted the following from the CEO Report on the Chief Executive Officer’s behalf:</p> <ul style="list-style-type: none"> <li>NHS England’s (NHSE) plan to reform Elective Care – the percentage of patients waiting less than eighteen weeks for elective treatment being at sixty five percent nationally.</li> <li>Cheshire and Merseyside Acute and Specialist Team (CMAST) met on the 6<sup>th</sup> December 2024, with Chair’s and Chief Executive’s joining the meeting.</li> <li>The Trust has received formal confirmation from NHSE that enforcements undertaken on the Trust have been lifted with continued Oversight meetings. This is good news for the Trust.</li> </ul>	

	<ul style="list-style-type: none"> <li>• The Council of Governors have heard the Maternity and ED/UTC survey results, noting the significant improvement.</li> <li>• The Trust has received a forty five percent response rate in relation to the National Staff Survey and an update will be shared at the next meeting. <b>Action:</b> It was agreed for the National Staff Survey Results to be shared at the April 2025 Council of Governors meeting.</li> <li>• Employee and Team of the month awards have been welcomed by staff and the staff who have received the awards have been overwhelmed.</li> <li>• The new W&amp;Cs building is on track and the Executive team have been round the building noting how impressive it is.</li> <li>• The Trust unveiled the Clinical Research Unit (CRU) and Mobile Research Bus in December 2024. There are only four buses in the North West.</li> <li>• Good clinical developments were noted for the Trauma Unit Accreditation, Trans-nasal Endoscopy Service and the Heart failure virtual ward.</li> <li>• Members of Parliament (MPs) have recently visited the Trust and been around the new W&amp;Cs building.</li> <li>• The Thirlwall Inquiry closing statement will take place in March 2025 with the report to follow later this year.</li> <li>• Ms V Willson has now joined the Executive team as Acting Chief People Officer and Ms S Pemberton has taken on the role of Children’s Champion for the Trust.</li> </ul> <p>Public Governor, Ms R Overington queried if the Welsh MPs are invited to visit the Trust. <b>Action:</b> It was agreed that the Director of Governance, Risk &amp; Improvement Ms K Wheatcroft will review Welsh MP engagement with the Chief Executive Officer, Ms J Tomkinson.</p> <p>Public Governor, Ms L Liang queried where the Trust is positioned on a scale from zero to ten on its journey to becoming an outstanding Trust. Ms S Pemberton noted the difficult question suggesting the Trust is at a five on its journey to a ten. Ms L Liang continued querying what the top three challenges are for the Trust. Ms S Pemberton responded the financial position, the culture position and patient flow.</p> <p>Non-Executive Director, Ms P Williams noted a lot of recent improvements at Senior level and the need for time to embed changes permanently.</p> <p>The Council of Governors <b>noted</b> the contents of this report.</p>	<p>VW</p> <p>KW</p>
9.	<p><b><u>Lead Governor Update – February 2025</u></b></p> <p>The Lead Governor, Mr J Jones highlighted the following from the Lead Governor Update – February 2025:</p>	

	<ul style="list-style-type: none"> <li>• The Non-Executive Director (NED) and Governor walkabouts taken place.</li> <li>• The Cheshire &amp; Merseyside (C&amp;M) Lead Governros met on an informal basis regarding engagement with the suggestion of a further meeting to be scheduled in September 2025. The Integrated Care Board (ICB) Chair committed to funding the September 2025 meeting which will be open to all Governors with costs of only travel to the Trust and all other costs to be covered by the ICB.</li> </ul> <p>Non-Executive Director, Mr M Guymmer raised a typing error at bullet point three of Mr Jones’s report ‘Morality’ should read ‘Mortality’.</p> <p>The Council of Governors <b>noted</b> the contents of the report.</p>	
10.	<p><b><u>Anchor Institution Update</u></b></p> <p>The Medical Director, Dr N Scawn noted that the Director of Strategic Partnerships, Mr J Develing covered the Anchor Institution Update within item 18. The 10 Year Health Plan. Public Governor, Ms L Jha queried how this fits in with the 10 year plan. Dr Scawn responded that the Trust is the biggest local employer, purchaser of goods and educator and the Trust sees itself as the anchor for the Chester community and this fits for how the Trust uses that position moving forward to support the local community.</p> <p>The Council of Governors <b>noted</b> the progress and the establishment of the Anchor Institution Group.</p>	
11.	<p><b><u>Update on the Clinical Strategy</u></b></p> <p>The Medical Director, Dr N Scawn informed the Council of Governors that the original Strategy was published in 2019 and that himself and the Director of Strategic Partnerships, Mr J Develing are pulling together a new Clinical Strategy. All specialities are being consulted for where they see themselves in next 5 years, the health population changes are to be included with the purpose to meet the needs of the population. There have been two ‘away days’ with the Clinical Leads and Senior Management and it is planned to share the Strategy with the Board of Directors by the end of the financial year.</p> <p>Public Governor, Ms L Liang raised the key areas of the strategy querying if clinical prevention is to be included. Dr N Scawn confirmed that this sits within the governance plans. (Public Governor, Ms S Dunbar left the meeting)</p> <p>The Council of Governors <b>noted</b> the progress to date.</p>	
12.	<p><b><u>To receive questions on:</u></b></p> <p>a) <b><u>Board of Directors meeting 26<sup>th</sup> November 2024 (minutes) and Board of Directors meeting 28<sup>th</sup> January 2025 (agenda)</u></b></p>	

The Council of Governors **noted** the Board of Directors meeting 26<sup>th</sup> November 2024 (minutes) and Board of Directors meeting 28<sup>th</sup> January 2025 (agenda).

**b) The recent Chair's reports of Board Sub-Committees:**

**Chair's report from the Chair of the Quality & Safety Committee – 9<sup>th</sup> January 2025**

Non-Executive Director, Prof A Hassell raised that the first and second alert are linked to the same issues triangulating with the Chair's reports from the other Committees regarding staff absence due to stress and anxiety. Ongoing work with regards to ED and the patient experience was discussed at the Committee and there is an action plan in place for further leadership support. The second alert, e-discharge compliance is a key target, and it was discussed that the Trust is communicating with primary care and reviewing the reliance on Student Doctors. Assurance was noted from the Organ Donation report received reflecting staff efforts. Public Governor, Ms L Liang noted the good work undertaken by the previous Deputy Lead Governor Ms C Stein within Organ Donation.

**Chair's report from the Chair of the People Committee – 10<sup>th</sup> December 2024**

Non-Executive Director, Ms W Williams updated the Council of Governors that a subsequent Committee had taken place on the 11<sup>th</sup> February 2025 which Non-Executive Director, Mrs P Williams had Chaired. The alerts raised at the December Committee related to the Band 2/3 challenges and some Band 2 members of staff working at a Band 3 level to which Unison have now issued a grievance, work is ongoing regarding the implications and costs. Ms P Williams noted that this was discussed at the February Committee confirming that any cost implications will be within 2025/26. Ms W Williams confirmed that the Board of Directors is strongly motivated to improve Equality, Diversity & Inclusion (ED&I) and action plans are in development to ensure an inclusive workforce. Ms W Williams assured the Governors that the Committee is actively working to create a better environment for medical colleagues and is liaising with Chester University to support training accommodation as a priority. Ms P Williams added that at the February Committee an action plan was received to support the improvement of the General Medical Council (GMC) survey results moving forward. Ms L Liang noted that it was raised at People Committee how the Trust treats students and the suggestion of not calling them 'the student' and calling them by their first name can support and is a change in culture. Ms P Williams noted that the simple of changes can make big differences.

**Chair's Report Finance & Performance Committee – 21<sup>st</sup> January 2025**

Non-Executive Director, Ms P Williams noted that the two alerts are not new alerts but continue to be challenging areas for the Trust. Work continues to improve the financial position, but this remains a challenge and was alerted to the Board of Directors for continued focus. The Urgent Emergency Care (UEC) performance is challenged with a significant amount of internal focus and external support for action and intervention and was also raised to the Board of Directors for focus.

The Council of Governors **noted** the Chair reports from the Quality & Safety Committee – 10<sup>th</sup> September 2024 and the People & Organisation Development Committee – 13<sup>th</sup> August 2024

**c) Strategic Oversight Framework Report – December 2024**

A presentation update was shared with the Council of Governors during this item.

The Deputy Chief Operating Officer, Mr S Brown highlighted the following to the Council of Governors:

- ED performance was a struggle in December 2024 with the performance at the beginning of January 2025 showing improvement.
- There is currently a focus on the length of stay of patients within ED with a Standard Operating Procedure (SOP) now in place for the number of patients in ED over seventy two hours.
- The Trust continues to increase the utilisation of the Same Day Emergency Care Unit (SDEC).
- Significant improvements have been made towards ambulance turnaround over the last few weeks, this will continue with continued working with external partners and the number of non-criteria to reside patients.
- A system reset took place in early January 2025.
- The Trust was able to meet the Referral to Treatment (RTT) target in January 2025.
- The focus for December 2024 and January 2025 has been to reduce waiting times overall to see significant improvement.

The Director of Nursing & Quality/Deputy Chief Executive, Ms S Pemberton highlighted the following to the Council of Governors:

- The top five themes from incidents being, Skin integrity, Slips, trips and falls, Medication, Staffing and Pathology.
- The number of Falls and Pressure Ulcer incidents were noted. Feedback is shared with care homes to support improvements towards pressure ulcers.
- A full audit is taking place on the Trusts mattresses.
- Patient Safety Incident Investigation (PSII) update received with the Meical Director, Dr Scawn detailing an historic cable filter incident from 2012, where the filter was inserted in the wrong place to the Council of Governors.
- The Trust has the overall largest reduction within Complaints and Concerns with hard work to improve the service showing. Themes from concerns were shared such as patient frustration with cancellations.
- Looking forward to 2025/26, there will be focus on continuous improvement, patient and family centred care and the Quality and Safety Strategy.
- Dr N Scawn updated that Mortality is in a comfortable positive position.

Public Governor, Ms L Jha noted the amazing improvement.

	<p>The Chief Finance Officer, Ms K Edge highlighted the following to the Council of Governors:</p> <ul style="list-style-type: none"> <li>• At the end of December 2025, Month 9, the Trust delivered a £16.3 million deficit, against a planned deficit of £8.6m .</li> <li>• The Trust has received confirmation that the Thirlwall Inquiry costs will be nationally funded with funded confirmed for 2025/26 also.</li> <li>• Organisations are funded for the pay award variance to pay however, the algorithm to calculate this has left the Trust £3m short, non-recurrent support has been received leaving a £1.8m gap for 2024/25 which will impact into 2025/26.</li> <li>• There has been slippage within the Cost Improvement Programme (CIP) with the Trust managing to mitigate some of the gap but is £5.7m behind plan at month 9. The remaining gap will be taken into 2025/26. There has been an improved focus towards recurrent CIP.</li> <li>• The W&amp;Cs building is a slightly behind plan with spend reprofiling agreed with the national team.</li> <li>• Cash continues to be a worry, the Thirlwall Inquiry funding will elevate some pressure.</li> <li>• Procurement are continuing to work to pay our suppliers in a timely manner given constraints which is a positive for the management.</li> <li>• The forecast to the end of March 2025 is that the Trust will meet its target with the exception of the pay award. The C&amp;M position continues to be challenged.</li> <li>• The financial planning for 2025/26 has commenced.</li> </ul> <p>Public Governor, Ms L Liang requested an example of an action that had improved the financial position in the last quarters. Ms K Edge responded that progress has been made by reducing variable pay and spend on agency and overtime. The new e-roster system will support reduction of costs in medical pay moving forward along with the job planning work taking place.</p> <p>Lead Governor, Mr J Jones queried whether there will be support from the ICB moving into 2025/26 from the year end position. Ms K Edge confirmed that there is no more support, and the deficit will roll forward.</p> <p>Non-Executive Director, Ms P Williams suggested that any queries with regards to People be e-mailed to the Acting Chief People Officer, Ms V Wilson separately. Ms K Edge updated the Council of Governors that improvements are being seen with the main area of concern being staff sickness and working in ongoing to improve this. Ms P Williams added that the People Committee has a deep dive into staff sickness scheduled.</p> <p>The Council of Governors <b>noted</b> the performance information provided within this report.</p>	
13.	<b><u>To receive feedback from Governors</u></b>	

	Feedback was shared as part item 16. Feedback from Non-Executive Director /Governor Walkabouts.	
14.	<p><b><u>a) Council of Governors Workshop 12<sup>th</sup> December 2024 feedback and b) Council of Governors action plan update</u></b> (Item taken after item 18. The 10 Year Health Plan)</p> <p>The Director of Governance, Risk &amp; Improvement, Ms K Wheatcroft confirmed that the action plan update keeps a check on previous actions agreed noting that another action to review is the pipe line in which Governors receive news/communications. Ms K Wheatcroft welcomed Governors views on the update.</p> <p>Public Governor, Ms L Jha asked if communications received can be more Council of Governors specific. <b>Action:</b> It was agreed for Ms K Wheatcroft to check the title of the communications to be shared with Governors moving forward, suggesting this is Governor Communications.</p> <p>The Council of Governors <b>noted</b> the progress against the Council of Governors action plan.</p>	<b>KW</b>
15.	<p><b><u>Governor Committee Involvement</u></b></p> <p>The Director of Governance, Risk &amp; Improvement informed the Council of Governors that the Trust Chair, Mr I Haythornthwaite and the Lead Governor, Mr J Jones have discussed the involvement previously. Mr J Jones confirmed that the principles discussed are right within the paper shared. Ms K Wheatcroft continued that the paper is about getting the best from Governor time as it is volunteered time and so that it is beneficial. It was noted that Governors will have an observational role on Committees moving forward on a rotational basis. Ms K Wheatcroft added that this will be good to discuss further at the March 2025 Council of Governors workshop.</p> <p>Public Governor, Ms L Liang responded that it will be good experience for Governors to sit on the different Committees, for insight and is good orientation. Ms K Wheatcroft reiterated the need to balance peoples time and how it will be great over a Governors tenure to observe all Committees with thoughts to develop a Governor handbook in the future.</p> <p>The Council of Governors <b>approved</b> the proposal for Governor involvement in Committees and <b>considered</b> the opportunities and support to the involvement going forward.</p>	
16.	<p><b><u>Feedback from Non-Executive Director /Governor Walkabouts</u></b></p> <p>Lead Governor, Mr J Jones informed the Council of Governors that himself and Non-Executive Director, Ms W Williams have recently undertaken three walkabouts one being W&amp;Cs with the Director of Midwifery, Ms N Macdonald which was very informative, and a patient shared an excellent patient story.</p>	

	<p>The other visits were to Ward 42 and Ward 43 where a number of issues were raised and written feedback from these visits is shared via the Quality Safet Committee and the Patient Experience Operational Group.</p> <p>Public Governor, Ms L Liang noted that from a previous walkabout of SDEC concerns were raised by patients regarding the lack of outdoor seating. She noticed that seating is now available which shows good triangulation of feedback from patients and the visits.</p>	
17.	<p><b><u>For noting:</u></b></p> <p>The Council of Governors <b>noted</b> the:</p> <ul style="list-style-type: none"> <li>a) Council of Governors Workplan</li> <li>b) <u>Council of Governors Photo Sheet Link Foundation Trust Council of Governors   Countess of Chester Hospital</u></li> </ul>	
18.	<p><b><u>The 10 Year Health Plan</u></b> (Item taken after item 5. a) and b)</p> <p>Director of Strategic Partnerships, Mr J Develing presented the ten year Health Plan to the Council of Governors for their feedback. He informed governors that the national presentation has been reduced to the highlights for the purpose of facilitating a conversation.</p> <p>Public Governor, Ms R Overington raised possible challenges, such as staffing in the Community. Lead Governor, Mr Jones queried whether Primary Care are invested in the plan and if so, how. Mr J Develing responded that the engagement of Primary Care is not known, confirming the want to engage with the ICB. Ms R Overington raised the Electronic Patient Records (EPR) systems linking together. The Deputy Director of Digital, Mr D Reilly confirmed that there are elements of duplication confirming that the main EPR system is Cerner and is the primary source of information with work continuing to link where possible with Primary Care. Ms R Overington queried whether this will include Welsh patients. Mr D Reilly confirmed that Wales is an aspiration as it will take longer to line up.</p> <p>Public Governor, Ms J Chillery stated that she is looking after an elderly relative at home, where the relative wants to remain, noting that it would be good to work to further support patient care at home and making care at home more acceptable moving forward. Mr J Develing agreed that hospital care is the normalised care route, but it is not necessary the way some patients want to go.</p> <p>Artificial Intelligence (AI) was discussed. Ms R Overington queried whether there will still be a person checking AI information. Public Governor, Ms L Liang agreed that AI is the future remaining quality and safety and risk management is in place. The Medical Director, Dr N Scawn informed the Council of Governors that AI has been introduced within Dermatology and whilst it is early days, it is proving to be more reliable than the human view.</p>	

	<p>Preventative activities were discussed. Public Governor, Ms L Jha raised that people have responsibility for their own health, with further education required. Mr J Jones queried where public health are up to in pulling this strategy together. Mr J Develing agreed with peoples own responsibilities towards their own health and noted that local authority is to be consulted on the strategy.</p> <p>Ms L Jha raised the Anchor Institution and whether the number of obese patients are included. Mr J Develing noted that the term 'Anchor Institution' came from American and is term associated with net zero for health, prevention pledge and social value. Using himself as an example Mr J Develing noted that he is over sixty five and what he can be doing towards his life choices to improve his health in the future. Mr J Develing thanked the Governors for the feedback received.</p> <p>Mr J Devling left the meeting</p>	
19.	<p><b><u>Any Other Business</u></b></p> <p>Non-Executive Director, Ms P Williams informed the Council of Governors that Dr Chris Stockport is stepping down as Partnership Governor from the 14<sup>th</sup> February 2025.</p> <p>Ms P Williams asked the Governors to get back to the Committee Secretary, Mrs C Jones if they are interested in joining the W&amp;C building walkabout scheduled to take place on the 5<sup>th</sup> March 2025, there are currently six places still available.</p>	

Next Meeting: Wednesday 23<sup>rd</sup> April 2025, 2.00pm – 4.00pm, Boardroom, 1829 Building

**Council of Governors Action Log**  
2025/26 updated April 2025

Action Number	Meeting Date	Allocated to	Agenda Item Number	Issue/Action Raised	Action Details	Action Update/Outcome	Due Date	Status
13.	21 <sup>st</sup> 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.	<b>Update 10<sup>th</sup> January 2025</b> – included on the February 2025 Council of Governors agenda. <b>Update 13<sup>th</sup> February 2025</b> – Results/updates received at the February 2025 Council of Governors meeting.	Feb-25	<b>Closed</b>
15.	13 <sup>th</sup> Feb 2025	Acting Chief People Officer	8.	Chief Executive Officer's (CEO) Report	It was agreed for the National Staff Survey Results to be shared at the April 2025 Council of Governors meeting.	<b>Update 19<sup>th</sup> March 2025</b> – National Staff Survey Outcome included on the April 2025 Council of Governors agenda.	Apr-25	<b>Open</b>
16.	13 <sup>th</sup> Feb 2025	Director of Governance, Risk & Improvement	8.	Chief Executive Officer's (CEO) Report	It was agreed that the Director of Governance, Risk & Improvement Ms K Wheatcroft will review Welsh MP engagement for the Trust with the Chief Executive Officer, Ms J Tomkinson.		Apr-25	<b>Open</b>
17.	13 <sup>th</sup> Feb 2025	Director of Governance,	14.	Council of Governors action plan update	It was agreed for Ms K Wheatcroft to check the title of the		Apr-25	<b>Open</b>

Action Number	Meeting Date	Allocated to	Agenda Item Number	Issue/Action Raised	Action Details	Action Update/Outcome	Due Date	Status
		Risk & Improvement			communications to be shared with Governors moving forward, suggesting this is Governor Communications.			

**Council of Governors**  
**23<sup>rd</sup> April 2025**

Report	Agenda Item		Chief Executive Officer's Report			
	7.					
Purpose of the Report	Decision		Ratification		Assurance	Information <b>X</b>
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		<b>X</b> <b>X</b> <b>X</b> <b>X</b> <b>X</b> <b>X</b> <b>X</b> <b>X</b> <b>X</b> <b>X</b>	Relevant across all BAF areas.		
Strategic goals	Patient and Family Experience People and Culture Purposeful Leadership Adding Value Partnerships Population Health					<b>X</b>
CQC Domains	Safe Effective Caring Responsive Well led					<b>X</b>
Previous considerations	Board of Directors – 25 <sup>th</sup> March 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 (April 2025)

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

### 1. National Updates

The closer relation between NHSE and the Department of Health continue to develop with changes in NHSE leadership and an expectation of further reform.

This was reinforced on the 13th of March when the government announced that they will legislate to abolish NHS England and make it “fully integrated” into the Department of Health and Social Care. This announcement was proceeded in the same week with Integrated Care Boards being told to reduce running costs by 50%, and a call for Trusts to create wholly owned subsidiaries to support service and reduce corporate departments.

The NHS Ten-Year Plan consultation period has now concluded, and the final report expected in Spring. The Trust contributed and included comments from our Council of Governors workshop held in February 2025.

### 2. Regional Updates

The Trust Board is asked to note that Cathy Elliott has been appointed as the next Chief Executive of Cheshire and Merseyside Integrated Care Board.

### 3. CMAST Leadership Board meeting

Key highlights to note from the March 2025 meeting of the CMAST Leadership Board include:

- Progress on an options appraisal for the configuration of catheter laboratories.
- Medicine Optimisation program. This at scale program is delivering significantly more savings than the forecast. Utilising a rapid discussion making, web-based platform the program is now focussing on high-cost drugs that are ICB commissioned with an initial focus on Rheumatology.
- Planning assumptions. Submitted plans were significantly beyond the Cheshire and Merseyside overall financial allocations, and all Trusts are reviewing their submissions, reconciling activity, out turn and additional activity to deliver a range of scenarios as well as ensuring the delivery of urgent care.

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

Key highlights to note from the March meeting of MHLDC include:

- 2025/26 Work programme will include admissions avoidance at scale and the development on enhancing Community Services in line with planning guidance and the expectations of the 10 Year Plan.
- It was noted that successful initiatives such as virtual wards and Community based Intra venous (IV) antibiotics are funded non recurrently by the ICB and that the collaborative has asked for these to be included within the ICB commissioning intentions to ensure continuity of care and services.

## **5. Local Pathology Hub Working Group: South**

In 2023 the Pathology Target Operating Model (TOM) high level design and delivery plan received endorsement from Cheshire and Merseyside Acute & Specialist Trusts (CMAST), Chief Executive Officers and the Cheshire & Merseyside Diagnostic Delivery Board (DDB). The Countess of Chester Hospital NHS Foundation Trust and Wirral University Teaching Hospitals NHS Foundation Trust will deliver a single pathology service to be known as the South Hub. This approach is being replicated in other parts of Cheshire and Merseyside.

A project team with colleagues from both Trusts and from the diagnostic arm of CMAST was formed last year working through the 6 possible operating models and the implications on both the delivery of service and the staff. Currently the project group is working on finalising the operating model and planning the phases of integration, and approval for the final recommended model to be presented to Trust Boards in May 2025.

## **6. Cheshire and Wirral Partnership Trust and Countess of Chester Collaborative**

This local collaborative has been established to facilitate the delivery of an integrated community service, with the two Trusts working together through a single delivery model.

Executive teams meet on a regular basis with further collaborative opportunities being identified. A workplan is being developed that brings together all joint opportunities that may be governed through a joint committee structure.

## **7. Cheshire Review**

As part of ICB/ICS financial recovery, planning discussions around additional Cheshire opportunities commenced during the early part of 2024.

This work included a review of the significant work already underway including Cheshire and Merseyside wide programmes on system and provider efficiency through the ICB, providers and CMAST; the conclusion of this was:

- Several of the high priority NHS “financial recovery” areas already are operating through Cheshire wide arrangements within an overarching Cheshire and Merseyside Programme, including medicines optimisation and continuing healthcare
- Other key areas were operating through NHS Provider Collaboratives at a Cheshire and Merseyside level such as efficiency at scale, diagnostics and elective recovery and adding a Cheshire layer would not add value to working on the broader footprint
- Some areas were being managed by the ICB at a Cheshire and Merseyside level already and would not add value adding a Cheshire layer including programmes on unwarranted variation, or independent sector optimisation
- Local Authority representatives clearly articulated the need to recognise the emerging status of devolution in Cheshire and Warrington and that for some delegated functions this footprint will be more relevant going forward

## 8. National Staff Survey

The National Staff Survey 2024 results were published on the 13<sup>th</sup> March 2025 with two Team Briefs held for staff. Full reports can be accessed at [www.nhsstaffsurveys.com](http://www.nhsstaffsurveys.com).

Our results show we are making steady improvements across 6 of the 7 People Promise themes. We have seen a decline in the 'we are safe and healthy' theme, linked to the experiences of colleagues around violence and aggression and sexual safety from patients and the public, both areas that we have already begun working to improve. The results show we are heading in the right direction, and they reaffirm that collective efforts to create a better workplace are making a difference. We have identified further actions to address those areas for development and to build upon areas where we have already seen improvement. Updates on progress will be reported via the People Committee.

## 9. Employee and Team of the Month

February:

The Trust recognised two *Employees of the Month in February*. They were Vicky Guratsky and Jenny Loughnane. They were nominated for their outstanding contribution to neonatal education and multidisciplinary team learning and developing and championing the 'Neonatal Skill of the Week' initiative. Their work was recognised at the North West Neonatal Operational Delivery Network conference where they were awarded Conference Presentation Winners—a testament to the impact and innovation of this programme.

The *Team of the Month for February* was the Stroke Rehab Team at Ellesmere Port Hospital. They were nominated by a colleague with firsthand knowledge of the progress the patients make in their rehabilitation in the care of this team. The staff are all professional in their approach but also approachable and friendly creating a really nice environment for the patients. The work of the whole team really shines through in the care it provides.

March:

Our *Employee of the Month for March* was Kevin James who works in Estates. Kevin has been at the Trust for over 45 years and, says the colleague who nominated him, is the reason our patients are neither too hot nor too cold, ensures that our hospital is safe for patients and staff and that HSDU is operational for theatres and helps where he can; even on Christmas Day. His colleague went on to say that Kevin has become the most knowledgeable and kindest person that they have ever worked with and his work affects every single person on the Site.

Our *Team of the Month for March* was our Clinical Site Coordinators team. Described as an exceptional team that goes above and beyond and works tirelessly to keep the hospital organised, efficient, and safe, allowing others to focus on their roles. All this is done often alone on night shifts. The team was nominated because 'without them, the hospital wouldn't function as smoothly or safely'.

## **10. Call 4 Concern – Martha’s Rule**

The Trust has been preparing for the launch of Call 4 Concern to further improve patient safety. The initiative will launch across the Trust on 7<sup>th</sup> April and will help us to act on concerns about deterioration that are raised by patients and their families.

Call 4 Concern forms part of the Trust’s response to *Martha’s Rule* which was developed following the death of Martha Mills, a 13 year old in 2021. Martha died from sepsis after concerns about deterioration raised by her parents were not responded to.

The introduction of Call 4 Concern provides patients and their families with a way to ask for a different team to urgently review a patient if they have ongoing concerns.

## **11. Discharge lounge re-opening**

In early February 2025, the discharge lounge re-opened to patients following extensive upgrade and refurbishment work.

The discharge lounge is now much brighter, more spacious and a more comfortable space with additional facilities to improve patient experience and to better meet the needs of patients and their families. A designated pharmacy hub means staff can prepare prescriptions for patients more efficiently.

## **12. New Aseptic Unit Opening**

In March 2025, the Trust’s aseptic suite, which forms part of the Pharmacy Department, in Martindale House, reopened following an extensive refurbishment. The aseptic suite manufactures injectable medicines, therefore it is vital that the facility meets the standards as set out by the Medicines and Healthcare products Regulatory Agency (MHRA). All of the medicines made in the unit need special precautions due to their complex and high-risk nature.

## **13. CQC unannounced inspection of UEC**

The CQC undertook an unannounced inspection of our Urgent and Emergency Care Services between 24<sup>th</sup> – 26<sup>th</sup> February 2025. Following the onsite inspection we provided a range of documents in response to the request from the Inspection Team. We are now awaiting formal feedback.

## **14. Thirlwall Inquiry update**

The Trust has submitted its’ closing statement to the Thirlwall Inquiry. The oral hearings for closing submissions were held at Liverpool Town Hall on the 17<sup>th</sup>-19<sup>th</sup> March 2025. It is anticipated that the Inquiry will publish its’ report in November 2025.

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

## **15. Board Leadership update**

The Trust welcomed Neil Large, MBE as he commenced in his role as Interim Chair on the 1<sup>st</sup> March 2025 with support from Cheshire and Merseyside Integrated Care Board, and approval through the Trust's Council of Governors.

Neil brings significant experience working at board level across a variety of public sector organisations, holding positions of Chief Executive, Chair and more recently Non-Executive Director. He has held various leadership roles and has a proven track record in transformation and organisational change. Neil lives locally and has a good understanding of our hospitals and the challenges we face.

Over the next six months, Neil will lead the Board of Directors, working closely with the Executive team, Non-Executive Directors and Governors to focus on our continued improvement journey.

## **16. Board Member Appraisal Guidance**

NHS England published a new framework for Board member appraisals on the 1<sup>st</sup> April 2025. This includes guidance, multisource assessment forms and a summary appraisal template. Trust's are expected to adopt the principles of the new guidance and we will be reviewing our 2024/25 appraisal documentation to incorporate these requirements.

## **17. Performance Assessment Framework**

In March 2025, NHS England published a new Performance Assessment Framework for 2025/26 with testing planned in quarter 1 and the first 'ratings' to be reported in July 2025. Integrated Care Boards (ICBs) and Provider Trusts will be evaluated against four domains:

- operating priorities,
- finance and productivity metrics
- Public Health and Patient outcome metrics
- Quality and inequalities metrics

Leadership capability will form part of the assessment. The framework will also assess ICBs against whole system performance metrics.



# CMAST BULLETIN



## Welcome message

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

The CMAST Leadership Board met on Friday 7th March and discussed several system wide issues.

The Leadership Board received an update on the work progressed through the CMAST Cardiology Alliance, as part of the clinical pathways programme. Dr John Morris, who had been asked to lead this work, presented progress toward agreeing a sustainable model that delivers sufficient access to both invasive and non-invasive diagnostic facilities while ensuring that Cardiac Catheterisation Laboratories are both fully utilised and equipped/enabled to deliver timely treatments for patients. Potential configurations have been considered and assessed by clinicians who have determined a preference to convert all applicable invasive angiography to non-invasive alternatives and consolidate remaining activity into PCI capable sites only. The Leadership Board heard that the only site that, currently, met with best practice guidelines (a minimum of 2 collocated PCI labs) within C&M is LHCH. The Leadership Board commended these conclusions and the focus on patient outcomes, minimising the number of invasive procedures experienced by patients and the opportunities for system efficiency as an associated benefit. The Board noted that the response to the work had been considered by the CMAST Medical Directors and would be progressed via that forum who will continue to try to progress reducing inappropriate diagnostics in Trusts.

The Leadership Board also received an update on Medicines Optimisation opportunities in particular with relation to high-cost drugs. Programme delivery for the year was summarised which included: NHSE and the ICB investing jointly in NHS provider homecare teams to support delivery of recommended staffing models, which in turn supported drug switches (medicines optimisation). These changes and the investment are significant and have delivered a projected saving for the system of £10.2m in year. A figure in the region of 40% higher than projected. To further consolidate progress in this area the Leadership Board were asked to encourage the universal C&M deployment of Blueteq (a web based prior approvals software system) which supports consistency in the management, authorisation and procurement of high-cost drugs across the region. This approach is already used for NHSE commissioned drugs and a staged approach to wider roll out was socialised with the Board.

The Board also discussed the current parameters of financial planning with a discussion initiated by the ICB and followed this up with a discussion on the best way to support a provider response, develop consistency and share learning, identify and enact radical opportunities and solutions and to begin to define a longer term approach to planning and structuring services within C&M.

Update papers were also provided on the following areas:

- System financial report
- System performance update

End of January 2025:

**1,148**

65-week patients of which, 557 were capacity, 392 choice, 169 complex/unit and 30 corneal grafts.

The 52 week wait total cohort position (up to March 2025) has reduced from

**177,377**

in July 2024 to

**31,720**

in February 2025.

Validation improvement plans and trajectories continue to be tracked, in which, the actual position is reporting positive increases of 11.7% improvement for 12-weeks, 18.8% for 26-weeks and 15.6% for 52-weeks.

C&M have organisations who are continuing to report risks in delivering 65-weeks in February and sustaining a zero-tolerance position and the team are working closely with providers to ensure that all mutual aid and operational tactical measures are undertaken to support the position.

## Outpatients

ENT Advice and Guidance (A&G) diversion reports **14%** above the national value in Cheshire and Merseyside (C&M).

The Gynaecology missed appointment rate in C&M has reduced from **7.6%** to **6.4%** and is now achieving the national value.

Dermatology Advice and Guidance diversion is reporting at **7%** above the national value across C&M.

The **Patient Initiated Follow Up (PIFU)** utilisation rate has increased from **2.7%** in November 2023 to **3.1%** in November 2024.

## Theatres

**18%** fallow sessions across the system is reported, equating to **82%** of sessions being cross covered, which is the highest achievement to date.

Capped utilisation performance is at **78%** across C&M.

Theatre academy refresh sessions have been developed and invites circulated across the system.



[Spotlight on Oliver Tierney, Operating Department Practitioner](#)



[Final phases of work at new surgical centre ahead of spring opening :: Mid Cheshire Hospitals NHS Foundation Trust](#)

## Gynaecology

CPP are supporting Wirral University Hospitals in improving 5 key pathways to support improved referral management and waiting times; ensuring harmonisation across other providers.

South Sefton community menopause clinics were launched as planned in February 2025 to support **Liverpool Women's Menopause** waiting list reduction. Capacity of these clinics will increase to **96** appointment slots per month by April 2025.

Abstracts were submitted to **Royal College of Gynaecologists** World Congress to share successes of 2024/25. A bid was also submitted to Burdett Trust to fund a nurse-led project for follow up waiting lists and education sessions.

## Cardiology

Phase 2 of the **Cardiology Cath Lab Options Appraisal** is currently underway. Each provider was issued a formal letter on 14th February, outlining the approach to identify a preferred 2nd site across Cheshire & Merseyside to operate a percutaneous coronary intervention (PCI) service.

As part of the selection process, providers have been invited to prepare a self-assessment to establish the existing facilities available at each site.

The deadline for providers to submit their self-assessment is **26th February**.

## Ophthalmology

The extension of **OPERA**, the electronic eye care referral system currently in place across Cheshire and Merseyside was approved for 2025/2026. This will ensure we are able to continue with our clinical pathway transformation projects including the Single Point of Access and Glaucoma pilots.

The proposal to launch a **Glaucoma Enhanced Case Finding Service** across Cheshire and Merseyside was approved. The next stage of the process is to agree a procurement approach.

Mid Cheshire Hospitals, Countess of Chester Hospital and Cheshire Local Optical Committee (LOC) were selected to participate in the **AI** powered patient consultation tool, **CLEAR notes**, pilot. Work is ongoing with these organisations and the AI provider to launch within the coming months.

## Dermatology

The primary focus of the Cheshire and Merseyside Dermatology Alliance remains the implementation of Skin Analytics, supporting improved dermatology services across the region. Currently, four trusts—Liverpool University Hospitals NHS Foundation Trust (LUHFT), Mid Cheshire Hospitals NHS Foundation Trust (MCT), Clatterbridge Oncology Centre (COC), and Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL)—are live with the system.

## Musculoskeletal (MSK)

In December 2024, the MSK Network received £300k of national GIRFT funding to support efforts to reduce MSK community waiting lists. Plans are underway to utilise this funding to reduce waiting times for a community MSK appointment.

Funding will be used to implement a wait list validation exercise for all MSK providers across Cheshire & Merseyside – this initiative will involve a technical / admin validation phase to help cleanse wait lists, followed by the procurement and implementation of digital assessment routing tool (DART), which will be deployed as a 6 month pilot.

## ENT

A case study for changes to Audiology pathways at Countess of Chester is in progress; the intention is to share and scale approach for other providers to support ENT waiting times.

Strategic discussions with Medical Directors and Strategy Directors across C&M are complete; a stakeholder workshop is being planned for April 2025 to discuss options for greater long-term sustainability.

Confirmation of support from NHSE, is in progress, for best practice improvements to e-Referral service for improved ENT referrals.

**89.7%**

of patients have been waiting 6 weeks or less (-3.4% decrease from the previous month).

**#3**

ICS ranking previous was 2nd out of 42 ICSs.

December performance improved for Flexi-Sigmoidoscopy, Urodynamics, Sleep Studies and DEXA tests.



[Cancer detected earlier in Cheshire and Merseyside - NHS Cheshire and Merseyside](#)

## Endoscopy

All Trusts have JAG accreditation except Southport and Ormskirk Hospital. Building work underway with potential application for JAG accreditation 2025/26.

**Digital** - Potential Solus V2 upgrade plan is on track. Demonstrations provided to all trusts and first level assurance achieved.

List utilisation in February 2025 is 113%. Cheshire and Merseyside planned points were at 10.5 per list.

## Pathology

**Workforce** - Appointment of 3 Practice Education Facilitators (PEFs), each representative of 3 areas of pathology, Blood Science, Cellular Pathology and Microbiology.

### LIMS

First contractual milestone reached for LIMS as the development environment is set up. This is the first stage required to enable us to move forward with the new LIMS.

Monthly submission to NHSE on **Whole Slide Imaging (WSI)** digital reporting improved to 14% against NHSE target of 50% digital reporting.

**Order comms** - Wirral University Teaching Hospital and Countess of Chester Hospital are both progressing with upgrades to V7.1.10 to ensure they are cyber secure.



[WUTH biomedical scientist makes history | Wirral University Hospital NHS Foundation Trust](#)

## Physiological Sciences

Self-assessment against the national Physiological Sciences **Maturity Matrix** completed with moderation meeting held with Northwest NHSE team 11th February.

Trust self-assessments against new audiology DM01 guidance completed.

### Artificial Intelligence (AI) in Echocardiology Clinics

- Governance approvals via Mersey and West Lancashire Teaching Hospitals continues to move forward. Trust Data Protection Impact Assessment (DPIA) completed.
- ECHO AI at University Hospitals of Liverpool Group is no longer being progressed due to operational pressures.



[Liverpool Heart and Chest Hospital | NEWS: National Respiratory Physiology training for Speech and Language Therapists hosted at LHCH](#)

## Radiology/Imaging

**PACS Based Reporting** - Mersey and West Lancashire Teaching Hospitals have commenced testing at their Whiston site. Engagement at Clatterbridge Cancer Centre to start folder set up.

**AI Prostate** - MR modality leads and Siemens have set up auto-forwarding for prostate MR studies completed at Royal Liverpool Hospital.

**Ologies** - Summary of Ologies issues completed and investigations of spooler issues underway to identify cause of images not visible in PACs ad hoc.

## Community Diagnostic Centres (CDCs)

### Sustainability Project

Updated sustainability Project Initiation Document for 2024/25 (to date and forecasted out-turn) and 2025/26 (planned delivery) will return to February's Steering Group.



[Expansion of diagnostic services at Congleton War Memorial Hospital provides exciting first step of new Community Diagnostic Centre](#)  
:: East Cheshire NHS Trust

**2025/26 Reprofitting**- CDC site leads have been provided with one last chance to re-profile/provide feedback on their current agreed CDC activity template. Changes need to be highlighted by test type and sent back to the CDC Programme Director by 6th March.

The final **International Recruitment** Briefing Pack was shared with CDC site leads at the end of January and any requests from sites have now been sent to the CDC Programme Director.

2025/26 planning has commenced for the E@S programme. The programme team are supporting the system with the analysis of the Planning Support Tools which has identified opportunities relating to corporate services, medicines optimisation and commercial efficiencies.

## Risk, Governance and Legal Services

The next toolkit to be produced by the C&M **Infection Prevention Control (IPC) Collaboration Group** has been agreed. This will be regarding Carbapenemase Producing Enterobacterales (CPE) with four areas of focus: screening, general environment, IPC practice, and data.

## Medicines Optimisation

The QIPP 2024/25 target is forecast to deliver

**£21.3m**

in primary care and

**£12.16m**

has been delivered year to date.

After commencing in H2, the high-cost drug scheme has delivered

**£5.2m**

year to date against a financial year end target of

**£9.1m.**

## Procurement

91% of the procurement workplan has been delivered.

The procurement programme remains on track to deliver the

**£7.1m**

target with

**£6.5m**

delivered year to date.

**Council of Governors  
23<sup>rd</sup> April 2025**

<b>Report</b>	<b>Agenda Item 8.</b>	<b>Lead Governor Update – April 2025</b>					
<b>Purpose of the Report</b>	Decision		Ratification		Assurance	Information	<b>X</b>
<b>Accountable Executive</b>	Karan Wheatcroft			Director of Governance, Risk, and Improvement			
<b>Author(s)</b>	John Jones			Lead Governor			
<b>Board Assurance Framework</b>	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			<b>X</b>	Supports the overarching governance arrangements.		
<b>Strategic goals</b>	Patient and Family Experience People and Culture Purposeful Leadership Adding Value Partnerships Population Health						<b>X</b>
<b>CQC Domains</b>	Safe Effective Caring Responsive Well led						<b>X</b>
<b>Previous considerations</b>	Not applicable.						
<b>Executive summary</b>	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"> <li>• Council of Governors development</li> <li>• Non-Executive Director/Governor Walkabouts</li> <li>• Cheshire &amp; Mersey Lead Governors</li> </ul>						
<b>Recommendations</b>	The Council of Governors is asked to note the contents of the report.						

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

## **Lead Governor Update – April 2025**

- Since our last Council of Governors meeting in February Governors met and supported the appointment of a new Interim Chair. As Governors we welcome Neil Large and look forward to working with him over the forthcoming months whilst the Trust adopts a process to appoint a permanent Chair.
- The Interim Chair of the Trust and I continue to have regular meetings which are supported by the Director of Governance, Risk and Improvement.
- The Interim Chair has commenced informal communication briefing sessions with all governors, and these will continue on a monthly basis.
- I have attended the Trusts Finance and Performance Committees. I have also attended Mortality Surveillance Group meetings (Formally the Learning from Deaths Group). This group provides assurance through the presentation mortality indicators.
- I attended the Trust Board meeting held in March together with a number of other Governors, where it is a good opportunity to observe Non-Executive Directors which will help to inform Governors when they undertake Chair and NEDs annual appraisals.
- The Non-Executive Directors and Governors walkabouts continue to be regularly undertaken.
- On the 20<sup>th</sup> March a third Trust Development session was held for Governors, where a number of Non-Executive Directors attended to introduce themselves and share with Governors their lead portfolios and lines of accountabilities through to Governors.
- Cheshire and Mersey Lead Governors Network continue to meet on a regular basis. They are collectively in the planning stages to hold a conference / symposium later in the year – 19<sup>th</sup> September at The Quaker House Liverpool. This will be for Governors across Cheshire and Mersey. A link has been sent to all Governors who wish to express an interest in attending the symposium. The closing date for expressions of interest is the 11<sup>th</sup> May 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.
- The Governors section of the Trusts Annual Report - 2024 -2025 is now prepared and is attached for information.
- The Membership and Engagement Committee with its new membership is meeting on the 14th April.

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

## **The Governors section of the Trusts Annual Report - 2024 -2025**

### **The Council of Governors and its relationship with the Board**

The Council of Governors has a duty to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors. Governors are also responsible for representing the interests of the members, public and in respect of the staff Governors, their colleagues. Governors are responsible for regularly feeding back information about the Trust, its vision and its performance to members, the public and the stakeholder organisations including those that elected or appointed them.

The Council of Governors holds the Board of Directors to account in a variety of ways. This includes observing and appraising the performance of the Chair and Non-Executive Directors, analysis of the system oversight framework reports, observing the Board of Directors' meetings, reviewing the committee chair's reports, and by challenging and raising questions.

During 2024/25 the Council of Governors have received updates on:

- National, regional and local updated through the Chief Executive Officer's report
- Patient stories
- Trust operational performance including elective recovery, waiting times and cancer
- Patient and Family Experience Strategy
- Care Quality Commission (CQC)
- The Trust's financial position
- The Trust's Improvement Plan
- National Inpatient Survey results
- National Urgent and Emergency care survey results
- Maternity survey results
- National Staff Survey results
- Women and Children's new build developments
- Patient safety incident response and learning
- Operation Hummingbird and Thirlwall Inquiry
- Anchor Institute
- Clinical Strategy development
- Contribution to the consultation on the NHS 10 year plan

In addition to the formal meetings of the Council of Governors, the Governors also hold development sessions with a number of workshops taking place in 2024/25 including:

- Roles and responsibilities: supporting Governors to discharge their duties
- Strategy: engaging Governors in the Trust's Transforming Care Together Strategy
- Non-Executive Directors: exploring the roles of Non-Executive Directors and Assurance Committees

The decisions taken by the Council of Governors in 2024/25 included:

- Approval of a further term of office for the Chair and two Non-Executive Directors
- Agree the appraisal process for the Chair and Non-Executive Directors and receive the outcomes from these processes
- Approval of the extension to the Trust's external auditor contract
- Appointment of the Interim Trust Chair

We continue to work with our Council of Governors to strengthen communication and engagement, and maximise the valuable contribution that Governors make.

*A view from John Jones, Lead Governor*



I was delighted to start my tenure as Lead Governor in September 2024.

In addition to our longer standing governors, we have also welcomed a number of new Governors during 2024/25.

To help all Governors discharge their duties we have in the last few months held Governor Development sessions. We are working to improve communications and now receive regular briefings from the Trust Chair.

Governors continue to recognise the hard work, dedication and resilience of staff who are delivering services to meet the needs of our patients and their families.

What has not changed over the last year are all the challenges and pressures that the Trust continues to experience.

Governors have continually sought and received assurance on the response to these challenges and pressures. Governors have been actively supported by the Trust through increased communication and wider access to all parts of the Trust including regular walkabouts with Non-Executive Directors.

The Council of Governors have recently supported the appointment of the new interim Chair. We look forward to working (and seeking further assurance) with him and all of the Board in the forthcoming year whilst a process is undertaken to appoint a permanent Chair.

*Composition of Council of Governors*

The total number of Governor positions established within the Constitution is 27, as follows:

Composition of Council of Governors

Constituency area	Number of Governor positions established
Chester and Rural Cheshire	8
Ellesmere Port and Neston	4
Flintshire	3
Rest of England & Wales	1
Staff	5*

Partnership organisations	6
<b>Total</b>	<b>27</b>

\*To note, 3 of these positions are managed via a job sharing process.

A photo sheet of the Council of Governors is available on the Trust's website - <https://www.coch.nhs.uk/corporate-information/council-of-governors/foundation-trust-council-of-governors.aspx>

The membership of the Council of Governors during 2024/25, for both elected and appointed Governors, and their length of tenure, is as follows:

#### Membership of Council of Governors

Governor/Constituency	Term of office
<b>Public – Chester and Rural Cheshire</b>	
Dr Caroline Stein	Re-elected in October 2020 for a third term of office of three years until October 2023. Extended in September 2023 for one year.. <i>Term of office ended in October 2024.</i>
John Jones	Re-elected in September 2023 for a third term of office for three years until October 2026. Lead Governor from 1 <sup>st</sup> September 2024.
Lucy Liang	Elected October 2022 for three years until October 2025.
Timothy Wheeler	Elected October 2022 for three years until October 2025.
Angela Black	Elected October 2022 for three years until October 2025. <i>Resigned in August 2024.</i>
Robert Howe	Elected October 2023 for three years until October 2026.
Jan Chillery	Elected October 2024 for three years until October 2027.
Sheila Dunbar	Elected October 2024 for three years until October 2027.
Terry Peach	Elected October 2024 for three years until October 2027. <i>Resigned in February 2025.</i>
Louise Jha	Elected October 2024 for three years until October 2027.
	<i>One vacant position as at 18<sup>th</sup> March 2025.</i>
<b>Public – Ellesmere Port and Neston</b>	
Brian Jones	Re-elected October 2021 for a third term of office for three years until October 2024. Terms of office document in CoG folder says he agreed to extend his term until September 2025 but no sign that he was actually re-elected in 2024 AMM

Peter Folwell (Lead Governor from October 2018)	Re-elected in September 2022 for a third term of office for three years until September 2025. <i>Resigned in August 2024.</i>
Patricia Hayes	Appointed February 2023 until September 2024. <i>Term of office ended in September 2024.</i>
	<i>Three vacant positions as at 18<sup>th</sup> March 2025.</i>
<b>Public – Flintshire</b>	
Ruth Overington	Re-elected in September 2022 for a third term of office for three years until September 2025.
Malcolm Mcadam	Appointed February 2023 until September 2024. <i>Term of office ended in September 2024.</i>
Myrddin Roberts	Elected in October 2024 for three years until October 2027.
	<i>One vacant position as at 18<sup>th</sup> March 2025.</i>
<b>Public – The Rest of England &amp; Wales (formerly Wider Area)</b>	
Ella Foreman	Elected October 2021 for three years until September 2024. <i>Resigned in August 2024.</i>
Daryl Cassidy	Elected in October 2024 for three years until October 2027.
<b>Partnership organisation appointed governors</b>	
David Foulds Voluntary Services	Appointed November 2020.
Elizabeth Mason- Whitehead University of Chester	Appointed December 2022. <i>Resigned in May 2024.</i>
Carol Gahan Cheshire West and Chester Council	Appointed June 2023.
Janet Bellis Flintshire Community Health Council	Appointed February 2024. This position was vacant prior to this appointment. <i>Retired in March 2025.</i>
Dr Chris Stockport Betsi Cadwaladr Health Board	Appointed January 2024. This position was vacant prior to this appointment. <i>Resigned in February 2025.</i>
Dr Kate Knight University of Chester	Appointed in May 2024.
	<i>Three vacant positions as at 20<sup>th</sup> March 2025.</i>
<b>Staff</b>	
Nurses / Midwives Qualified: Paula Edwards Angel Lewis- Aaron Maria Woodward	Appointed October 2023 for three years until October 2026(2 positions with 4 Governors on a job sharing basis).

Dadirai Kambasha	
Allied Health Professionals: Claire Hankinson Ashley Jayne Caple	Appointed October 2023 for three years until October 2026. (1 position with 2 Governors on a job sharing basis.) <i>Claire Hankinson resigned in February 2025</i>
Doctors: Dr Salah Tueger	Appointed October 2023 for three years until October 2026
All other staff: Chris Price Stephen Higgitt	Appointed October 2023 for three years until October 2026 (1 position with 2 Governors on a job sharing basis).

### Election of Council of Governors

The Governor positions for the summer of 2024 were uncontested.

A notice of election was published in July 2024 in the following public constituencies:

- Chester and Rural Cheshire
- Ellesmere Port and Neston
- Flintshire
- Rest of England and Wales

An election was held in the summer of 2024 with the results announced at the Annual Members Meeting held on 25<sup>th</sup> September 2024. The election was as follows:

- Chester City and Rural Cheshire – the election was conducted using the single transferable vote electoral system and four candidates were elected.
- Ellesmere Port and Neston – three vacant positions
- Flintshire – one candidate elected unopposed, one vacant position.
- Rest of England & Wales – one candidate elected unopposed.

Elections were held in accordance with the model election rules and were undertaken independently by Civica Election Services (CES).

### Attendance at Council of Governors' meetings

There have been four public meetings of the Council of Governors' and five private meetings held during 2023/24.

The attendance by governors to the public and private meetings is shown below, along with expenses of governors:

	Public	Private	Governors' expenses 2024/25
Ian Haythornthwaite (Chair), (resigned February 2025)	3/4	3/5	As outlined within Board of Directors expenses on page xx
Pam Williams (Chair on Ian's	4/4	1/5	As outlined within

	Public	Private	Governors' expenses 2024/25
behalf)			Board of Directors expenses on page xx
Angela Black (resigned August 2024)	1/4	1/5	N/A
Robert Howe	0/4	1/5	N/A
John Jones (Lead Governor from September 2024)	4/4	5/5	N/A
Lucy Liang	4/4	4/5	N/A
Robert Howe (from October 2024)	0/4	1/5	N/A
Dr Caroline Stein (Deputy Lead Governor until September 2024)	2/4	2/5	N/A
Tim Wheeler	2/4	1/5	N/A
Terry Peach	1/4	1/5	N/A
Jan Chillery (from October 2024)	2/4	2/5	N/A
Louise Jha	2/4	3/5	N/A
Peter Folwell (Lead Governor – resigned August 2024)	2/4	2/5	N/A
Brian Jones	1/4	1/5	N/A
Pat Hayes (until September 2024)	0/4	0/5	N/A
Malcolm McAdams (until September 2024)	0/4	3/5	N/A
Ruth Overington	4/4	5/5	N/A
Myrddin Roberts (appointed October 2024)	1/4	2/5	N/A
Ella Foreman (resigned August 2024)	0/4	0/5	N/A
Darryl Cassidy	0/4	0/5	N/A
Janet Bellis (retired March 2025)	1/4	1/5	
David Foulds	1/4	2/5	N/A
Cllr Carol Gahan	1/4	2/5	N/A
Elizabeth Mason-Whitehead (resigned May 2024)	1/4	1/5	N/A
Dr Kate Knight (appointed May 2024)	1/4	1/5	N/A
Dr Chris Stockport (resigned February 2025)	0/4	0/5	N/A
Paula Edwards*	4/4	4/5	N/A
Claire Hankinson* (resigned	2/4	2/5	N/A

	Public	Private	Governors' expenses 2024/25
February 2025)			
Stephen Higgitt*	3/4	3/5	N/A
Ashley Jayne Caple*	0/4	1/5	N/A
Angela Lewis-Aaron*	1/4	3/5	N/A
Dadirai Kambasha	0/4	1/5	N/A
Chris Price	2/4	3/5	N/A
Dr Salaheddin Tueger	2/4	3/5	N/A
Maria Woodward*	0/4	2/5	N/A

\*To note attendance recognises the job share arrangements in place.

Starter and leaver dates have been included in the table for context.

#### *Governors' Nominations Committee*

**Non-Executive Directors, including the Trust Chair, are appointed by the Council of Governors for the specified term – subject to re-appointment thereafter at intervals of no more than three years, and are subject to the National Health Service Act 2006 provisions relating to the removal of a director.**

In order to support the Council of Governors in this role a Governors' Nominations Committee has been established. Its membership comprises Governors and the Trust Chair. Where the decision pertains to the role of the Trust Chair, the Deputy Trust Chair will attend instead.

During 2024/25, the Governor's Nominations Committee were asked to virtually consider and approve matters on two occasions regarding the re-appointment of two Non-Executive Directors recommending these to the full Council of Governors for formal approval.

**Council of Governors**  
**23<sup>rd</sup> April 2025**

Report	Agenda Item 9.	Terms of Reference Updates				
Purpose of the Report	Decision	X	Ratification		Assurance	Information
Accountable Executive	Karan Wheatcroft			Director of Governance, Risk & Improvement		
Author(s)	Nusaiba Cleuvenot			Head of Corporate Governance		
Board Assurance Framework	BAF 1 Quality BAF 2 Safety BAF 3 Operational BAF 4 People BAF 5 Finance BAF 6 Capital BAF 7 Digital BAF 8 Governance BAF 9 Partnerships BAF 10 Research			X	BAF impact – Linked to all areas of the BAF but specifically the actions within BAF 8.	
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 X
Previous considerations	N/A					
Executive summary	<p>The Council of Governors has an overarching responsibility to review and approve the terms of References of its sub-committees.</p> <p>The Membership and Engagement Committee terms of reference have been amended to provide clarity on membership, responsibilities of the committee, Equality Diversity and Inclusion responsibilities and conduct of business. These have been reviewed at the Membership and Engagement Committee on 14<sup>th</sup> April 2025 and have recommended approval to the Council of Governors.</p> <p>The Governor Nomination Committee Terms of Reference has had the membership requirements updated.</p> <p>The full Terms of Reference for both committees are appended to the report for review and approval.</p>					
Recommendations	<p>The Council of Governors is asked to review and <b>approve</b> the terms of reference for:</p> <ul style="list-style-type: none"> <li>• Membership and Engagement Committee</li> </ul>					

	<ul style="list-style-type: none"> <li>• Governor Nomination Committee</li> </ul>
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<b>Corporate Impact Assessment</b>	
<b>Statutory/regulatory requirements</b>	Meets the requirements of the Health and Social Care Act 2008 and in line with the Trust's Constitution, Code of Governance and regulatory requirements.
<b>Risk</b>	As outlined within the risk management policy document.
<b>Equality &amp; Diversity</b>	Meets Equality Act 2010 duties & PSED 2 aims and does not directly discriminate against protected characteristics.
<b>Communication</b>	The terms of reference are to be circulated to the Council of Governors and published on the Trust website as part of the public meeting pack.



## COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST

### MEMBERSHIP AND ENGAGEMENT GROUP

#### TERMS OF REFERENCE

#### 1.0 PURPOSE

- 1.1 To seek assurance on behalf of the Council of Governors that the membership of the Trust remains representative of the service users and public served by the Trust, and that the membership engagement strategy is being effectively delivered by the Trust, making recommendations to the Council of Governors where appropriate.
- 1.2 To establish and monitor communications with Trust Members and encourage member engagement and recruitment on behalf of the Council of Governors.

#### 2.0 MEMBERSHIP AND ATTENDANCE AT MEETINGS

- 2.1 The membership of the Committee shall be:
- Chair (a governor Chair shall be nominated by the Chair of the Council of Governors)
  - Up to 6 governors
- 2.2 Regular attendees at the Committee shall be:
- Director of Governance, Risk and Improvement (or Head of Corporate Governance)
  - Head of Communications (or nominated Deputy)

Additional attendees may be invited to attend the committee as appropriate.

#### 3.0 AUTHORITY

- 3.1 The Committee is authorised by the Council of Governors to act within its terms of reference.

#### 4.0 RESPONSIBILITIES

- 4.1 Establish a membership strategy for recommendation to the Council of Governors.
- 4.2 Support with the design and content of regular communications with Members to encourage engagement.
- 4.3 Consider the communications to Members of Governor vacancies, the election and voting processes and how to improve engagement and election turnout.
- 4.4 Recommend to the Council of Governors Governor development in relation to membership engagement, recruitment and communications, with a particular focus on engaging young people.



4.5 Support and develop plans for the Annual Members Meeting as the principal engagement event for Members and encourage attendance.

4.6 Consider governor involvement with membership engagement opportunities and events.

## **5.0 EQUALITY, DIVERSITY & INCLUSION**

5.1 In conducting its business, the Committee will at all times seek to promote its commitment to equality and diversity by the creation of an environment that is inclusive for both our workforce, patients and service users including those who have protected characteristics and vulnerable members of our community.

## **6.0 REPORTING**

6.1 The Committee shall be accountable to the Council of Governors.

6.2 The Committee shall report to the Council of Governors after each meeting through a Chair's update.

## **7.0 CONDUCT OF BUSINESS**

7.1 A quorum shall be at least three governor members.

7.2 The membership committee shall meet no less than twice a year, ideally on quarterly basis to allow reporting to each Council of Governors meeting.

7.3 Administration for the committee including agenda setting, minute taking, monitoring of workplan and action log update will be undertaken by the Committee Secretary.

7.4 Agendas and papers should be circulated at least 4 working days in advance of the meeting.

## **8.00 STATUS OF THESE TERMS OF REFERENCE**

**Reviewed by Membership and Engagement Group:** 14<sup>th</sup> April 2025

**Approved by Council of Governors:**

**Next Review:** April 2026 (terms of reference should be reviewed annually)



## **GOVERNORS' NOMINATIONS COMMITTEE – TERMS OF REFERENCE**

### **(INCLUDING PROCEDURE FOR APPOINTMENT TO CHAIR & NON-EXECUTIVE DIRECTOR POSTS)**

#### **1. INTRODUCTION**

In accordance with the Trust's Constitution, the Council of Governors shall establish a committee of its members to be called the Nominations Committee to discharge those functions in relation to the appointment and replacement of the Trust Chair and Non-Executive Directors and their terms and conditions. In discharging its responsibilities the Committee will comply with the Trust's Constitution, its Provider Licence, and the guidance provided in Monitor's 'Code of Governance' and 'Your statutory duties: a reference for NHS FT Governors'.

The Committee shall make a statement in the annual report about its activities, the process used to make appointments, an explanation if external advice or open advertising has not been used, and any divergence from its terms of reference or the 'Code of Governance'.

#### **2. MEMBERSHIP**

2.1 The Nominations Committee shall comprise of the following members:

- The Trust Chair (who shall be chair of the committee)
- 5 Public or Partner Governors
- The Vice Chair and the Senior Independent Director where matters pertaining to the Trust Chair are under discussion

The Nominations Committee shall have internal or external expert HR support available to it at all times.

The Chief Executive shall have the right to address any meeting of the Committee; others may be called upon or shall be able to speak by prior arrangement with the Chair of the Committee.

2.2 Appointment to the Nominations Committee is subject to the authorisation of the Chair of the Committee, with the support of the other members of the Nominations Committee and the wider Council of Governors:

##### 2.2.1 Vacancy(ies)

- a) As and when vacancies to the Nominations Committee arise, these should be offered to the relevant group of Governors by open invitation announced at a general meeting of the Council of Governors.

- b) Expressions of interest should be directed to the Chair of the Committee in the first instance, accompanied by a support statement from each applicant.
- c) If only one suitable application is received, the Chair of the Committee has authority to appoint that Governor to the Nominations Committee.
- d) If more than one expression of interest is received, the Chair of the Committee will review all applications with the other members of the Nominations Committee to identify an agreed candidate. If necessary, or preferred, the Committee may vote on the matter; the Chair shall retain a casting vote.
- d) In the event that no suitable applications, are received, the Committee will discuss its options. Subsequently the vacancy(ies) may either be carried for an agreed period or, at the direction of the Committee, the Chair of the Committee shall approach a Governor(s) from the relevant group directly to encourage interest.
- e) The Chair of the Committee shall present the Nominations Committee's recommendation for appointment to a general meeting of the Council of Governors for ratification by a majority vote of Governors present.

#### 2.2.2 Term of office

- (a) Appointment to the Nominations Committee shall be for up to two consecutive terms of office of up to three years each, subject to satisfactory appraisal by the Chair of the Committee at the end of the first term.
- (b) Appointment to any further terms of office shall be subject to the process outlined in section 2.2.1.
- (c) If a Governor is appointed to the Nominations Committee part way through their term of office as an elected or nominated Governor, the appointment to the Nominations Committee shall be offered for the remainder of their term. This shall be counted as the first term. Second or further terms of office shall be subject to the processes outlined above.

### **3. QUORUM**

A quorum of the Committee shall be three Governor members, and the Chair of the Trust (or the Vice Chair, if attending). A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

## **4. MAIN DUTIES AND RESPONSIBILITIES**

### **4.1 Recruitment and Appointment of Trust Chair and Non-Executive Directors**

The Nominations Committee shall:

- (a) Periodically review the balance of skills, knowledge, experience and diversity of the non-executive directors on the board and, having regard to the views of directors and relevant guidance on board composition, make recommendations to the Council of Governors with regard to the outcome of the review;
- (b) Give consideration to succession planning for the Chair and Non-Executive Directors in the course of its work, taking into account the challenges and opportunities facing the Trust and the skills and expertise needed on the board of directors in the future;
- (c) Undertake the process of selection to Trust Chair and Non-Executive Director posts including the interview process;
- (d) Take into account the views of the board of directors on the qualifications, skills and experience required for each position;
- (e) Prepare a description of the role and capabilities required for an appointment of Trust Chair and Non-Executive Directors;
- (f) Interview and nominate candidates as Trust Chair and Non-Executive Directors for approval by the Council of Governors, ensuring that candidates are eligible for appointment under the Constitution and satisfy the CQC 'Fit and Proper' Person test;
- (g) Ensure that a proposed Trust Chair's or Non-Executive Director's other significant commitments (in order to ensure independence upon appointment) are disclosed to the Council of Governors before appointment and that any changes to their commitments (in order to ensure their continuing independence) are reported to the Council of Governors as they arise;
- (h) Ensure that proposed appointees disclose any business interests that may result in a conflict of interest prior to appointment (in order to ensure independence upon appointment) and that any future business interests that could result in a conflict of interest (in order to ensure their continuing independence) are reported;
- (i) Ensure that upon appointment the Trust Chair and Non-Executive Directors receive a formal letter of appointment setting out clearly what is expected of them in terms of time commitment, committee service and involvement outside board of directors meetings.

### **4.2 Re-appointment of Trust Chair and Non-Executive Directors**

The Nominations Committee shall:

- (a) Consider and advise the Council of Governors in respect of the re-appointment of the Trust Chair and Non-Executive Directors;
- (b) In considering the re-appointment of the Trust Chair and Non-Executive Directors regard will be had to;

- (i) the outcome of the annual performance appraisal, and
- (ii) the requirements of the guidance of Monitor's Code of Governance that any term beyond six years (e.g. two three-year terms) for a non-executive director should be subject to particularly rigorous review, and should take into account the need for progressive refreshing of the board. Non-Executive Directors may, in exceptional circumstances, serve longer than six years but this should be subject to annual re-appointment. Serving more than six years could be relevant to the determination of a Non-Executive Director's independence.

#### 4.3 Removal of Trust Chair and Non-Executive Directors

The Nominations Committee shall:

- (a) Advise the Council of Governors in regard to any matters relating to removal from office of the Trust Chair and any Non-Executive Directors.

#### 4.4 Terms and Conditions

The Nominations Committee shall:

- (a) Review and make recommendations to the Council of Governors to ensure that the Trust Chair and Non-Executive Directors are fairly rewarded for their contribution to the organisation, having proper regard to the organisation's circumstances and performance and to the provisions of any appropriate guidance and/or legislation.
- (b) In considering the terms and conditions of service, the Nominations Committee shall take the following factors into account:
  - (i) any fees payable must be such as to enable people of appropriate ability to be appointed, retained, and motivated within levels of affordability.
  - (ii) all NHS bodies are part of the public sector and what they do, including payments to Non-Executive Directors, must be publicly defensible.
  - (iii) a clear statement of the responsibilities of the individual roles and their accountabilities for meeting the objectives of the organisation.
  - (iv) comparative information from the NHS and where appropriate, other public sector organisations and other industrial and service organisations.

#### 4.4 Performance Review and Appraisal

The Nominations Committee shall:

- (a) Ensure that the Trust Chair undertakes an annual performance review of the Non- Executive Directors. The Trust Chair may at their discretion request the involvement of an external consultant in the process.
- (b) Ensure that the Trust Chair or external consultant, as appropriate, provides a summary report to the Committee on the outcome of the performance review of the Non-Executive Directors.

- (c) Ensure that the Trust Chair has an annual performance review led by the Senior Independent Director and the Lead Governor (acting on behalf of the Nominations Committee), undertaken with the involvement of the Non-Executive Directors, the Chief Executive as Accountable Officer, Executive Directors, Governors, and the Secretary to the Board. The Nominations Committee has the discretion to seek input from others as required. The review will be subject to discussion and agreement with the Nominations Committee.
- (d) Report to the Council of Governors on the outcome of the performance appraisals of the Trust Chair and Non-Executive Directors, for approval.

## **5. PROCEDURE FOR APPOINTING TO TRUST CHAIR AND NON-EXECUTIVE DIRECTOR POSTS**

5.1. When a vacancy occurs for a Trust Chair/NED post the Nominations Committee in conjunction with support from the Human Resources lead, will draw up a job description, person specification and shortlisting criteria for the post. When drawing up these documents the Nominations Committee will take into account the following:

- The balance of skills, knowledge, experience, independent judgement and diversity required in light of the periodic review of the skills, knowledge, experience and diversity of the Board.
- The need to ensure that the Trust develops in ways consistent with the needs of the local community and the wider NHS.

NB: Such appointments are not intended to create a contract of service (employment) with the Trust and do not fall within the jurisdiction of Employment Tribunals, neither is there any entitlement for compensation for loss of office through employment law warranted on termination of the appointment.

### **5.2. Advertisement**

Where considered appropriate by the Nominations Committee, NED posts, including the Trust Chair, will be advertised externally in relevant media. The Director of Human Resources will manage the recruitment process in conjunction with the Trust Chair.

### **5.3. External Support**

For the appointment of the Trust Chair, the Committee shall appoint an external independent advisor (who may be a Chair from another NHS Foundation Trust) to provide advice on the recruitment and to participate in, and support, the appointment panel.

Similarly, for the appointment of a Non-Executive Director, the Committee may appoint an external independent advisor (who may be a Chair from another NHS Foundation Trust) to provide advice on the recruitment and to participate in, and support, the appointment panel.

The Committee may also seek other specialist recruitment advice and support if considered necessary.

#### **5.4. Shortlisting**

Once applications have been received, the Nominations Committee will shortlist candidates, assessing against the person specification in accordance with the Trust's Recruitment and Selection Policy. The Human Resources lead will provide advice on this matter.

#### **5.5. Interviews**

Candidates will be interviewed by the Nominations Committee and for the appointment of the Trust Chair the External Independent Advisor. The Human Resources lead will provide advice and assistance as required.

#### **5.6. Pre-appointment checks**

Any recommendation being made to the Council of Governors regarding the preferred candidate will be subject to the following pre-appointment checks:

- References
- Pre-appointment health screening
- DBS clearance
- Conflicts of Interests assessment
- Bankruptcy/Insolvency clearance
- Fit and Proper Person Requirements

### **6. PREFERRED CANDIDATE**

A recommendation for nomination will be made to the Council of Governors, giving the basis on which the appointment is recommended. If a majority of the Governors present and voting at the Council of Governors meeting support the nomination then a formal offer of appointment will be made. Where the Committee is reporting the names of selected NED candidates for ratification, this will be conducted in the private session, after the exclusion of the press and public, to enable Governors to comment as appropriate.

### **7. TENURE OF POSTS – TRUST CHAIR AND NON-EXECUTIVE DIRECTOR**

In accordance with the guidance contained within Monitor's Code of Governance, the Trust Chair and Non-Executive Directors will be appointed for a period of up to three years and may be invited to apply for an extension(s) to their term of office to a maximum of six years. In accordance with the guidance, any term beyond six years (e.g., two three year terms) for a Non-Executive Director should be subject to particularly rigorous review and should take into account the need for progressive refreshing of the Board. Non-Executive Directors may, in exceptional circumstances, serve longer than six years but this should be subject to annual re-appointment. Serving more than six years could be relevant to the determination of a Non-Executive Director's independence.

### **8. FORMAL OFFER**

Following acceptance by the Council of Governors of the recommendation of the Nominations Committee, a formal offer letter will be sent on behalf of the Council of Governors outlining the terms and conditions of the appointment.

## **9. INDUCTION**

A comprehensive induction programme will be developed for all newly appointed Chairmen and Non-Executive Directors. The programme will be designed to meet the needs of the successful candidate.

The Trust Chair and Trust Secretary, in conjunction with the Human Resources lead will develop and co-ordinate this programme.

## **10. ANNUAL GENERAL MEETING**

The Chair of the Committee and the Lead Governor shall attend the Trust's Annual General Meeting prepared to respond to questions on the Committee's activities.

## **11. DATE OF APPROVAL AND REVIEW**

The Terms of Reference were approved by the Council of Governors at its meeting on

1 October 2020. An amendment was made to the membership of the committee in December 2021 following agreement by the Council of Governors on 19 August 2021 that the Trust Chair shall be the chair of the committee.

Approved by the January 2022 Governors Nomination Committee meeting.

The Terms of Reference shall be reviewed annually by the Nominations Committee and, if necessary, amendments approved by the Council of Governors.

## MINUTES OF THE PUBLIC BOARD OF DIRECTORS

Tuesday 28<sup>th</sup> January 2025, 8.30am – 13.00pm, Boardroom – 1829 Building

Members	04/06/24	30/07/24	24/09/24	26/11/24	28/01/25	
Trust Chair, Mr I Haythornthwaite	<input checked="" type="checkbox"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	N/A	
Chief Finance Officer, Mrs K Edge	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	
Acting Chief People Officer , Ms V Wilson	N/A	N/A	N/A	N/A	<input checked="" type="checkbox"/>	
<b>In attendance</b>	<b>04/06/24</b>	<b>30/07/24</b>	<b>24/09/24</b>	<b>26/11/24</b>	<b>28/01/25</b>	
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"/>	N/A	
Senior Project Administrator , Mrs R Butterworth ( <i>Minutes</i> )	N/A	N/A	N/A	N/A	<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)	<input checked="" type="checkbox"/> (item 10)	
Development Non-Executive Director, Mr M Smith	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	NA	
Development Non-Executive Director, Mrs L Liang	<input checked="" type="checkbox"/>	<input checked="" 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)	N/A	
Specialist Neurological Occupational Therapist, Ms K Cottrell	N/A	N/A	N/A	<input checked="" type="checkbox"/> (item 7)	N/A	
Associate Director of Nursing – Corporate, Mrs S Edwards	N/A	N/A	N/A	<input checked="" type="checkbox"/> (item 11)	N/A	
Head of Nursing – Urgent & Emergency Care, Mrs E Maxwell	N/A	N/A	N/A	<input checked="" type="checkbox"/> (item 11)	N/A	
Associate Medical Director – Women’s and Children’s, Dr S Brigham	N/A	N/A	N/A	N/A	<input checked="" type="checkbox"/> (item 10)	
Diabetes Team Lead - Dr S Williams	N/A	N/A	N/A	N/A	<input checked="" type="checkbox"/> (item 3)	
LMNS SRO, Ms C McClennan via Microsoft Teams.	N/A	N/A	N/A	N/A	<input checked="" type="checkbox"/> (item 11)	
Qi & Safety Lead LMNS, Ms D Gould via Microsoft Teams.	N/A	N/A	N/A	N/A	<input checked="" type="checkbox"/> (item 11)	
Freedom to Speak up Guardian, Mrs H Ellis	N/A	N/A	N/A	N/A	<input checked="" type="checkbox"/> (item 23)	

Formal Business		
Agenda Item Number	Item	Lead
PB1/01/25	<p><b><u>Welcome, apologies and Chair's opening remarks</u></b></p> <p>The Trust Chair, Mr Ian Haythornthwaite, welcomed members to the meeting.</p>	
PB2/01/25	<p><b><u>Declarations of Conflicts of Interest with agenda items</u></b></p> <p>There were no declarations of interest raised in relation to agenda items.</p>	
PB3/01/25	<p><b><u>Service Showcase – Diabetes Services</u></b></p> <p>The Diabetes Services team led by Dr S Williams attended the meeting to give a presentation to the Board of Directors on the Trusts Insulin Pump service. The presentation covered information about the service, how it compares to other Trusts in the region and patient feedback for the Service. The team also shared their vision of how the service could grow.</p> <p>Non-Executive Director, Prof A Hassell thanked the team remarking that it was a fantastic service and asked how the team got so good at providing this service. The team advised that Chester always had a good pump service and that the service just needed to have a more streamlined approach and sourcing experts in the insulin pumps to improve the service further adding that they are always looking for ways to improve.</p> <p>The Chief Executive Officer, Ms J Tomkinson asked if there are robust plans to extend the numbers. The Team advised that currently there is reliance on good will in the team and highlighted some of the barriers to growth.</p> <p>The team added that they had applied for funding for an administrative post, but this had not been approved. Non-Executive Director, Mrs P Williams asked if they had been told the reason why the funding had not been approved, but the team did not know. <b>ACTION:</b> Chief Operating Officer, Ms C Chadwick said she would pick the business case up with the team. The Medical Director, Dr N Scawn advised the Board that the Trust had just appointed a well-established endocrine specialist who would work alongside Consultant Endocrinologist, Prof F Joseph.</p> <p>The Director of Strategic Partnerships, Mr J Develing advised the team that the Trust was running at cardiometabolic disease programme and asked if the Team would participate. <b>ACTION:</b> It was agreed for Mr J Develing to share details regarding the Cardiometabolic Disease Programme outside of the meeting</p> <p>Mr I Haythornthwaite thanked the team for attending.</p>	<p>CC</p> <p>JD</p>
PB4/01/25	<p><b><u>Patient/Staff Story</u></b></p>	

	<p>The Director of Nursing &amp; Quality/Deputy Chief Executive, Mrs S Pemberton introduced the patient story which was a video previously shared at the Quality and Safety Committee. The video told the story of a patient and her twin sister who were born prematurely and their story of the medical interventions they have received since a young age and the Play Assistant supporting them to overcome any fears or anxieties with interventions undertaken.</p> <p>The Trust Chair, Mr I Haythornthwaite thanked Mrs Sue Pemberton for sharing and asked her to pass on the Board of Directors thanks to the team and the patient's family for allowing the story to be shared.</p>	
PB5/ 01/25	<p><b><u>Minutes of the previous meeting held on the 26<sup>th</sup> November 2024</u></b></p> <p>The minutes of the previous meeting held on the 26<sup>th</sup> November 2024 were formally <b>approved</b> as a true and accurate record. This was subject to a request for changes to the maternity section by the Director of Nursing &amp; Quality/Deputy Chief Executive, Mrs S Pemberton. <b>ACTION:</b> It was agreed for Mrs S Pemberton to pick these up outside of the meeting with the Director of Governance, Risk &amp; Improvement, Mrs K Wheatcroft.</p>	<b>SP/ KW</b>
PB6/ 01/25	<p><b><u>To consider any matters arising and action log</u></b></p> <p><b><u>Action 41 – Safeguarding and Complex Care Training compliance for medical staff Update</u></b></p> <p>The Medical Director, Dr N Scawn updated the Board of Directors with the latest performance adding that there had been an increase in training through December 2024 and the score had increased to 73% for adult training and 78% for children's training. Dr N Scawn added that there are more doctors booked on to the training throughout January. He also brought to the Board of Director's attention the Trust being in OPEL 4 all but one day so far in January 2025 and therefore all training was stepped down as per the process in OPEL 4. Dr N Scawn advised the Board that the projected figures are 80% for children's training and 78% for adults training.</p> <p><b>Action 30</b> – Update provided within the action log and the Deputy Director of Nursing &amp; Quality, Governance, Ms F Altintas is reviewing the benchmarking data, action to remain open.</p> <p><b>Item 42</b> – There is a paragraph in Chief Executive Officer's Report as an update, action to remain open.</p>	
PB7/ 01/25	<p><b><u>Chief Executive Officer's Report</u></b></p> <p>The Chief Executive Officer, Ms J Tomkinson highlighted the following from the Chief Executive Officer's Report:</p> <ul style="list-style-type: none"> <li>Cheshire West Health and Care Partnership reset, Ms J Tomkinson advised that she and the Director of Strategic Partnerships, Mr J Develing both attended the meeting and noted the closely aligned objectives for next year.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Urgent and Emergency Care patient survey results. Noting that the scores have improved and some of the scores were the highest in the region but added there is still work to be done in the Trusts Urgent and Emergency care services.</li> <li>• Trauma Unit accreditation, confirming position as a key provider in the region.</li> <li>• Innovating and developing new services based on patient experience, Ms J Tomkinson highlighted that the Trust is one of the first in the region to launch a new heart failure virtual ward.</li> <li>• A Member of Parliament (MP) engagement visit took place with Justin Madders, MP for Ellesmere Port and Bromborough, and Aphra Brandreth MP for Chester South and Eddisbury. Mark Tami, MP for Alyn, and Deeside had been unable to attend. Sam Dixon, MP for Chester North, and Neston had visited the Trust in December 2024.</li> <li>• The Thirlwall Inquiry oral hearings have finished, and the closing statements are being drawn up. The Trust has collected learning from the hearings that will continue to be shared.</li> <li>• Duty of Candour and Manager regulation consultations are live. Ms J Tomkinson advised that this has been shared with the Executive Directors and the Trust Chair, Mr I Haythornthwaite confirmed that this had been circulated to Non-Executive Directors. The Cheshire and Merseyside Acute and Specialist Trust (CMAST) provider collaborative were planning on submitting a collective response on behalf of Trusts.</li> <li>• Executive Team update, Ms J Tomkinson welcomed the Acting Chief People Officer, Mrs V Wilson to her first Board of Directors meeting in her role, and also confirmed Director of Nursing &amp; Quality/Deputy Chief Executive, Mrs S Pemberton had taken up the Executive role as Children's Champion.</li> </ul> <p>The Board <b>noted</b> the contents of the Report.</p>	
PB8/ 01/25	<p><b><u>Chairs Update</u></b></p> <p>The Trust Chair, Mr I Haythornthwaite recognised the significant effort from the Emergency Department and wider areas of the Trust following the burst pipe in the Emergency Department. The feedback has been that the evacuation was coordinated in a calm manner, and the Trust was able to step up services quickly overnight.</p> <p>Mr I Haythornthwaite clarified to the Non-Executive Directors the process for feedback on the ward walkarounds, confirming that if there are issues that arise on the walk arounds , they should take up with the Executive Director responsible for that area. If there are still concerns, then this should be raised with Mr I Haythornthwaite so that it can be brought back to the Board with time scheduled to discuss the issue.</p>	
PB9/ 01/25	<p>a) <b><u>Board Assurance Framework – Quarter 3 2024/25</u></b></p>	

	<p>The Director of Governance, Risk &amp; Improvement, Mrs K Wheatcroft advised the Board that the BAF for Quarter 3 has been through a full review by the Executive Team.</p> <p>Mrs K Wheatcroft advised that the risks remain at the same level as the Quarter 2 update reminding the Board that the risks are strategic risks and that the actions are going to take time to be fully implemented and for the impact of the actions to be seen.</p> <p>The paper also provided a progress update against strategic objectives.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> <li>• <b>approved</b> the updates to the Board Assurance Framework at Quarter 3.</li> <li>• <b>noted</b> the progress in delivering the 2024/25 strategic objectives</li> </ul> <p><b>b) <u>High Risks Report – January 2025</u></b></p> <p>The Director of Governance, Risk &amp; Improvement, Mrs K Wheatcroft gave an overview of the high risks report and confirmed the risk management improvement plan is progressing to strengthen risk management across the Trust.</p> <p>Non-Executive Director, Mr Paul Jones commented on the improvement in the report and referred back to a discussion from the Finance and Performance Committee requesting a column to track mitigation timeframes, Mrs K Wheatcroft recognised the importance of this and advised that there is a lot of work within the Datix system needed before this can be done easily.</p> <p>Non-Executive Director, Mr M Guymer asked if there was a plan to educate colleagues on how to reduce scores given the medical photography and mortuary freezer risks that were appearing on the high risk report and that there should be a fix found for these. A discussion took place around the Trust having confidence that systems are in place and the need for education on scoring risks and putting fixes in place where required following comments from Non-Executive Director, Mrs S Corcoran, and Mr M Guymer</p> <p>Following a question from Mr P Jones around whether limited assurance could be taken from the report, a discussion took place around assurance with Mr M Guymer adding that he takes assurance that it is showing that the organisation is getting better, and the report shows positive messages</p> <p>The Trust Chair, Mr I Haythornthwaite thanked the Board for the interesting discussion around the report and raised the need for the Executive team to note the issues that have arisen around balancing operational risks and resources.</p> <p>The Board of Directors <b>considered</b> the current high-level risks and continue to work on local risk registers to ensure these reflect the organisation's risk profile.</p>	
PB10/01/25	<b><u>Maternity Survey 2024: Management Report January 2024</u></b>	

	<p>The Director of Midwifery, Ms. N McDonald and the Associate Medical Director for Women’s and Children’s, Dr S Brigham, joined the meeting for this item.</p> <p>Ms N McDonald updated the Board on the highlights of Maternity Survey Results including positive feedback and areas for improvement and noted where the Trust ranked twenty out of fifty six Trusts which is a significant improvement from thirty eighth back in 2022 and twenty six in 2023.</p> <p>Ms N McDonald told the Board that many of the areas for improvement will be addressed when the department moves over to the new building.</p> <p>The Medical Director, Dr N Scawn, asked if the single rooms would result in a requirement for extra staff. Ms N McDonald confirmed that the department would change some ways of working and following benchmarking with other Trusts on how to operate it would need around one extra Heath Care Assistant.</p> <p>Non-Executive Director, Prof A Hassell asked for clarification on one of the negatives around partners being able to stay. Ms N McDonald explained the current process on the ward for partners and the issues with space and privacy which prevented partners from being able to stay on the ward in the current building during the night, however assured the Board that this would be addressed in the new building with single rooms and pull down beds.</p> <p>Non-Executive Director, Mrs P Williams asked for further information on another area of improvement around medical history and whether this is exposing the Trust to any risks in service delivery. Dr S Brigham advised the Board that there was an education piece in place with the teams around how to ask questions and rather than asking open questions, speaking to patients with the facts from the medical record.</p> <p>The Board of Directors <b>noted</b> the results and ongoing work to progress the action plan, which will continue to be monitored by the Patient Experience Oversight Group.</p>	
<p>PB11/ 01/25</p>	<p><b><u>Maternity Incentive Scheme Year 6 Compliance and Assurance Report</u></b></p> <p>The Director of Midwifery, Ms N McDonald and the Associate Medical Director for Women’s and Children’s, Dr S Brigham, were joined by external stakeholders Ms C McClennan (LMNS SRO) and Ms D Gould (Qi &amp; Safety Lead LMNS) who joined via MS teams.</p> <p>Ms N McDonald led the presentation to the Board and explained that a meeting had already taken place with the Director of Nursing &amp; Quality/Deputy Chief Executive, Ms S Pemberton and Non-Executive Director, Mrs S Corcoran as safety champions to thoroughly review the report. Ms S Pemberton and Mrs S Corcoran provided assurance to the Board by confirming that all of the standards had been reviewed and evidence seen in both paperwork and in practice as visible during walk arounds.</p>	

	<p>Ms N McDonald brought safety action 10 to the Boards attention as previous reports did not show all the requirements has having been met as good governance. Ms C McClellan advised the Board that there has been an extraordinary Local Maternity &amp; Neonatal System (LMNS) board on 27<sup>th</sup> Jan and therefore the minutes from this Board will be provided for evidence of sign off and thanked and recognised the team effort.</p> <p>Non-Executive Director, Prof A Hassell raised a point about how the Lavendar midwife was the bereavement midwife and how it referred to as the bereavement midwife in the letter to bereaved parents and this may cause some confusion, this was accepted by the team and would be reviewed.</p> <p>The Chief Executive Officer, Ms J Tomkinson queried the correlation between this and exiting the maternity safety surveillance program. Ms N McDonald advised that this is a completely separate scheme and noted that the department has been asked to share some of the best practice with the national team.</p> <p>The Trust Chair, Mr I Haythornthwaite thanked the team for attending and providing the update.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> <li>• <b>Approved</b> the final compliance position for MIS Year 6.</li> <li>• <b>Authorised</b> the CEO to sign the Board Declaration Form for submission to NHS Resolution.</li> <li>• <b>Noted</b> the importance of sustained efforts to maintain the MIS standards.</li> </ul>	
PB12/01/25	<p><b><u>Safety Surveillance and Learning Report – Quarter 3</u></b></p> <p>The Director of Nursing &amp; Quality/Deputy Chief Executive, Ms S Pemberton advised the Board that this is the Quarter 3 report.</p> <p>Ms S Pemberton highlighted the following from the Safety Surveillance and Learning Report – Quarter 3:</p> <ul style="list-style-type: none"> <li>• The increase in moderate incidents detailed in the report is down to the Trust now accurately recording all incidents that present with pressure ulcers, and that in cases where the Trust had not caused these the Trust are working with partners on how to prevent them. It was also noted that a report has been received from Cheshire West which indicated that there was some duplication in the numbers, and this is also reflected in the report.</li> <li>• The Patient Safety Incident Investigations (PSIIs) and how they are monitored weekly through the oversight group. The Integrated Care Board are invited to attend the Patient Oversight Group.</li> <li>• The breakdown of incidents by harm.</li> <li>• Learning which has taken place to ensure incidents are reported and classified correctly along with where duty of candour process needs to be done.</li> <li>• It was noted that in November 2024 there were no catastrophic incidents but that the Trust had two in December 2024, both of which have been reported through the relevant channels and investigations are under way.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Violence and aggression incidents are being reviewed and it is shown that 70% of incidents are related to patients with limited capacity and the safeguarding team are involved in the process.</li> <li>• A thematic review has taken place of complaints and concerns by division and assurance reviews carried out with departments as required.</li> <li>• The Emergency Department is being supported by a secondment post for clinical leadership. To strengthen quality and safety there is now a weekly meeting with the team.</li> <li>• Work is being done by the Deputy Director of Nursing &amp; Quality, Governance, and the Deputy Medical Director to strengthen the Learning from Deaths Group.</li> <li>• The improvement in the process for coroner inquests and working with the legal team, staff support, and report submissions was noted.</li> </ul> <p>Non-Executive Director, Mr D Willamson commented that it was a joined-up report but referred to the missing information in table 1 stating that it does not give assurance and asked if there are plans to update. Mrs S Pemberton informed the Board that this is being addressed as part of the education around harm classifications. The reporting will also be updated following the Mersey Internal Audit Agency (MIAA) Patient Safety Incident Response Framework (PSIRF) audit.</p> <p>Non-Executive Director, Ms S Corcoran asked if the figures in the report have been validated. Ms S Pemberton advised that the scores are scrutinised by the Executive Team and governance groups in the harms discussions. The Integrated Care Board (ICB) are in attendance at meetings and have approved the way that the Trust is assessing and grading harm.</p> <p>Following a further question from Mrs S Corcoran around plans within the PSIRF meetings to look at areas which have gone well, a discussion took place about this being done informally and the benefit of having this reported at Board level.</p> <p>A query was raised by Non-Executive Director, Prof Andrew Hassell around the timings of the Committee meetings in relation to the Board meetings and that Mrs S Pemberton had updated that an exercise was underway to review this.</p> <p>The Director of Governance, Risk and Improvement, Ms K Wheatcroft added that the quality and content of this report demonstrates the improvement since the well led peer review 18 months ago and that the Board needed to recognise that the Trust was in an improved and different place from then.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the contents of the paper.</li> <li>• <b>Noted</b> the assurance that the Trust is continuing to promote a learning culture with evident and measurable actions to improve patient safety</li> <li>• <b>Noted</b> the improvements in governance and oversight workstreams</li> <li>• <b>Noted</b> further improvement workstream regarding Learning from Deaths and Mortality Review.</li> </ul>	
PB13/01/25	<b><u>Care Quality Commission (CQC) Improvement Plan including Well Led</u></b>	

	<p>The Director of Nursing &amp; Quality/Deputy Chief Executive, Ms S Pemberton advised the Board the report provided further assurance this month with a number of the actions being closed and drew the Board's attention to the areas that would be transferred to business as usual.</p> <p>Following comments from the Chief Executive Officer, Ms J Tomkinson and Non-Executive Director, Mrs S Corcoran regarding questions raised from the Thirlwall Inquiry, Ms S Pemberton provided assurance to the Board that the learning points were followed up as key lines of enquiry and that there were no points that Ms J Tomkinson raised at the Inquiry that the Trust were not already progressing.</p> <p>Ms J Tomkinson also reminded the Board that the Executive Team was a fairly new team and recognised the growth in such a short period of time.</p> <p>Following a question from Non-Executive Director, Mr D Williamson around health inequalities, the Director of Strategic Partnerships, Mr J Develing advised the Board that a Framework was being established and that further work would need to be completed at a Board of Director's Development Day.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the assurance on the progress of the consolidated CQC Improvement Plan.</li> <li>• <b>Noted</b> 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 also being reported going forward.</li> </ul>	
PB14/ 01/25	<p><b><u>Clinical Strategy</u></b></p> <p>The Director of Strategic Partnerships, Mr J Develing updated the Board on the engagement events in the form of workshops with clinical leads.</p> <p>Mr J Develing told the Board that the paper detailed the Trust's activities and explained how the Trust wanted to be a health providing hospital as well as an acute hospital and how to the Trust would deliver the strategy to work towards this.</p> <p>Mr J Develing highlighted areas of excellence within the Trust and mentioned the Milk Bank, the Breast Surgery Team, and the Diabetes insulin pump team, all of which had presented to the Board of Directors.</p> <p>Non-Executive Director, Mr M Guymer raised a concern that the paper does not include capital and finance and whether there was a danger that this may not be able to be delivered or achieved. Mr J Develing led a discussion on how the Trust would achieve the strategy by linking in with partnerships in the community and broader patient engagement sessions to achieve this. Following a question around the risks to partnerships from Non-Executive Director, Mrs S Corcoran, Mr J Develing noted that he had feedback from existing partnerships such as Health Watch, but that work needed to be done around the business sector.</p>	

	<p>Non-Executive Director, Mrs W Williams commented that she found the key areas of the strategy and the engagement with clinicians very positive and asked around timescales for achievement. Mr J Develing advised that it was a 5-year strategy and gave more information to the Board on the expected milestones and organisations that the Trust will need to work with.</p> <p>The Medical Director, Dr N Scawn reminded the Board of the increased link with the Chester medical school and how if the Trust can get the primary prevention message in place that students will have this as part of their medical knowledge and training.</p> <p>The Board of Directors <b>noted</b> the progress and approach to developing the Clinical Strategy.</p>	
<p>PB15/ 01/25</p>	<p><b><u>Quality &amp; Safety Committee Chair's Report – 9<sup>th</sup> January 2025</u></b></p> <p>Non-Executive Director, Prof A Hassell advised the Board of the three alerts that were detailed within the Quality &amp; Safety Committee Chair's Report – 9<sup>th</sup> January 2025:</p> <ul style="list-style-type: none"> <li>• E-discharge compliance – Prof A Hassell told the Board that while there has been improvement the Trust was at 68% for the 24-hour target. The Medical Director, Dr N Scawn gave an update on information that was available from Cerner which showed correlation between discharge times for patients and non-completion of E-discharge paperwork. There was a discussion following an observation from Non-Executive Director, Mr M Guymer who advised that E-Discharge had also been raised as an alert at the Audit Committee. Dr N Scawn advised the Board that the work is being done on the information in the report would be shared at the next Quality and Safety Committee meeting. There was a discussion held around the protocol of raising alerts the Board of Directors following a point raised by the Trust Chair, Mr I Haythornthwaite around the level of detail shared at the Board meetings.</li> <li>• Escalation beds and pressures impacting on staff absence – Prof A Hassell advised the Board the issue is actively being addressed but will take time. Therefore, the Committee were not yet assured on this issue.</li> <li>• Issues within the Emergency Department – Prof A Hassell highlighted the areas of concern and noted that the Director of Nursing &amp; Quality/Deputy Chief Executive, Ms S Pemberton had already referred to the actions in place earlier in the meeting. Non-Executive Director, Mrs P Williams added that this triangulates with the alert from the Finance and Performance Committee in relation to the Emergency Department. It was noted that currently the Committees do not have assurance on this issue.</li> </ul> <p>Non-Executive Director, Prof A Hassell also shared an area of assurance from the Committee, highlighting the impact of the Organ Donation Service, adding that the Committee was assured that it is an area of really good work that enhances the well-being of the patients.</p> <p>The Board of Directors <b>noted</b> the Chair's report of the above Committee.</p>	

PB16/  
01/25

### **System Oversight Framework – December 2024**

Chief Operating Officer, Ms C Chadwick highlighted to the Board the areas identified as positive assurance and others that require improvement.

Ms C Chadwick highlighted the following from the System Oversight Framework – December 2024:

- Emergency Department performance including patient wait times, ambulance wait times and length of stays within the department.
- The Emergency Department re-set exercise in conjunction with external partners and the outcomes from this exercise, adding that the feedback would be available in the coming weeks.
- The support from the national team in relation to conversations with Flintshire to expedite discharge for Welsh patients.
- A new process of call before convey for ambulances to call before they bring in a patient over sixty five unless it is a resus case advising that in some cases patients arrive by ambulance who did not need to attend the Emergency Department.
- Activity included in the report resulting from the Wirral University Teaching Hospital cyber-attack.

Following a question from Non-Executive Director, Prof A Hassell, Ms C Chadwick outlined the full process of the call before convey initiative

The Director of Nursing & Quality/Deputy Chief Executive, Ms S Pemberton, highlighted the Friends and Family Testing and the actions taken to improve this.

The Medical Director, Dr N Scawn also advised that the Mortality overview was on track.

Non-Executive Director, Mrs S Corcoran raised a concern that the sepsis data was over six months old, and a discussion was held around the systems used for this and the plans in place for the Trust to produce this data internally.

Chief Finance Officer, Mrs K Edge summarised the Trust's Financial performance against plan and shared with the Board that the Thirlwall Inquiry funding had now been confirmed and that the main areas for concern in the Trust was the Cost Improvement Programme slippage but that this was covered in the Private Board papers along with the mitigations that have been put in place.

Non-Executive Director, Mr M Guymer expressed concern around the deficit position despite the efforts made and Non-Executive Director, Mr P Jones highlighted areas for improvement and a discussion followed around the plans to address these.

Acting Chief People Officer, Ms V Wilson gave a summary of the People and Organisational Development metrics stating the main areas for concern were sickness absence and mandatory training compliance. Following a question from Chief Executive Officer, Ms J Tomkinson, Ms V Wilson also gave an update on the headcount reduction plans.

	The Board of Directors <b>considered and noted</b> the contents of the Report.	
PB17/ 01/25	<p><b><u>Operational Management Board Chair’s Report – 28<sup>th</sup> November 2024</u></b></p> <p>Chief Executive Officer, Ms J Tomkinson advised the Board that the Operational Management Board (OMB) had met the previous week, and along with the November 2024 report the January 2025 Chair’s report had also been circulated. The AAA reports highlighted the key areas and advised that there were no alerts to share. For consistency it had been agreed with the Director of Governance, Risk and Improvement, Mrs K Wheatcroft that an OMB AAA report should be produced in the same way as the other Assurance Committees.</p> <p>Trust Chair, Mr I Haythornthwaite thanked Ms J Tomkinson for bringing the report to the Board commenting that is useful to be included.</p> <p>The Board of Directors <b>noted</b> the Chair’s reports of the Operational Management Board.</p>	
PB18/ 01/25	<p><b><u>Finance &amp; Performance Committee Chair’s Report – 21<sup>st</sup> January 2025</u></b></p> <p>Non-Executive Director, Mrs P Williams advised the Board of the following alerts from the Finance &amp; Performance Committee Chair’s Report – 21<sup>st</sup> January 2025:</p> <ul style="list-style-type: none"> <li>• Urgent Emergency Care performance which has been discussed previously in the meeting</li> <li>• The Trust Financial position, remains on the report as an alert due to the ongoing challenges and need for assurance</li> </ul> <p>There were no questions in relation to the Chair’s report.</p> <p>The Board of Directors <b>noted</b> the Chair’s report of the Finance &amp; Performance Committee.</p>	
PB19/ 01/25	<p><b><u>Research &amp; Innovation Update</u></b></p> <p>The Director of Clinical Research, Mr P Bamford was unable to attend the meeting to present to the Board due to clinical pressures on the day, therefore the Chief Executive Officer, Ms J Tomkinson shared the presentation. Ms J Tomkinson highlighted the Trust’s ambition to become a University Teaching Hospital, and the need to work through the criteria needed to achieve this.</p> <p>Non-Executive Director, Prof A Hassell asked if there was potential for a Board seminar, Ms J Tomkinson suggested it could be included in one of the Board of Directors Development Days. The Trust Chair, Mr I Haythornthwaite agreed, adding that it would be useful to include to work on then criteria needed the Trust aspirations.</p> <p><b>ACTION:</b> Criteria to become a University Teaching Hospital to be included on a future Board Strategy day agenda.</p> <p><b>a) <u>Research &amp; Innovation Committee Chair’s Report – 17<sup>th</sup> January 2025</u></b></p>	<b>JT</b>

	The Board of Directors <b>noted</b> the Chair's report of the above Committee.	
PB20/ 01/25	<p><b><u>People Committee Chair's Report – 10<sup>th</sup> December 2024</u></b></p> <p>Non-Executive Director, Mrs W Williams advised the Board of the following alerts from the People Committee Chair's Report – 10<sup>th</sup> December 2024:</p> <ul style="list-style-type: none"> <li>• Band 2/3 update - a discussion took place around the submitted grievance, training plans and cost implications. Non-Executive Director, Mr M Guymer raised a concern that this may pose a significant risk to year end provisions</li> <li>• Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES) significant actions required to coordinate activity in the Trust and that it is not moving at the pace we would like it to.</li> <li>• Director of Medical Education Annual Report, the general medical council survey has highlighted areas that need to be improved upon. An integrated action plan is to be shared at the next Committee meeting.</li> </ul> <p>Mrs W Williams also drew the Board's attention to the management training programme adding that the focus is kept on this in the Committee meetings.</p> <p>The Board of Directors <b>noted</b> the Chair's report of the People Committee.</p>	
PB21/ 01/25	<p><b><u>Annual NHS England Quality Self-Assessment Education Report</u></b></p> <p>This item was for information only and there were no questions relating to it but was noted that Education should be included as part of the enabling strategies work to be considered at the forthcoming Board of Directors Strategy day.</p> <p>The Board of Directors <b>acknowledged</b> the achievements recorded within the self-assessment report and considered to the challenges relating to space and facilities within the Education Centre footprint.</p>	
PB22/ 01/25	<p><b><u>Council of Governors Report</u></b></p> <p>Director of Governance, Risk &amp; Improvement, Mrs K Wheatcroft highlighted the key points of the report to the Board and advised that the workshops and engagement continued with the Governors.</p> <p>The Board of Directors <b>noted</b> the contents of this report.</p>	
PB23/ 01/25	<p><b><u>Freedom to Speak Up Vision and Strategy 2025-28</u></b></p> <p>Freedom to Speak up (FTSU) Guardian, Mrs H Ellis attended for this item with was presented along with the FTSU Executive Lead and Chief Operating Officer, Ms C Chadwick.</p> <p>Ms C Chadwick introduced the paper explaining that it was as a result of the Trust revisiting the vision and strategy advising the paper also contains an action plan and the procedure for reporting concerns.</p>	

	<p>Mrs H Ellis advised that the team had followed national guidance when reviewing and updating the document.</p> <p>The Director of Nursing &amp; Quality/Deputy Chief Executive, Ms S Pemberton asked if the Trust FTSU policy includes how staff can raise a concern about other members of staff in line with the query from the Thirlwall Inquiry. Mrs H Ellis will check the exact wording of the policy.</p> <p>Discussions took place following questions from a number of the Executives and Non-Executive Directors.</p> <ul style="list-style-type: none"> <li>• Whether the Chief Executive Officer pledge on Freedom to Speak Up should appear in the strategy. It was agreed this would be added.</li> <li>• Whether the actions raised from the previous peer review were reflected in the strategy. Director of Governance, Risk, and Improvement, Mrs Karan Wheatcroft had completed the peer review prior to joining the Trust and confirmed that these actions had largely been derived in the last twelve months building the foundations of the policy, report, Board self-assessment and increased Champion network.</li> <li>• The need for the Trust to have a clear policy on detriment. This was included in the CEO pledge and FTSU policy and more work was planned as part of the strategy aligned to the National Guardians Office priorities.</li> <li>• The importance of working together in line with other activity which is happening within the Trust.</li> </ul> <p>Non-Executive Director, Mr. D Williamson raised concerns of the Clarity of the flowchart as there weren't clear arrows or connections between the boxes.  <b>ACTION:</b> It was agreed that clear arrows and connections would be added to the raising concerns flowchart.</p> <p>The Board of Directors <b>approved</b> the contents of the refreshed Strategy, the action plan, and the updates to the Freedom to Speak Up reporting Standard Operating Procedure.</p> <p>The Board of Directors <b>agreed</b> to use the documents to drive forward the FTSU work.</p>	HE/ CC
PB24/ 01/25	<p><b><u>Items for noting and receipt</u></b></p> <p>The Board of Directors noted the following minutes which had been approved by the relevant Committees:</p> <ol style="list-style-type: none"> <li>Approved minutes of the Quality &amp; Safety Committee – 7<sup>th</sup> November 2024</li> <li>Approved minutes of the People Committee – 8<sup>th</sup> October 2024</li> <li>Approved minutes of the Finance &amp; Performance Committee – 25<sup>th</sup> September 2024</li> <li>Approved minutes of the Operational Management Board – 26<sup>th</sup> September 2024</li> <li>Approved minutes from the Research Executive Meeting – 11<sup>th</sup> October 2024</li> </ol>	

	The Board of Directors noted the following item: f) Board of Directors Workplan 2024/25.	
PB25/ 01/25	<b><u>Any other business</u></b>  The Chief Operating Officer, Ms C Chadwick raised whether the Board wanted to sponsor a duck in the annual duck race as per previous years at a cost of £17 each, and it was agreed that this would be supported personally by the Directors.	
PB26/ 01/25	<b><u>Questions from Governors and members of the Public relating to items on the meeting agenda</u></b>  Trust Chair, Mr I Haythornthwaite explained that no questions had been raised in advance of the meeting and invited questions from those in attendance.  No questions were raised.	
PB27/ 01/25	<b><u>Closing remarks</u></b>  The Trust Chair, Mr I Haythornthwaite thanked the Board of Directors, the Governors, and the visitors for attending the meeting.	
	<b><u>Date &amp; Time of next meeting</u></b>  The next meeting will be held on Tuesday 25 <sup>th</sup> March 2025 (timings to be confirmed).	

Approved 25<sup>th</sup> March 2025

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

Tuesday 25<sup>th</sup> March 2025, 8.30 – 13.00  
Boardroom, 1829 Building

<b>Chair</b>	Mr N Large, Interim Trust Chair
<b>Apologies</b>	
<b>In attendance</b>	Ms N Macdonald, Director of Midwifery (Item 11), Ms H Ellis, FTSU Guardian (Item 13) and Ms K Adams, Director of Pharmacy and Medicines Optimisation/Controlled Drugs Accountable Officer (Item 15)

Time	Agenda No.	Agenda item	Lead	Page No.	Decision Required
8.30	1.	Welcome, apologies and Chair's opening remarks (verbal)	Interim Trust Chair		For noting
8.33	2.	Declarations of Conflicts of Interest with agenda items (verbal)	Interim Trust Chair		For noting
8.35	3.	Service Showcase (to be presented on the day)			
9.05	4.	Patient Story (to be presented on the day)			
9.25	5.	Minutes of the previous meeting held on 28 <sup>th</sup> January 2025 (attached)	Interim Trust Chair		For approval
9.30	6.	To consider any matters arising and action log (attached)	Interim Trust Chair		For noting
9.35	7.	Chief Executive Officer's Report (attached)	Chief Executive Officer		For noting
9.45	8.	Chairs Update (verbal)	Interim Trust Chair		For noting
9.55	9.	a) Board Assurance Framework – Quarter 4 2024/25 (attached)	Director of Governance Risk & Improvement		For assurance & decision
		b) High Risks Report – February 2025 (attached)	Director of Governance, Risk & Improvement		For noting
<b>Quality of Care</b>					
10.05	10.	Quarterly Report on Safe Working Hours (attached)	Medical Director		For noting
10.15	11.	Maternity Services Quarterly Update – Quarter 3 (attached)	Director of Midwifery		For assurance
<b>Comfort Break (10.25 – 10.40)</b>					
10.40	12.	Care Quality Commission (CQC) Improvement Journey (attached)	Director of Nursing & Quality /		For assurance

			Deputy Chief Executive		
10.50	13.	Freedom to Speak Up Update Report (attached)	Chief Operating Officer / FTSU Guardian		For assurance & noting
11.00	14.	Quality & Safety Committee Chair's Report – 6 <sup>th</sup> March 2025 (attached)	Non-Executive Director		For assurance
11.05	15.	Self-Assessment and Designated Body Controlled Drugs Accountable Officer (CDAO) Improvement Framework for 2025 (attached)	Director of Pharmacy and Medicines Optimisation/ Controlled Drugs Accountable Officer		For ratification
<b>Operational Performance</b>					
11.15	16.	System Oversight Framework (SOF) – February 2025 (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		
11.45	17.	Operational Management Board Chair's Report – 27 <sup>th</sup> February 2025 (attached)	Chief Executive Officer		For assurance
<b>Finance, Use of Resource and Performance</b>					
11.50	18.	Audit Committee Chair's Report – 13 <sup>th</sup> February 2025 (attached)	Non-Executive Director		For assurance

11.55	19.	Finance & Performance Committee Chair's – 7 <sup>th</sup> March 2025 (attached)	Non-Executive Director		For assurance
<b>Strategic Change</b>					
12.00	20.*	NHS Green Plan Guidance Update (attached)	Director of Strategic Partnerships		For noting
<b>Leadership, Improvement Capability, Organisation Development and People</b>					
12.03	21.	People Committee Chair's Report – 11 <sup>th</sup> February 2025 (attached)	Non-Executive Director		For assurance
12.08	22.	Standing Financial Instructions (SFIs) Review 2025 (attached)	Chief Finance Officer		For ratification
12.18	23.*	Gender Pay Gap Report (attached)	Acting Chief People Officer		For assurance & noting
12.20	24.	NHS Staff Survey 2024 – Results and High-Level Actions (attached)	Acting Chief People Officer		For assurance & noting
12.30	25.*	Equality Delivery System (EDS) Assessment Report 2024/25 (attached)	Acting Chief People Officer		For assurance & noting
12.33	26.*	Council of Governors Summary Report (attached)	Director of Governance, Risk, and Improvement		For noting
<b>Governance</b>					
12.35	27.*	Code of Governance Compliance 2024/25 (attached)	Director of Governance, Risk, and Improvement		For assurance & noting
12.38	28.*	Provider Licence Compliance 2024/25 (attached)	Director of Governance, Risk, and Improvement		For assurance & noting
12.40	29.	Use of Trust Seal: Renewal of Lease for Tarporley War Memorial Hospital and Countess of Chester Hospital (attached)	Director of Governance, Risk & Improvement		For decision
<b>Items for noting</b>					
14.43	30.*	Items for noting and receipt (attached): <b><u>Sent under separate cover:</u></b>  <b>Minutes of Committee Meetings:</b> a) Approved minutes of the Quality & Safety Committee – 9 <sup>th</sup> January 2025 (attached) b) Approved minutes of the People Committee – 10 <sup>th</sup> December 2024 (attached)	Interim Trust Chair		For noting

		<p>c) Approved minutes of the Finance &amp; Performance Committee – 21<sup>st</sup> January 2025 (attached)</p> <p>d) Approved minutes of the Operational Management Board – 28<sup>th</sup> November 2024 and 23<sup>rd</sup> January 2025 (attached)</p> <p>e) Approved minutes of the Audit Committee – 15<sup>th</sup> October 2024 (attached)</p> <p><b>Other items:</b></p> <p>f) Board of Directors Workplan 2024/25 (attached)</p>			
Other items					
12.45	31.	Any Other Business (verbal)	Interim Trust Chair		For noting
12.50	32.	<p>Questions from Governors and members of the Public relating to items on the meeting agenda - <b>Questions to be submitted in writing in advance of the meeting to:</b></p> <p><u><a href="mailto:coch.membershipenquiriescoch@nhs.net">coch.membershipenquiriescoch@nhs.net</a></u></p> <p><b>by Thursday 20<sup>th</sup> March 2025</b></p> <p><b>Future Dates:</b></p> <p>20<sup>th</sup> May 2025</p> <p>29<sup>th</sup> July 2025</p> <p>30<sup>th</sup> September 2025</p> <p>25<sup>th</sup> November 2025</p> <p>27<sup>th</sup> January 2026</p> <p>31<sup>st</sup> March 2026</p>	Interim Trust Chair		For noting
13.00	33.	Closing remarks (verbal)	Interim Trust Chair		For noting

Next Meeting: Tuesday 20<sup>th</sup> May 2025

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

**Committee Chair’s Report**

Thursday 6<sup>th</sup> March 2025 at 2.15pm – 4.30pm in the Boardroom, 1829 Building

<b>Committee</b>	Quality & Safety (Q&S) Committee
<b>Chair</b>	Non-Executive Director, Prof A Hassell

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

<b>Alert (<i>matters that the Committee wishes to bring to the Board’s attention</i>)</b>
<ul style="list-style-type: none"> <li>• Hospital acquired pressure ulcer numbers have increased and significant work being done in particular in the Emergency Department (ED) to identify those present on arrival and support early management.</li> <li>• Friends &amp; Family Test 90% for inpatients discussed against national average of 94% with ongoing work on the 6 steps for family and patient experience. Examples provided and analysis to be undertaken and reported back to the Committee.</li> <li>• Specialised palliative care and end of life service review providing assurance on compliance with standards including gaps and action. Committee requested an update in 6 months.</li> </ul>
<b>Assure (<i>matters in relation to which the Committee received assurance</i>)</b>
<ul style="list-style-type: none"> <li>• Temporary staffing compliance with mandatory training.</li> <li>• Q&amp;S metrics in the System Oversight Framework (SOF) were reviewed. Discussion took place on timeliness of some of the data recognising some of the mortality data is historic due to timing and there was an error noted in neonatal data which will be picked up with the team.</li> <li>• Quality Governance Group (QGG) report updated on a wide range of items with a range of assurance levels given (discussions included: point of care testing; medical devices safety officer in post and undertaking a baseline assessment; emergency department improvement plan; consent; and e’discharge). Significant assurance on radiology reporting discrepancy in terms of action taken and learning. Committee requested ED improvement plan including range of actions across the Trust and system to be shared. Further discussion planned through committee effectiveness workshop on reporting and assurances from QGG.</li> <li>• Maternity and Neonatal Incentive Scheme compliance (Q3).</li> <li>• Assurance on implementation on Patient Safety Incident Framework (PSIRF), with a draft internal audit report received with Moderate Assurance demonstrating the progress in implementing PSIRF and the strength of focus on patient safety and learning.</li> <li>• Safety surveillance and learning report included Incident reporting, completion of reviews and learning including Patient Safety Incident Investigation (PSIIs); Themes from complaints and concerns and action being taken; improvement work being undertaken on mortality reviews and learning from deaths; update on Coroners inquests.</li> </ul>

- Assurance on progress with NICE guidance review and closure of actions.
- Assurance on Cancer harm review completion, waiting times and performance.
- Radiology GP results action plan progress.
- Ionising Radiation (Medical Exposure) Regulations (IRMER) quarterly update including assurance on incident reporting, benchmarking and actions taken.

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

- The Trust are establishing a patient nominated staff award from next month to recognise the patient feedback we get for individuals.
- Committee received a brief verbal update on the initial feedback from the unannounced Care Quality Commission (CQC) inspection of Urgent and Emergency Care (UEC) including immediate actions taken during the visit.
- Maternity Safety Support Programme (MSSP) letter which now states that whilst the Trust has successfully exited the programme, a further service review will be undertaken later in the year following the publication of the Thirlwall Public Inquiry.
- Maternity update paper included review and early learning from two serious incidents which have been reported to Maternity and Newborn Safety Investigations (MNSI) and will undergo Perinatal Mortality Review Tool (PMRT) including external representation. Support being provided to the families.
- Stroke services update, with recurrent investment agreed to improve patient care and experience, and exploring further opportunities to expand stroke coordinator cover.
- Sepsis annual report with action plan for changes to processes, data and compliance improvement.

**Risks discussed and new risks identified**

- High risks in relation to Q&S were received, key areas highlighted were the appointment of the Medical Devices Safety Officer (MDSO) which will reduce the risk; the lack of medical photography cover with work being undertaken to implement mitigations. It was noted that the consistency in risk scoring is still an area for focus.
- Reviewed Board Assurance Framework (BAF) to ensure consistency with Committee agenda, assurances and risks.

## Committee Chair's Report

11<sup>th</sup> February 2025

<b>Committee</b>	People Committee
<b>Chair</b>	Non-Executive Director, Ms W Williams (this meeting Chaired by Non-Executive Director, Ms P Williams)

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*)**

- No items to alert.

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

- Education action plan developed to focus on addressing the themes from a range of national surveys including General Medical Council (GMC). A number of actions complete and others progressing with deadlines of April and September 2025.
- Equality Delivery System assessment compliance demonstrating positive progress, agreed for publication.
- People promise exemplar programme delivery with a closedown report to be produced for NHS England to be reported to the Committee in April 2025.
- Update on management development, leadership and appraisals with continued roll out of training and review of qualitative impact of appraisals.

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

- Paper on apprenticeship levy which is underutilised. Further work being undertaken to explore opportunities to maximise number of apprentices and use of the levy.
- Early update on staff survey results which remain embargoed, including improved response rates, timeframes for data release, communication and development of action plans. Further update planned April 2024.
- People Key Performance Indicators (KPIs) with information, actions and assurance to be considered through governance structures and future reports.
- Equality, Diversity & Inclusion progress noted and integrated action plan to be developed.
- Gender pay gap report received and approved for publication, noting reduction in gender pay gap and further actions to be taken.
- Out of date policies and planned review dates provided to the Committee, recognising further extensions to dates based on a risk priority basis (Committee requested further commentary to support this).
- Update on governance structure underpinning the work of the People Committee with draft Terms of References (TOR) developed. To be established and final TOR to come back for approval.

### **Risks discussed and new risks identified**

- Reviewed BAF and high risk report triangulating with the agenda.

**Committee Chair’s Report**

Thursday 13<sup>th</sup> February 2025, 9.30am – 12.30pm, Boardroom, 1829 Building

<b>Committee</b>	Audit Committee
<b>Chair</b>	Non-Executive Director, Mr M Guymer

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

<b>Alert (matters that the Committee wishes to bring to the Board’s attention)</b>
<ul style="list-style-type: none"> <li>No areas to alert to the Board of Directors.</li> </ul>
<b>Assure (matters in relation to which the Committee received assurance)</b>
<ul style="list-style-type: none"> <li>Risk Management improvement plan progress, notwithstanding more to do in terms of Datix developments and implementation to support this</li> <li>Anti-Fraud plan progress report including awareness raising, referrals and ongoing cases.</li> <li>Review of the Draft Annual Governance Statement 2024/25.</li> <li>Provider Licence Compliance 2024/25.</li> <li>Code of Governance Compliance 2024/25.</li> <li>Internal Audit Plan Progress report including substantial assurance for financial systems key controls. The medical staffing review didn’t include an assurance level but did highlight a number of issues and the Acting Chief People Officer attended to explain how this aligned to work already progressing e’roster which will be followed up through the People Committee.</li> <li>Assurance on follow up progress against Internal Audit recommendations.</li> </ul>
<b>Advise (items presented for the Board’s information)</b>
<ul style="list-style-type: none"> <li>New Failure to Prevent Fraud guidance supporting a new statutory instrument which will bring this offence into effect from Sept 2025. NHS Counter Fraud Authority reviewing this alongside their counter fraud standards and we will need to consider this with our Anti-Fraud Specialist.</li> <li>Out of date policies continue to be a focus but significant work still needed in terms of updates and accuracy of reporting information.</li> <li>Thorough review and update of proposed changes to Standing Financial Instructions (SFIs) for Board approval.</li> <li>Recovery and Bad debt write off for 2024/25 £199K which included significant debt of £136K in relation to the liquidation of a maternity services provider in 2020 (noting there was a provision for this in prior years). Also, a number relating to an overseas supplier and overseas patients. Audit Committee requested historic timeline on reporting within the Trust of the liquidation of a maternity services provider.</li> <li>Concerns on salary overpayments causes with an action plan in place to improve systems and processes to mitigate the risk going forward, recognising the risk of financial recovery on historical overpayments.</li> </ul>

- Approved the Indicative External Audit Plan 2025, Draft Anti-Fraud plan 2025/26 and the Draft risk based Internal Audit Plan 2025/26.

**Risks discussed and new risks identified**

- The risks and assurance for the transition of payroll services to be considered through the People Committee.

**Committee Chair’s Report**

Friday 7<sup>th</sup> March 2025 at 1.30pm – 2.30pm via Microsoft Teams

<b>Committee</b>	Finance & Performance Committee
<b>Chair</b>	Non-Executive Director, Ms P Williams

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

<b>Alert (<i>matters that the Committee wishes to bring to the Board’s attention</i>)</b>
<ul style="list-style-type: none"> <li>Financial position for 2025/26 annual planning is challenging. CIP delivery for 24/25 and 25/26 is a key risk. Consideration needs to be given to larger scale change and transformation initiatives.</li> <li>UEC performance continues to be an area of concern. Significant focus and improvement work has been undertaken but progress is being hampered by large increases in NCR.</li> </ul>
<b>Assure (<i>matters in relation to which the Committee received assurance</i>)</b>
<ul style="list-style-type: none"> <li>Month 11 finance update indicates that the planned position for 2024/25 should be achieved.</li> <li>SOF performance standards received</li> <li>Alert, Assure and Advice Chair report from Operations and Performance Executive Led Group (OPELG)</li> <li>Funding received for staff pay award and industrial action.</li> </ul>
<b>Advise (<i>items presented for the Board’s information</i>)</b>
<ul style="list-style-type: none"> <li>Medical staffing overspend of £1.2m due to sickness, vacancies and workload pressures.</li> </ul>
<b>Risks discussed and new risks identified</b>
<ul style="list-style-type: none"> <li>CIP underdelivered by £7.4m. Workshop held in January 2025 and CIP delivery groups assessing opportunities for CIP identification.</li> <li>Increased Band 2-3 recurrent costs (backpay costs will be within 24/25 position).</li> <li>NC2R consistently above agreed projections.</li> <li>RAAC in Women’s and Children’s: risk assessment being done and actively managed</li> </ul>

**Council of Governors**  
**23<sup>rd</sup> April 2025**

Report	Agenda Item 12.	Council of Governors action plan update					
Purpose of the Report	Decision		Ratification		Assurance	X	Information
Accountable Executive	Karan Wheatcroft			Director of Governance, Risk and Improvement			
Author(s)	Karan Wheatcroft			Director of Governance, Risk and Improvement			
Board Assurance Framework	BAF 1 Quality BAF 2 Safety BAF 3 Operational BAF 4 People BAF 5 Finance BAF 6 Capital BAF 7 Digital BAF 8 Governance BAF 9 Partnerships BAF 10 Research			X	Supports the overarching governance arrangements.		
Strategic goals	Patient and Family Experience People and Culture Purposeful Leadership Adding Value Partnerships Population Health						X
CQC Domains	Safe Effective Caring Responsive Well led						X
Previous considerations	The action plan was agreed at the COG on the 21 <sup>st</sup> November 2024 and progress against this reported to the COG on 13 <sup>th</sup> February 2025.						
Executive summary	The purpose of this report is to provide an update on further progress against the action plan from the Council of Governors Workshop held on 17 <sup>th</sup> October 2024.  Progress includes: <ul style="list-style-type: none"> <li>• Committee observation and involvement agreed.</li> <li>• Membership and Engagement Committee re-established, Terms of Reference reviewed and workplan being developed with updates to be reported to the COG.</li> <li>• Election proposal developed.</li> </ul>						
Recommendations	The Council of Governors is asked to note the progress against the COG action plan.						

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

## COG workshop action plan update

### 1. Introduction

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

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

An action plan was developed and agreed at the Council of Governors meeting 21<sup>st</sup> November 2025 with progress updates.

### 2. Purpose

This paper provides an update on progress against the action plan.

### 3. Action Plan Progress

The following provides a high level summary of progress since the previous update reported in February 2025:

- Committee observation and involvement agreed.
- Membership and Engagement Committee re-established, Terms of Reference reviewed and workplan being developed with updates to be reported to the COG.
- Election proposal developed.

The full action plan is included in Appendix A.

### 4. Conclusion

The workshop discussions captured valuable feedback which in turn has supported the development of a prioritised action plan. Progress is being demonstrated and we will continue to work with Governors to support them in fulfilling their roles and increase engagement and involvement in driving this forward.

Progress against the action plan will continue to be reported to the formal Council of Governor meetings.

### 5. Recommendations

The Council of Governors is asked to consider progress against the COG action plan.

## Appendix A – Action Plan Progress

Action Details	Responsible Officer	Date	Progress
1. Annual calendar of activities to be agreed and provided to all Governors.	Director of Governance, Risk and Improvement	<del>November 2024</del> Revised to May 2025	<b>In Progress:</b> 2025/26 Board calendar is currently being finalised and dates will be shared. To include COG meetings, COG workshops, Board of Directors meetings, and AMM.
2. Annual walkabout schedule to be provided to all Governors to ascertain availability against planned dates / times.	Director of Governance, Risk and Improvement	November 2024	<b>Complete:</b> The 2025 schedule has been collated and this has been shared with Governors to confirm their attendance.
3. COG workplan to be reviewed and refreshed. To include greater NED involvement in agenda items; summary of walkabout feedback; strategy updates.	Trust Chair	November 2024	<b>Complete:</b> Draft updated workplan to be presented to November COG meeting.
4. Monthly Governor Newsletter to be produced.	Trust Chair/ Director of Governance, Risk and Improvement	December 2024	<b>Complete:</b> Governor newsletter developed and implemented to provide a focused summary of key communications for Governors.
5. Access to key information for Governors.	Director of Governance, Risk and Improvement	<del>December 2024</del> Revised to Sept 2025	<b>In progress:</b> Liaising with Interim Director of Digital to explore options. Further consideration needed on types of information. Governor handbook to be developed in 2025/26 through the Membership and Engagement Committee.
6. Patient and family engagement events dates for Governor attendance.	Director of Governance, Risk and Improvement	<del>December 2024</del> Revised to May 2025	<b>In progress:</b> Liaising with the Deputy Director of Nursing, Quality Governance regarding linking Governors into these events.
7. Committee 'observation' to be reviewed and process/ role agreed.	Trust Chair/ Lead Governor	January 2025	<b>Complete:</b> Paper provided to COG (Feb 2025) and approach agreed.
8. Buddy system to be re-established for new governors.	Lead Governor	Complete	<b>Complete:</b> In place
9. Membership and engagement group role/ activity to be further developed.	Director of Governance, Risk and Improvement/ Lead Governor	<del>March 2025</del> Revised to Sept 2025	<b>In progress:</b> Membership and Engagement Committee TOR revised, initial meeting held and TOR to be approved through COG (April 2025). Minutes and updates to be provided to COG meetings.
10. Plan for recruitment to vacant Governor posts and review of the composition of the Council of Governors.	Trust Chair/ Director of Governance, Risk and Improvement	March 2025	<b>Complete:</b> Election proposal paper in COG papers (April 2025).

**Council of Governors Workplan**  
DRAFT 2025/26

Item	Frequency	Lead	Operational Lead	23 <sup>rd</sup> Apr 2025	17 <sup>th</sup> Jul 2025	22 <sup>nd</sup> Oct 2025	29 <sup>th</sup> Jan 2026
1	Welcome and apologies for absence	Each meeting	Trust Chair	Trust Chair	✓	✓	✓
2	Declarations of interest	Each meeting	Trust Chair	Trust Chair	✓	✓	✓
3	Minutes of last meeting	Each meeting	Trust Chair	Director of Governance, Risk and Improvement	✓	✓	✓
4	Matters arising and action log	Each meeting	Trust Chair	Director of Governance, Risk and Improvement	✓	✓	✓
5	Patient Story	Each Meeting (to be presented on the day)	Director of Nursing & Quality /Deputy Chief Executive	Director of Nursing & Quality /Deputy Chief Executive	✓	✓	✓
6	Trust Chair's Briefing	Each meeting (verbal update)	Trust Chair	Trust Chair	✓	✓	✓
7	Chief Executive Officer's Report	Each meeting	Chief Executive Officer	Chief Executive Officer	✓	✓	✓
8	Lead Governor Update	Each meeting	Lead Governor	Lead Governor	✓	✓	✓

Item		Frequency	Lead	Operational Lead	23 <sup>rd</sup> Apr 2025	17 <sup>th</sup> Jul 2025	22 <sup>nd</sup> Oct 2025	29 <sup>th</sup> Jan 2026
9	Staff Survey - Outcomes	Annually	Chief People Officer	Chief People Officer		✓		
10	Inpatient Survey - Outcomes	Annually	Director of Nursing & Quality /Deputy Chief Executive	Director of Nursing & Quality /Deputy Chief Executive	✓			
11	Patient / Family Experience Update	Annually	Director of Nursing & Quality /Deputy Chief Executive	Director of Nursing & Quality /Deputy Chief Executive				✓
12	Anchor Institution	Twice annually	Director of Strategic Partnerships	Director of Strategic Partnerships		✓		✓
13	Feedback - Membership & Engagement Committee	Each meeting	Director of Governance, Risk and Improvement	Director of Governance, Risk and Improvement	✓	✓	✓	✓
14	To receive questions on:							
	a) Board of Directors meeting date (minutes) and Board of Directors meeting date (agenda)	Each Meeting	Director of Governance, Risk and Improvement	All Executive Directors	✓	✓	✓	✓
	b) The recent reports from the Chairs of the Board of Directors Sub-Committees	Each Meeting	Director of Governance, Risk and Improvement	Non-Executive Directors	✓	✓	✓	✓
	c) Strategic Oversight Framework Report <ul style="list-style-type: none"> <li>• Operational Performance</li> <li>• Quality</li> <li>• Safety</li> <li>• Finance</li> <li>• Human Resources &amp; People</li> </ul>	Each meeting	Chief Operating Officer	Chief Operating Officer / Director of Nursing & Quality/Deputy Chief Executive / Medical Director /	✓	✓	✓	✓

Item		Frequency	Lead	Operational Lead	23 <sup>rd</sup> Apr 2025	17 <sup>th</sup> Jul 2025	22 <sup>nd</sup> Oct 2025	29 <sup>th</sup> Jan 2026
				Chief Finance Officer / Interim Chief People Officer				
15	Feedback from Governors	Each meeting	Lead Governor	All Governors	✓	✓	✓	✓
16	Feedback from Council of Governor Workshops	Each meeting	Trust Chair / Director of Governance, Risk & Improvement	Trust Chair / Director of Governance, Risk & Improvement	✓	✓	✓	✓
17	Feedback from NED / Governor Walkabouts	Each meeting	Non-Executive Directors / Governors	Non-Executive Directors / Governors	✓	✓	✓	✓
18	For noting:							
	a) Council of Governors Workplan	Each meeting	Director of Governance, Risk & Improvement	Committee Secretary	✓	✓	✓	✓
	b) Council of Governors Photosheet link	Each meeting	Director of Governance, Risk & Improvement	Committee Secretary	✓	✓	✓	✓
19	Any other business	Each meeting	Trust Chair	Trust Chair	✓	✓	✓	✓

→ indicates original position of item on workplan and intention to defer and reschedule

# Foundation Trust Council of Governors

## PUBLIC

### CHESTER AND RURAL CHESHIRE



**Robert Howe**  
 Until October 2026



**Sheila Dunbar**  
 Until October 2027



**Lucy Liang**  
 Until October 2025



**Louise Jha**  
 Until October 2027



**Jan Chillery**  
 Until October 2027



**Tim Wheeler**  
 Until October 2026



**John Jones**  
 Until October 2026



Vacant

### ELLESMERE PORT AND NESTON



**Brian Jones**  
 Until September 2025



Vacant



Vacant



Vacant

### FLINTSHIRE



**Myrddin Roberts**  
 Until October 2027



**Ruth Overington**  
 Until September 2025



Vacant

## STAFF

### ALLIED HEALTH PROFESSIONALS



**Chris Price**  
 Until October 2026



**Stephen Higgitt**  
 Until October 2026



**Ashley Jayne Caple**  
 Until October 2026



Vacant

### DOCTORS



**Dr Salah Tueger**  
 Until October 2026

### NURSES/MIDWIVES QUALIFIED (2 positions with 4 Governors on a job sharing basis)



**Paula Edwards**  
 Until October 2026



**Dadirai Kambasha**  
 Until October 2026



**Angel Lewis-Aaron**  
 Until October 2026



**Maria Woodward**  
 Until October 2026

## PARTNERSHIP ORGANISATIONS



**Carol Gahan**  
 Cheshire West and  
 Chester Council



**Dr Kate Knight**  
 University of Chester



**David Foulds**  
 Council for  
 Voluntary Services



Vacant

## REMAINING ENGLAND AND WALES



**Daryl Cassidy**  
 Until October 2027

## TRUST CHAIR



**Neil Large MBE**  
 Interim Chair