

Meeting of the Council of Governors in Public

Thursday 17th July 2025, 14.00 – 16.45, Boardroom, 1829 Building

Chair	Mr N Large, Interim Trust Chair
Apologies	Mr M Guymer, Mr P Jones and Mr D Williamson, Non-Executive Directors Mr J Bradley, Chief Digital & Data Officer Mr R Howe, Public Governor and Ms C Gahan, Partnership Governor
In attendance	Ms M Whelan, Early Careers Lead (Item 5)

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 23 rd April 2025 (attached)	Interim Trust Chair	5 - 16	For approval
14.10	4.	To consider any matters arising and action log (attached)	Interim Trust Chair	17 - 19	For noting
14.15	5.	Apprenticeship Service Showcase (to be presented on the day)	Early Careers Lead		For noting
14.25	6.	Patient Story (to be presented on the day)	Director of Nursing & Quality/ Deputy Chief Executive		For noting
14.30	7.	Trust Chair's Briefing (verbal)	Interim Trust Chair		For noting
14.35	8.	Chief Executive Officer's Report (attached)	Chief Executive Officer	20 - 25	For noting
14.40	9.	Governor Election Update (verbal)	Director of Governance, Risk and Improvement		For noting
14.45	10.	Lead Governor Update – July 2025 (attached)	Lead Governor	26 - 27	For noting
14.50	11.	Chairs report on the work of the Anchor Institution Group (attached)	Director of Strategic Partnerships	28 - 30	For noting
15.00	12.	a) Membership & Engagement Committee Chair's Report (attached)	Committee Chair	31	For noting

		b) Approved minutes of the Membership & Engagement Committee – 14 th April 2025 (attached)	Committee Chair	32 - 34	For noting
		c) Membership & Engagement Committee Workplan (attached)	Committee Chair	35 - 37	For noting
		d) Governor Information Pack (attached)	Committee Chair	38 - 56	For noting
15.10	13.	To receive Board updates: a) Board of Directors meeting 25 th March 2025 (minutes) and Board of Directors meeting 20 th May 2025 (agenda) (attached)*	Interim Trust Chair & Executive Directors	58 - 81	For noting and discussion
15.15		b) The recent Chair's reports of Board Sub-Committees (attached): <ul style="list-style-type: none"> • Chair's report from the Chair of the People Committee – 8th April 2025 • Chair's report from the Chair of the Audit Committee – 22nd April 2025 • Chair's Report Finance & Performance Committee – 30th April 2025 • Chair's report from the Chair of the Quality & Safety Committee – 1st May 2025 	Non-Executive Directors	82 - 83 84 - 85 86 - 87 88 - 89	For noting and discussion
15.25		c) Integrated Performance Report (IPR) – May 2025 (attached) <ul style="list-style-type: none"> • Operational Performance • Quality 	Chief Operating Officer Director of Nursing & Quality/ Deputy Chief Executive	90 - 131	For assurance

		<ul style="list-style-type: none"> • Safety • Finance • Human Resources & People 	<p>Medical Director</p> <p>Chief Finance Officer</p> <p>Chief People Officer</p>		
15.35	14.	Quality Account (attached)	Director of Nursing & Quality/ Deputy Chief Executive	132 - 190	For noting
15.40	15.	To receive feedback from Governors (verbal)	Governors		For noting
15.45	16.	Council of Governors action plan update (attached)	Director of Governance, Risk and Improvement	191 - 194	For assurance
15.55	17.	a) Feedback from Non-Executive Director/Governor Walkabouts (verbal)	All Governors		For noting
		b) Non-Executive Director (NED)/Governor Walkabouts Summary Report (Quarter 1) (attached)	Trust Chair	195 - 198	For noting
		c) Non-Executive Director (NED)/Governor Walkabout Guidance (attached)	Trust Chair	199 - 204	For noting
16.05	18.*	For noting: a) Council of Governors Workplan (attached)	Director of Governance, Risk and Improvement	205 - 207	For noting
		b) Council of Governors Photo Sheet (attached)	Interim Trust Chair	208	For noting
16.08	19.	Any Other Business (verbal)	Interim Trust Chair		For noting
16.15	20.	Close of meeting			
PRIVATE (Papers shared privately with the Council of Governors for this section of the meeting)					
16.15	21.				

16.20	22.				
16.30	23.				
16.35	24.				
16.40	25.				
16.45	26.	Close of meeting			

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

Next Meeting: Wednesday 22nd October 2025 at 14.00 – 16.00 in the Boardroom,
1829 Building

Minutes of the Council of Governors (in Public)

Wednesday 23rd April 2025, 2.00pm – 4.30pm, Boardroom – 1829 Building

Members	23/04/2025			
Interim Trust Chair (Chair), Mr N Large	<input checked="" type="checkbox"/>			
Chester and Rural Cheshire				
Public Governor, Mr R Howe	<input checked="" type="checkbox"/>			
Public Governor, Mr J Jones (Lead Governor)	<input checked="" type="checkbox"/>			
Public Governor, Ms L Liang	<input checked="" type="checkbox"/>			
Public Governor, Mr T Wheeler	<input checked="" type="checkbox"/>			
Public Governor, Ms S Dunbar	<input checked="" type="checkbox"/> (Via Microsoft Teams)			
Public Governor, Mr T Peach	<input checked="" type="checkbox"/>			
Public Governor, Ms J Chillery	<input checked="" type="checkbox"/>			
Public Governor, Ms L Jha	<input checked="" type="checkbox"/>			
Ellesmere Port and Neston				
Public Governor, Mr B Jones	<input checked="" type="checkbox"/>			
Vacant position	N/A			
Vacant position	N/A			
Vacant position	N/A			
Flintshire				
Public Governor, Mrs R Overington	<input checked="" type="checkbox"/>			
Public Governor, Mr M Roberts	<input checked="" type="checkbox"/>			
Vacant position	N/A			
Remaining England and Wales				
Public Governor, Mr D Cassidy	<input checked="" type="checkbox"/>			
Partnership Organisations				
Partnership Governor, Mr D Foulds	<input checked="" type="checkbox"/>			
Partnership Governor, Ms C Gahan	<input checked="" type="checkbox"/>			
Partnership Governor, Dr K Knight	<input checked="" type="checkbox"/>			
Staff Governor				
Staff Governor, Ms P Edwards	<input checked="" type="checkbox"/>			
Staff Governor, Mr S Higgitt	<input checked="" type="checkbox"/>			
Staff Governor, Ms A Jayne Caple	<input checked="" type="checkbox"/>			
Staff Governor, Ms D Kambasha	<input checked="" type="checkbox"/>			
Staff Governor, Ms A Lewis-Aaron	<input checked="" type="checkbox"/>			
Staff Governor, Mrs C Price	<input checked="" type="checkbox"/>			
Staff Governor, Dr A Tueger	<input checked="" type="checkbox"/>			
Staff Governor, Mrs M Woodward	<input checked="" type="checkbox"/>			

In attendance	23/04/2025			
Chief Executive Officer, Ms J Tomkinson OBE	<input checked="" type="checkbox"/>			
Director of Nursing & Quality/Deputy Chief Executive, Mrs S Pemberton	<input checked="" type="checkbox"/>			
Head of Quality, Ms L Kanwar	<input checked="" type="checkbox"/> (Item 14)			
Acting Chief People Officer, Ms V Wilson	<input checked="" type="checkbox"/>			
Deputy Chief People Officer – HR Operations, Mr P Marston	<input checked="" type="checkbox"/> (on Ms V Wilson behalf)			

Deputy Chief People Officer – Organisation Development, Ms L Pritchard	<input checked="" type="checkbox"/> (Item 15)			
Deputy Chief Operating Officer, Mr S Brown	<input checked="" type="checkbox"/> (on Ms C Chadwick behalf)			
Chief Operating Officer, Ms C Chadwick	<input checked="" type="checkbox"/>			
Chief Finance Officer, Mrs K Edge	<input checked="" type="checkbox"/>			
Deputy Director of Finance, Ms H Wells	<input checked="" type="checkbox"/> (on Ms K Edge behalf)			
Medical Director, Dr N Scawn	<input checked="" type="checkbox"/>			
Chief Digital Data Officer, Mr J Bradley	<input checked="" type="checkbox"/>			
Non-Executive Director, Mr M Guymmer	<input checked="" type="checkbox"/>			
Non-Executive Director, Ms P Williams	<input checked="" type="checkbox"/>			
Non-Executive Director, Ms W Williams	<input checked="" type="checkbox"/> (Via Microsoft Teams)			
Non-Executive Director, Mr A Hassell	<input checked="" type="checkbox"/>			
Non-Executive Director, Mr D Williamson	<input checked="" type="checkbox"/> (Via Microsoft Teams)			
Non-Executive Director, Ms S Corcoran	<input checked="" type="checkbox"/> (Via Microsoft Teams)			
Non-Executive Director, Mr P Jones	<input checked="" type="checkbox"/>			
Director of Strategic Partnerships, Mr J Develing	<input checked="" type="checkbox"/>			
Director of Governance, Risk & Improvement, Mrs K Wheatcroft	<input checked="" type="checkbox"/>			
Practice Development Support Worker, Ms K Shannon	<input checked="" type="checkbox"/> (Item 5)			
Committee Secretary, Mrs C Jones (Minute Taker)	<input checked="" type="checkbox"/>			

It was noted that the meeting was not quorate due to the number of Governors in attendance not meeting the quoracy requirements and any decisions would need to be followed up.

Formal Business		
Agenda Item Number	Item	Lead
1.	<p><u>Welcome, apologies, and opening remarks</u></p> <p>Interim Trust Chair, Mr N Large welcomed everyone to the meeting. All attendees introduced themselves.</p> <p>Apologies were noted from Staff Governors, Ms C Price, Ms A Jayne Caple and Ms P Edwards, and Partnership Governors Dr K Knight and Mr D Foulds.</p> <p>Apologies were noted from the Chief Operating Officer, Ms C Chadwick, Acting Chief People Officer, Ms V Wilson, Medical Director, Mr N Scawn, Chief Finance Officer, Ms K Edge and Director of Strategic Partnerships, Mr J Develing.</p>	

	<p>Apologies were noted from Non-Executive Director Mr M Guymer.</p> <p>Non-Executive Directors, Ms S Corcoran, Mr D Williamson and Ms W Williams and Public Governor, Ms S Dunbar joined via Microsoft Teams.</p> <p>It was noted that the Executive Directors not in attendance are attending a National meeting regarding the Emergency Department (ED). Director of Strategic Partnerships, Mr J Develing is attending the Health & Wellbeing Board on behalf of the Chief Executive Officer, Ms J Tomkinson.</p>	
2.	<p><u>Declarations of conflicts of interest with agenda items</u></p> <p>There were no conflicts of interest declared in relation to the public meeting agenda items.</p>	
3.	<p><u>To approve the minutes of the Council of Governors held on the 13th February 2025</u></p> <p>The minutes of the meeting held on the 13th February 2025 were approved as a true and accurate record.</p>	
4.	<p><u>To consider any matters arising and action log</u></p> <p>Action 16 – The Director of Governance, Risk & Improvement, Mrs K Wheatcroft confirmed that the Trust meets with Members of Parliament (MPs), including the Welsh MPs, action can be closed.</p> <p>Action 17 – It was agreed that Mrs K Wheatcroft will follow up the action and review where the Trust is up to with regards to a monthly Governor Communications update. This will remain on the action log.</p> <p>The Council of Governors noted the action log.</p>	
5.	<p><u>Staff Story</u></p> <p>Practice Development Support Worker, Ms K Shannon presented her inspirational story to the Council of Governors having worked at the Trust for eight years and now in the role of a Practice Development Support Worker supporting Health Care Assistants (HCAs).</p> <p>Interim Trust Chair, Mr N Large thanked Ms K Shannon for sharing her story noting that she should be proud of herself. Public Governor, Ms J Chillery added her thanks for sharing her story.</p> <p>The Council of Governors noted the Staff Story.</p>	

6.	<p><u>Interim Trust Chair’s Briefing</u></p> <p>Interim Trust Chair, Mr N Large informed the Council of Governors that he has now been in post for six/seven weeks highlighting the following as his early reflections:</p> <ul style="list-style-type: none"> • The NHS Financial challenges for the Trust as well as the Thirlwall Inquiry and Employment Tribunal. • Mr N Large has visited circa ten departments from Facilities to Women & Children’s (W&C) looking at systems, processes, and the infrastructures of the organisation. Mr N Large had visited W&C that morning noting the positive morale despite the challenges. • It is clear the new Executive Team has notably improved the organisation, albeit with significant work to do. Their transparent leadership style empowers colleagues and fosters a positive culture noting the challenges still ahead. • Once the recent Care Quality Commission (CQC) UEC Report is received this will be shared with Governors. • The Cost Improvement Programme (CIP) for the coming financial year is £29m which will be monitored closely through 2025/26. • Mr N Large has been impressed during his visits to departments, speaking with colleagues and how they speak openly regarding the challenges. • Mr N Large is confident that the Trust is moving in the right direction with the right leadership team in place. • Council of Governors feedback is that there has been a disconnect with regards communication with improvements to be made in the coming year, noting a lot of vacancies within the current Council of Governors and plans to improve this. • The new Membership Engagement Committee has commenced with Public Governor, Mr M Roberts as Chair of the Committee supported by the Director of Governance, Risk & Improvement, Mrs K Wheatcroft. • The contribution of Governors is important to the Trust, and Governors are encouraged to support the Trust by attending meetings and providing their input. • Governors will receive an employment tribunal learning report once the litigation is settled. Mr N Large reassured Governors that learning following the tribunal has been implemented. <p>The Council of Governors noted the verbal Interim Trust Chair’s Briefing.</p>
7.	<p><u>Chief Executive Officer’s (CEO) Report</u></p> <p>The Chief Executive Officer, Ms J Tomkinson thanked the Interim Trust Chair Mr N Large for his reflections, acknowledging that the focus remains on the Trust achieve Outstanding status through new approaches and positive change.</p> <p>Ms J Tomkinson informed the Council of Governors that the previous day she had attended a meeting in London focusing on the Integrated Care Board (ICB) financial plan. There were difficult discussions regarding the Cheshire & Merseyside (C&M) financial position which is not sustainable. The Trust assured during that meeting that it is aware of the financial risks and issues and is aiming</p>

to deliver a CIP of £29m, the financial strategy is being developed through the Board of Directors and is crucial over the next three years. The Trust is reviewing how it works with system partners and Wales for improved working.

Ms J Tomkinson continued that the ICB have not signed off the Trust's financial plan due to a number of mandates, with the Trust having to consider a significant reduction in non-clinical workforce and a Quality Impact Assessment (QIA) process to be undertaken to understand any impacts. The Operational Management Board (OMB) is clear of the ask and the Trust will not compromise patient safety, but it is aware it may impact patient experience, and it will not compromise on staff safety or statutory requirements. The Trust is duty bound to stay within its financial allocation and will keep Governors informed via the Interim Chair.

Mr N Large confirmed that an extraordinary Private Board of Directors meeting had taken place the previous week which discussed the financial plan being approved by the ICB which is hoped to be finalised in the coming weeks and updates can be shared at the next Informal Chair and Governors meeting.

Public Governor, Ms L Liang queried where the staff car parking charge money is allocated and whether this is communicated. Mr N Large responded that this goes to supporting the Trusts deficit. Ms J Tomkinson added that the Trust is mandated to charge, something which was paused during Covid-19, but Trusts were mandated to reinstate. The Trust has a clear tiered staff system for payments and the Trust has always charged patients. Ms J Tomkinson stated that the local Council's green plan prevents the Trust from building more parking spaces and promotes public transport, which the Trust supports. Public Governor, Ms R Overington stated that the Trust's parking charges are relatively inexpensive.

Lead Governor, Mr J Jones queried whether any capital schemes are already in train. Ms J Tomkinson confirmed that schemes have started, and this year's CIP is informed by risk with back log maintenance, medical equipment replacement and digital. Until the plan is signed off the Trust will work with ICB colleagues to articulate what the Trust is doing and why.

Public Governor, Mr M Roberts raised the number of positions to be reduced in the Trust and whether this will be from more senior management on higher salaries. Ms J Tomkinson responded that there is a need for the Trust to reduce its whole time equivalent (wte) establishment by one hundred and eighty which will be managed appropriately with the majority through vacancies and primarily non-clinical roles.

Public Governor, Ms L Jha queried if the ICB is overspent. Ms J Tomkinson confirmed the ICB deficit. Ms L Jha queried if the ICB are supporting the Trust with regards to primary care pressures. Ms J Tomkinson added that there are a number schemes to reduce pressures to the Trust noting the importance of joint working.

Non-Executive Director, Ms P Williams noted as Chair of the Finance & Performance (F&P) Committee that the F&P Committee has oversight and scrutiny of the financial plan and will keep a close track of it through 2025/26 on

behalf of the Board of Directors recognising that this is a whole Trust challenge. The whole Board of Directors have been sighted on the plan. Non-Executive Director, Mr A Hassell added that as the Chairs of the Quality & Safety (Q&S) he could confirm that the QIA processes will be shared through that Committee.

Ms J Tomkinson highlighted the following from the CEO report:

- Provider Collaborative Leadership Board – There are two separate provider collaboratives which the Trust is a member of and the intention for a new single collaborative would be to support improved ways of working.
- The Cheshire Review has seven key areas of focus noting a larger deficit within C&M than within the Liverpool region.
- The Trust’s pilot for Call 4 Concern/Martha’s rule has been a positive development.
- The Trust is awaiting the Thirlwall Inquiry report which is anticipated in the Autumn of 2025. The Trust continues to support the Inquiry and ongoing police investigations.

The Director of Governors, Risk & Improvement, Mrs K Wheatcroft informed the Council of Governors of the new NHS framework for Board appraisal which has been published following the agreement of the Trust’s approach for the forthcoming appraisals. KW reassured Governors that this will be fully reviewed and built into the Non-Executive Director appraisal process. Governors were reminded of the request for their feedback for Non-Executive Director appraisals.

Mr M Roberts asked if the Trust’s deficit position is impacting the Trust’s borrowing power. Ms J Tomkinson confirmed that it can impact.

The Council of Governors **noted** the contents of the report.

Mr N Large informed the Council that the meeting is not quorate with Nine Governors in attendance.

Action: It was agreed to share items for decision virtually for approval by the required number Governors.

CJ

8. **Lead Governor Update – April 2025**

Lead Governor, Mr J Jones highlighted the following from the Lead Governor Update:

- The deadline for expressions of interest to attend the C&M Governor event on the 19th September 2025 in Liverpool is the 11th May 2025.
- The Membership Engagement Committee (MEC) met on the 14th April 2025 with Public Governor, Mr M Roberts to Chair the Committee. A workplan will be developed and will feed into the Council of Governors.
- There is an aim of the MEC to update Foundation Trust member information for e-mail details to support the CIP to save on postage when contacting members during election processes for instance.
- The Governors section of the Annual Report is shared noting it being a fair reflection and Mr J Jones thanked those who supported its’ drafting.

	<ul style="list-style-type: none"> The new open and transparent approach to the leadership of the Trust and towards the Governors was noted. <p>Action: Following the Interim Trust Chair, Mr N Large suggestion, it was agreed that the Membership Engagement Committee consider succession planning for the role of the Lead of Governor.</p> <p>The Council of Governors noted the contents of the report.</p>	KW
9.	<p><u>Terms of Reference (TOR) for Approval</u></p> <p>a) <u>Membership & Engagement Committee Update and TOR</u></p> <p>b) <u>Governor Nomination and Remuneration Committee TOR</u></p> <p>The Director of Governance, Risk & Improvement, Mrs K Wheatcroft informed the Council that the TOR for the Membership Engagement Committee (MEC) and Governor Nominations Committee have been updated including duties and membership and are to be approved by the Council of Governors. It was noted that additional Governor membership to the MEC is welcomed. The name would also be changed on the TOR to Membership Engagement Committee from Group. It was noted that the Governor Nominations Committee focuses on Chair and Non-Executive Director appointments and succession planning.</p> <p>It was noted nine Governors approved the proposal, which requires further approval from additional Governors to meet the quorum.</p> <p>The Council of Governors in attendance approved both TORs, noting the meeting is not quorate.</p>	
10.	<p><u>To receive questions on:</u></p> <p>a) <u>Board of Directors meeting 28th January 2025 (minutes) and Board of Directors meeting 25th March 2025 (agenda) (attached)*</u></p> <p>Non-Executive Director, Prof A Hassell noted the great Service Showcase from the Diabetes Service.</p> <p>The Council of Governors noted the Board of Directors meeting 28th January 2025 (minutes) and Board of Directors meeting 25th March 2025 (agenda) (attached)*</p> <p><u>b) The recent Chair’s reports of Board Sub-Committees:</u></p> <p><u>Chair’s report from the Chair of the Quality & Safety Committee – 6th March 2025</u></p> <p>Prof A Hassell noted the three alerts raised to the Board of Directors. One regarding the increase of hospital acquired pressure ulcers and the requirement of documenting pressure ulcers as patients come into the Trust. The second regarding the Friends & Family Test (FFT) response consistently at ninety percent which is below average with work ongoing to improve. And the third regarding the specialised palliative care and end of life service review and the Committee has asked for an update in six months with regards to assurance on compliance with standards.</p>	

Chair's report from the Chair of the People Committee – 11th February 2025

Non-Executive Director Ms W Williams reported to the Council that there were no alerts for the Board of Directors. There was ongoing work in Human Resources and at Senior Management levels on culture change and transformation. It was noted that Non-Executive Director, Ms P Williams chaired the 11th February 2025 meeting on Ms W Williams behalf. Lead Governor, Mr J Jones queried how underutilised the apprenticeship levy is. The Director of Nursing & Quality/Deputy Chief Executive, Mrs S Pemberton recognised the need to improve the use of the apprenticeship levy through the organisation with a paper scheduled to be discussed at the Executive Directors Group (EDG) to explore further use. It was noted that the Trust does not have Health Care Assistant apprenticeships.

Chair's Report Finance & Performance Committee – 7th March 2025

Ms P Williams noted the two alerts raised to the Board of Directors. One being the 2025/26 financial position and operational plan, although the Committee appreciates the efforts being made there is a large CIP target to be achieved. And the second being the Urgent Emergency Centre (UEC) performance.

Chair's report from the Chair of the Audit Committee – 13th February 2025

The Interim Trust Chair, Mr N Large noted that Non-Executive Director, Mr M Guymer was unable to join the meeting, but the report provided the key information. Public Governor, Ms L Liang raised a query on the number of overseas patients seen at the Trust. The Chief Executive Officer, Ms J Tomkinson confirmed that it is a large number with tourists exploring Chester in the summer and those attending Chester University. Ms J Tomkinson confirmed that overseas patients' bad debt will be claimed back wherever possible.

The Council of Governors **noted** the Committee Chair reports.

c) Strategic Oversight Framework (SOF) Report – December 2024

A presentation update was shared with the Council of Governors.

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

- ED have seen improved performance to sixty two percent.
- Improvements have continued through February 2025 and March 2025 with regards to the length of stay in ED, prior to February 2025 patients were waiting forty eight hours for a bed. The development of a flexible bed base has seen a stepped change in the area.
- There is a lot of supplementary positive ED data included within the shared SOF.
- The UEC improvement programme continues.
- There is a focus on eighteen week referral to treatment for patients waiting over sixty five weeks. In February 2025 the Trust did have some capacity breaches related to the vascular service, there are Senior Management reporting steps now in place for improvement.
- Radiology diagnostics have delivered the highest performance since the new Electronic Patient Record (EPR) system was implemented.

- The cancer service performance is strong within the Trust, delivering the Faster Diagnosis Standard (FDs) target.

The Deputy Director of Nursing & Quality, Governance, Ms F Altintas highlighted the following to the Council of Governors:

- Incident report in February 2025 was lower than target noting the shorter month and the consistent incident reporting culture through 2024/25.
- The top five categories from incidents with a moderate harm or above were shared noting moderate and above harms make up just under 5% of total incidents reported.
- The Trust has nine open Patient Safety Incident Investigation (PSII).
- There is now a Falls and Pressure Ulcers Steering Group in place.
- A healthcare acquired infection update for 2024/25 was shared.
- A complaints and concerns update was shared noting themes.
- For Friends and Family Test (FFT) the Trust is reporting just below the national average for inpatients and outpatients and above average for ED.

The Medical Director, Dr N Scawn updated that the Trust has now appointed a Sepsis Lead with a Sepsis Improvement Group now established and a Sepsis screening tool within EPR scheduled to come online and was confident for improvement.

Partnership Governor, Ms C Gahan queried if reporting has changed for pressure ulcers and falls. Ms F Altintas confirmed it has, previously 'no harm' falls were not recorded, these are now recorded to ensure a full picture and are reviewed via the Falls and Pressure Ulcer Steering Group for lessons learnt.

Ms L Jha raised Urology as an area being raised querying if there are any issues in this area. Mr S Brown noted that the improvement within Urology Cancer has dipped the last couple of months with plans now in place with the specialty team to improve capacity.

The Deputy Director of Finance, Ms H Wells highlighted the following to the Council of Governors:

- Subject to audit the draft financial accounts have now been submitted.
- The Trust is receiving support from NHS England (NHSE) towards the Thirlwall Inquiry costs.
- The Trust has delivered the highest level of recurrent CIP in recent years.

The Deputy Chief People Officer – HR Operations, Mr P Marston highlighted the following to the Council of Governors:

- Staff movement and turnover.
- Sickness absence update.
- Mandatory training and appraisal rates.

The Council of Governors **noted** the performance information provided within this report.

11.	<p><u>To receive feedback from Governors</u></p> <p>No feedback was received from Governors.</p>	
12.	<p><u>Council of Governors action plan update</u></p> <p>The Director of Governance, Risk and Improvement, Mrs K Wheatcroft noted the Council of Governors workshop six months ago. She was working with the Interim Trust Chair, Mr N large to review the actions for feedback and further progress. Moving forward the Interim Trust Chair had instigated monthly Information Chair and Governor meetings (on the months when there is not a Council of Governors) to support increased feedback and engagement. It was noted that Governors will no longer attend assurance Committees with other communication channels now in place.</p> <p>The Council of Governors noted the progress against the action plan.</p>	
13.	<p><u>Feedback from Non-Executive Director/Governor Walkabouts</u></p> <p>Public Governor, Ms J Chillery detailed her recent walkabout in Cardiology with Non-Executive Director, Ms P Williams as an enjoyable experience having been shown around by a committed team. Ms P Williams added that there has been some change in the area with additional beds which the team has responded well to.</p> <p>Public Governor, Ms R Overington raised the recent tour of the new W&C building which was great to see and will lift spirits noting it being a carbon neutral building. The Interim Trust Chair, Mr N Large added that the staff are looking forward to the opening.</p> <p>The Council of Governors noted the feedback.</p>	
14.	<p><u>Trust Quality Priorities 2025/26</u> (Head of Quality, Ms L Kanwar in attendance for the item)</p> <p>Deputy Director of Nursing & Quality Governance, Ms F Altintas informed the Council that every year the Trust shares its quality priorities, highlighting the following:</p> <ul style="list-style-type: none"> • The Trust will be prioritising three areas, Patient Safety, Clinical Effectiveness and Patient Experience. • The proposed priorities within patient Safety, Clinical Effectiveness and Patient Experience were shared. • This will be monitored over the coming months via the Quality Governance Group (QGG). <p>Public Governor, Ms J Chillery raised Martha's rule – Call 4 Concern querying if there is the possibility to do this via an app. Head of Quality, Ms L Kanwar noted the need to find something that suits all patients and families with the Trust looking into a tool that Bradford Hospital are currently using, looking at consent across the organisation and the link to patient records.</p>	

	<p>Ms J Chillery queried how the Trust is keeping patients hydrated. Head of Quality, Ms L Kanwar responded that there is a Nutrition and Hydration Steering Group sharing awareness and supporting to find the right balance for the patients. Ms J Chillery noted the great priorities.</p> <p>The Council of Governors noted the Trusts Quality Priorities for 2025/26.</p>	
<p>15.</p>	<p><u>Staff Survey Outcomes</u> (Deputy Chief People Officer – Organisation Development, Ms L Pritchard in attendance for the item)</p> <p>Deputy Chief People Officer – Organisation Development, Ms L Pritchard presented the Staff Survey Outcomes, highlighting the following:</p> <ul style="list-style-type: none"> • The progress of the survey results since 2023 and the change of themes from 2023 -2024. • How the Trust benchmarks and a North West comparison. • A trend analysis and questions with significant changes. • Divisional themes and workforce equality standards. • The actions and next steps. <p>Non-Executive Director, Ms W Williams confirmed that the People Committee have reviewed the Staff Survey outcomes and the value and impact across the Trust adding that the Board of Directors need to understand the results to support staff. The Trust would like more staff to complete the staff survey, so we have greater feedback and noted the improvement in the outcomes over the last twelve months. Ms W Williams continued that it is great for Governors and Non-Executive Directors to speak with staff for feedback especially through the walkabouts, noting that strides are being made to support staff.</p> <p>The Interim Trust Chair, Mr N Large noted that workforce is key to the Trust’s success. Leadership has to be visible through the workforce noting that changes to culture take time and the Trust is starting to see to see this change.</p> <p>Public Governor, Ms J Chillery suggested conversations with colleagues to stop those pocket areas of negativity. Ms L Pritchard replied that there are Wellbeing and Freedom to Speak Up (FTSU) Champions across the Trust working to positively support staff and are pulling together actions from the survey outcomes. Ms N Large noted that the availability of this support helps the culture and belief giving colleagues confidence.</p> <p>The Council of Governors noted the Staff Survey Outcomes presentation.</p>	
<p>16.</p>	<p><u>Journey to Teaching and University Hospital Status</u></p> <p>Director of Governance, Risk & Improvement, Ms K Wheatcroft presented the Journey to Teaching and University Hospital Status to the Council of Governors on behalf of the Director of Strategic Partnership, Mr J Develing, highlighting the following:</p>	

	<ul style="list-style-type: none"> • The why, what and how to be coming a Teaching and University Hospital. • The benefits of moving to University Teaching status. • The difference between a Teaching Hospital and University Hospital. • What's required to achieve the statuses and how the Trust will get there. • How do we get there <p>It was noted that a change to the Trust's Constitution would be required to enable a University Appointed Non-Executive Director.</p> <p>The Interim Trust Chair, Mr N Large noted the opportunities and great benefits for the organisation.</p> <p>Public Governor, Ms J Chillery stated that Chester University has a long history starting out as a nursing school and whether the Trust are looking to collaborate with other Universities also. The Chief Executive Offvier, Ms J Tomkinson replied that the Trust would continue to have a relationship with other Universities, but the intention of university hospital is to partner with one. Mr N Large added that this collaboration maintains the Chester and Cheshire identity.</p> <p>Staff Governor, Mr S Higgitt noted the Chester University deficit position and if there is a mutual agreement to support each other. Ms J Tomkinson confirmed that she is a Governor at Chester University and that there is a small deficit noting their financial stability with the Trust being the riskier partner in the collaboration.</p> <p>Action: It was agreed to share all presentations from the Council of Governors meeting separately with Governors.</p> <p>The Council of Governors noted the presentation on the Journey to Teaching and University Hospital Status.</p>	CJ
17.	<p><u>For noting:</u></p> <p>The Council of Governors noted the:</p> <ol style="list-style-type: none"> a) Council of Governors Workplan. <ul style="list-style-type: none"> Action: It was agreed for the Director of Governance, Risk & Improvement, Ms K Wheatcroft to refresh the workplan and bring back to the July 2025 Council of Governors meeting. b) Council of Governors Photo Sheet. 	KW
18.	<p><u>Any Other Business</u></p> <p>The Interim Trust Chair, Mr N Large asked Governors to share any items they would like to see at future meetings noting that Governors are welcome to contact him. The Lead Governor, Mr J Jones noted the comprehensive meeting.</p>	

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

Council of Governors Action Log
2025/26 updated July 2025

Action Number	Meeting Date	Allocated to	Agenda Item Number	Issue/Action Raised	Action Details	Action Update/Outcome	Due Date	Status
15.	13 th 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.	Update 19th March 2025 – National Staff Survey Outcome included on the April 2025 Council of Governors agenda. Update 23rd April 2025 – The Governors received a Staff Survey Outcome update.	Apr-25	Closed
16.	13 th 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.	Update 23rd April 2025 – Ms K Wheatcroft confirmed that the Trust meets with Members of Parliament (MPs), including the Welsh MPs	Apr-25	Closed
17.	13 th Feb 2025	Director of Governance, Risk & Improvement	14.	Council of Governors action plan update	It was agreed for Ms K Wheatcroft to check the title of the communications to be shared with Governors moving forward, suggesting this is	Update 23rd April 2025 – Ms K Wheatcroft to review where the Trust is up to with regards to a monthly Governor Communications update. Update 7th July 2025 – Update included within the	Apr-25	Closed

Action Number	Meeting Date	Allocated to	Agenda Item Number	Issue/Action Raised	Action Details	Action Update/Outcome	Due Date	Status
					Governor Communications.	Council of Governors Action Plan update scheduled on the July 2025 Council of Governors agenda.		
1-25/26	23 rd April 2025	Committee Secretary	7.	Chief Executive Officer's (CEO) Report	It was agreed to share items for decision virtually for approval by the required number Governors.	Update 17th June 2025 – Membership Engagement Committee and Governor Nominations Committee TOR shared separately with the Council of Governors for approval – 15 th May 2025.	Jul-25	Closed
2-25/26	23 rd April 2025	Director of Governance, Risk & Improvement	8.	Lead Governor Update – April 2025	Following the Interim Trust Chair, Mr N Large suggestion, it was agreed that the Membership Engagement Committee consider succession planning for the role of the Lead of Governor.	Update 7th July 2025 – Lead Governor Session Planning scheduled within the Membership & Engagement Committee workplan from the September 2025 meetings.	Jul-25	Closed
3-25/26	23 rd April 2025	Committee Secretary	16.	Journey to Teaching and University Hospital Status	It was agreed to share all presentations for the Council of Governors meeting separately with Governors.	Update 18th June 2025 – All presentations from the 23 rd April 2025 Council of Governors shared with Governors.	Jul-25	Closed
4-25/26	23 rd April 2025	Director of Governance,	17.	For noting	It was agreed for Ms K Wheatcroft to refresh the workplan and bring	Update 7th July 2025 – Workplan refreshed and updated.	Jul-25	Closed

Action Number	Meeting Date	Allocated to	Agenda Item Number	Issue/Action Raised	Action Details	Action Update/Outcome	Due Date	Status
		Risk & Improvement			back to the July 2025 Council of Governors meeting.			

Council of Governors
17th July 2025

Report	Agenda Item 8.	Chief Executive Officer's Report					
Purpose of the Report	Decision		Ratification		Assurance	Information	X
Accountable Executive	Jane Tomkinson OBE			Chief Executive Officer			
Author(s)	Karan Wheatcroft			Director of Governance, Risk & Improvement			
Board Assurance Framework	BAF 1 Quality BAF 2 Safety BAF 3 Operational BAF 4 People BAF 5 Finance BAF 6 Capital BAF 7 Digital BAF 8 Governance BAF 9 Partnerships BAF 10 Research			X	Relevant across all BAF areas.		
Strategic goals	Patient and Family Experience People and Culture Purposeful Leadership Adding Value Partnerships Population Health						X
CQC Domains	Safe Effective Caring Responsive Well led						X
Previous considerations	Not applicable						
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 (July 2025)

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

1. 10 Year Health Plan

The Government's 10-Year Health Plan for England was unveiled on Thursday 3rd July 2025, setting a new course for the NHS. It marks a significant turning point for the NHS and for all of us who work within it.

The plan focuses on three main shifts which are areas we have been firmly focused on for some time with our approach set out in our five-year strategy - Transforming Care Together. This focus of the 10 Year Health Plan is:

- **From hospital to community:** a new Neighbourhood Health Service will bring care into the places people live, transforming access to general practice and preventing unnecessary hospital admissions.
- **From analogue to digital:** creating a digitally accessible health system where patients have a 'doctor in their pocket' providing 24/7 advice and guidance.
- **From sickness to prevention:** emphasising prevention and tackling the wider factors that affect health, reducing the burden of illness before it begins.

This is a comprehensive plan which sets out a very different approach to healthcare, shaped by the experiences and expectations of the public, patients, and health staff across the country. The goal is to make the NHS the very best place to work and to provide the highest standard of care.

Over the coming months, we will learn more about what this means for our Trust, our teams, and our patients and I will keep you updated.

2. National Reform

NHS reform has been signaled with the dissolution of NHS England (NHSE) and an ask of integrated care boards (ICBs) to reduce operating costs of 50% by October of this year. This follows more than a decade of the NHS – via NHS England (formally, the NHS Commissioning Board) – having a degree of operational independence from the government following the 2012 Health and Social Care Act reforms.

- Headcount across both NHSE and DHSC is expected to be cut by around 50% with savings of circa £500 million.
- The only clarity we have at this stage is that integrated care boards will need to reduce their running costs by 50% by Q3 2025/26
- And that provider trusts will need to make further reductions in their corporate costs.

The transition team have outlined the development of the new operating model which in summary includes:

NHSE Centre and Regions

- Transformation programme bringing together NHSE and DHSC
- National and Model ICB work influencing regional functions
- Clear Regional role to include direct provider oversight and strategic planning at scale

Integrated Care Boards

- Clear role as Strategic Commissioner
- Operating costs to be within £18.76 ceiling by Q3
- Some roles transfer to Regions, some to providers and some duplicative work to cease. But we must keep the show on the road during the transition

Providers

- Clear performance accountability to regions and contractual delivery accountability to ICBs
- Provider Board accountability for performance and finance
- Rules based, earned autonomy, freedom to operate where proven
- Financial (productivity) incentives
- 10 Year Plan will outline range of delivery models

3. Cheshire & Merseyside Provider Collaborative (CMPC) Leadership Board meeting

The CMPC Leadership Board met on Friday 2nd May. This was the first single provider collaborative meeting for Cheshire and Merseyside. A meeting where all providers joined together, informally, to meet as the Cheshire and Merseyside Provider Collaborative (CMPC). This inaugural meeting discussed several system wide issues and included Trust CEOs being joined by Chairs.

The Leadership Board received an update on the work being progressed by the ICB with NHSE on the system's financial plan and additional provider and ICB actions required to reduce current system expenditure plans to the available financial envelope. A revised plan had been shared with NHSE with further discussions at a regional and national level expected. Additional scrutiny and intervention is expected, and further control and standardisation was relayed as necessary.

The Board was introduced to Mandy Nagra, who has been appointed as Cheshire and Merseyside System Improvement Director. Mandy commented on the amount of good work going on within C&M but also the need for this to be spread widely. This message was coupled with a wider expectation of more and continuous improvement, tough choices and delivery at pace. It was noted that there is an opportunity for improvement in every organisation in the system.

Further areas of discussion related to a quarterly review of programme delivery and discussion on the work plans for each of the programmes in the year ahead. These deliverables and commitments are summarised in supporting information shared with meeting attendees.

Update papers were also provided on the following areas:

- System financial report
- System performance update

The Terms of Reference and Joint Working Agreement for the new Provider Collaborative are being developed and will be brought to the Trust Board for review and approval.

4. Cheshire and Wirral Partnership NHS Foundation Trust (CWP) and Countess of Chester Hospital NHS Foundation Trust (COCH) Collaborative

This local collaborative has been established to facilitate the delivery of an integrated community service, and other key clinically interdependent service such as psychiatric liaison services in the COCH Emergency department.

CWP are developing a new in-patient Mother and Baby Unit opening later this year and a new Urgent Care resource center at Upton Lea on the Health Park campus. New clinical pathways will be developed to ensure seamless transfer of care as appropriate. The latter should reduce emergency care pressures for mental patients at the Countess of Chester Hospital.

5. Employee and Team of the Month

April:

Our Employee of the Month for April was Bismark Adjei. Bismark is a Plastics Registrar, he fosters a collaborative environment by promoting kindness and respect among colleagues. He is also instrumental in mentoring students, which has led to numerous Hand Therapy students expressing interest in working within the therapies department. Bismark consistently goes above and beyond to provide compassionate care for our patients.

Our Team of the Month for April was the Theatre Recovery Team. The recovery staff always go above and beyond for our patients, providing care, comfort and ensuring they are pain free. The effectiveness of the teamwork has recently been seen when members of recovery team supported other work to ensure the prompt transfer of patients from one area to another.

May:

Our Employee of the Month for May was Kev Harrower. Kev is a Digital Desktop Support Team Leader who was recognised for his outstanding commitment, problem-solving, and support during recent office moves within the People Services department. His proactive approach, attention to detail, and willingness to go the extra mile – completing work over the weekend to avoid disruption – made a real difference.

Our Team of the Month for May was the Pharmacy Homecare team who were recognised for supporting nearly 2,500 patients with direct-to-home medicine deliveries – improving convenience, reducing hospital visits, and easing pressure on pharmacy services. Their smart medication switching, including a major cost-saving on ustekinumab, helped to save around £1 million in the past year.

6. Main Entrance Refurbishment

New vinyls have been installed on the main entrance doors and wall opposite Costa in the main entrance of the Countess of Chester Hospital. This is part of a wider upgrade to the main entrance which includes improvements to the lighting and signage so that it is a brighter and more inviting area for patients and staff.

7. Milk Bank shortlisted for NHS Wales Sustainability Award

The North Wales Neonatal Network Donor Milk Hub (a collaboration of organisations including The Milk Bank at Chester – which serves 60 areas across the UK) has been shortlisted for the NHS Wales Sustainability Awards in the Sustainability Network or Community category.

They have been shortlisted for the work they have done to cut down on delivery miles since the opening of the hub at Ysbyty Glan Clwyd in September 2024. In the five months of being open, deliveries have reduced by 1,000 miles, reducing emissions, and making milk access faster and more sustainable.

8. RCP Launch of Prescription for Outpatients

Dr. Theresa Barnes, in her role as Clinical Lead for Outpatients at the Royal College of Physicians (RCP), recently announced the launch of the Prescription for Outpatients: a response to Lord Darzi. This document offers key recommendations to transform outpatient care, making it more sustainable, patient-focused, and responsive. Collaborating with NHS England, the Patient's Association, and patients themselves, Dr. Barnes is proud to contribute to national policy changes and improve the patient experience. The launch of this new document from the RCP comes ahead of the government's 10 Year Health Plan, providing a meaningful opportunity to inform the new plan.

9. Sentio Implants

In March 2025 we performed the first hearing implant using Sentio in an adult patient in the North West of England. The Sentio System is a cutting-edge implant placed under the scalp for a completely invisible and infection-free solution. This is a new technology which increases the choice for patients who are looking for advanced hearing solutions. Again, COCH are leading the way with new procedures that advance and improve patient care.

10. Expanding Liver Screening Services

We have been significantly expanded our liver screening service and patients are now benefitting from the addition of a second handheld ultrasound-like device (known as a FibroScan) and community-based clinics. The purpose of this service is to encourage people who are less likely to go to hospital to get scanned. The focus is on individuals who could be at a higher risk of illness with scanning and early detection. We have already tested 25% more patients in the last year, which has cut down on GP referrals.

We expanded scanning to our staff through our wellbeing events, with 85 staff scanned, and one in ten were found to potentially have previously unknown liver fibrosis and referred for further investigations.

11. 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.

12. NHS England Tier

On the 6th May the Trust was notified that NHS England had assessed the Trust and placed it into Tier 1 for Quarter 1 2025/26. We will be working with NHS England to understand the criteria applied and the improvements required to move from Tier 1.

13. Ongoing Media coverage

Cheshire Police and the Crown Prosecution Service (CPS) have issued statements in relation to the ongoing police investigations related to the case of Lucy Letby, a former employee. It is not appropriate for the Trust to comment whilst these investigations and the Public Inquiry are ongoing.

It is important to note that the latest developments – the arrests of three former senior leaders and today's announcement that the CPS is considering further charges - are matters for the police and the CPS.

Whilst there is huge public interest in the story, I am keen that we do not let it overshadow our focus on providing high-quality care and treatment to our patients.

The ongoing media attention can be difficult for our staff and we continue to provide a range of support for them. Our communications team are available to provide advice and support for any media enquiries.

14. Board Leadership update

Following a thorough and robust recruitment process, Neil Large MBE has been appointed as the new Chair of the Board.

I would also like to thank our Governors who led and supported the recruitment process.

**Council of Governors
17th July 2025**

Report	Agenda Item 10.	Lead Governor Update – July 2025					
Purpose of the Report	Decision		Ratification		Assurance	Information	X
Accountable Executive	Karan Wheatcroft			Director of Governance, Risk, and Improvement			
Author(s)	John Jones			Lead Governor			
Board Assurance Framework	BAF 1 Quality BAF 2 Safety BAF 3 Operational BAF 4 People BAF 5 Finance BAF 6 Capital BAF 7 Digital BAF 8 Governance BAF 9 Partnerships BAF 10 Research			X	Supports the overarching governance arrangements.		
Strategic goals	Patient and Family Experience People and Culture Purposeful Leadership Adding Value Partnerships Population Health						X
CQC Domains	Safe Effective Caring Responsive Well led						X
Previous considerations	Not applicable.						
Executive summary	The purpose of this report is to provide key updates from the Lead Governor to the Council of Governors.						
Recommendations	The Council of Governors is asked to note the contents of the report.						

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

Lead Governor Update – July 2025

- Since our last Council of Governors meeting fellow Governors and I have been closely involved in the process to appoint the new Chair of the Board of Directors. Governors were involved, through both the stakeholder sessions and the formal interview panel. I would like to extend my thanks for their support and involvement. The Governor Nominations Committee supported the appointment, and the extraordinary Council of Governors meeting approved the appointment of Neil Large MBE as the new substantive Chair of the Board of Directors. We welcome Neil and look forward to working with him over the forthcoming months
- The Chair of the Trust and I continue to have regular one to one meetings where we are supported by Ms K Wheatcroft, Director of Governance, Risk and Improvement.
- The Chair has continued his regular informal communication briefing sessions with all Governors.
- I would like welcome Karen Chambers our new Flintshire County Council Partnership Governor.
- The process to recruit new governors – both Public and Staff has commenced. There have been two open sessions for potential new Governors to meet existing governors. The first was for potential new Public Governors which was held on the 7th July 2025. The second was on the 10th July 2025 for potential new Staff Governors. The process now continues with Civica issuing postcards to all our Public members notifying them of the election. In terms of staff there will be an internal communication. A social media campaign will support the process. The Governor election timetable has previously been shared with Governors.
- I, together with a number of other Governors attended the recent Public Board of Directors meeting. I encourage other Governors to attend future Public Board of Directors meetings if possible.
- The Membership and Engagement Committee meeting was held on the 3rd July 2025. Discussion took place regarding the development of a Membership Strategy. The current membership is 5016 – staff and 5352 public. A process to cleanse the membership database is underway. A Governor information pack has been produced and is included in item 12d on the agenda.
- The Non-Executive Directors and Governors walkabouts continue to be undertaken. A number of Governors together with the Chair of the Trust visited Urgent Care. This was a valuable visit, and it was helpful to discuss the visit further at our informal Governors meeting where Ms S Pemberton, Director of Nursing and Quality/Deputy Chief Executive and Ms C Chadwick, Chief Operations Officer both supported the discussion. The report of this and other visits are included in item 17b on the agenda.
- Cheshire and Mersey (C&M) Lead Governors Network continues to meet on a regular basis. They are collectively in the planning stages to hold a conference / symposium later in the year – 19th September 2025 at The Quaker House Liverpool. This will be for Governors across C&M. 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 outcomes, the NHS 10-year plan and the role of the ICB. Our Trust has four Governors who have expressed interest in attending.

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

**Council of Governors
17th July 2025**

Report	Agenda Item 11.	Chairs report on the work of the Anchor Institution Group					
Purpose of the Report	Decision		Ratification		Assurance	Information	X
Accountable Executive	Jon Develing			Director of Strategy and Partnerships			
Author(s)	Jon Develing			Director of Strategy and Partnerships			
Board Assurance Framework	BAF 1 Quality BAF 2 Safety BAF 3 Operational BAF 4 People BAF 5 Finance BAF 6 Capital BAF 7 Digital BAF 8 Governance BAF 9 Partnerships BAF 10 Research			X	BAF impact is contribution across a number of our goals and risks.		
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	Anchor Insulation Group – June 2025						
Executive summary	The purpose of this report is to brief members of the Council on the activities of the Anchor Institutions Group						
Recommendations	The Council of Governors is asked to note the Chair's Briefing.						

Corporate Impact Assessment	
Statutory/regulatory requirements	Contribution to meeting statutory and regulatory requirements.
Risk	N/A
Equality & Diversity	Meets Equality Act 2010 duties & PSED 2 aims and does not directly discriminate against protected characteristics
Communication	Not confidential

Chair's report on the work of the Anchor Institution Group

Introduction

The Anchor Institution Steering Group continues to drive forward a wide-ranging and impactful programme of work, embedding social value, sustainability, and community partnership into the Trust's core activities. The Group aligns its priorities with NHS England guidance, the ICS prevention pledge, and the Trust's Green Plan. The membership includes representatives from estates and facilities, procurement along with training and education and quality improvement to name a few. The steering groups aim is to share best practice and innovation to accelerate and aid delivery of the Trust wide strategy. Items within this report may have been reported via other committees or reports but are included here to represent the wide ranging remit of the Anchor Steering Group.

Key Highlights

- **Anchor Institution Framework**
 - Completed comprehensive mapping of the 14 NHS Anchor Institution commitments to existing Trust initiatives.
 - Submitted evidence via the Social Value Portal, highlighting inclusive recruitment, support for disadvantaged communities, the "Prepare to Care" programme, and commitment to the Real Living Wage.
- **Green Plan Refresh**
 - A full refresh is underway in response to updated national guidance.
 - The plan integrates Trust-specific actions aligned with national objectives, with approval scheduled for July 2025.
 - Estates & Facilities, Digital, and Clinical workstreams are engaged to ensure comprehensive delivery.
- **Geo-Thermal Infrastructure**
 - Secured funding for a geothermal well, supporting net-zero carbon heating solutions by 2028.
 - Procurement phase commenced; project includes 15–20 years of operational partnership with contractor.
 - Significant long-term carbon and cost savings expected.
- **Digital Transformation**
 - Secured capital for Virtual Desktop Infrastructure (VDI) rollout – extending hardware lifespan and cutting energy use.
 - Initiated programme to power off unused devices on weekends as part of the Trust's CIP strategy.
 - Reduced postage and print usage through data-led engagement with suppliers.
- **Social Value and Inclusion**
 - Achieved Veteran Aware accreditation.
 - Ran successful pre-employment programmes with local college and DWP; four participants secured HCA roles.
 - Delivered targeted support to care leavers, including job application workshops and NHS insight events.

- **Sustainable Supply Chain**
 - Enhanced carbon reduction expectations in procurement.
 - Introduced reuse and recycling schemes for furniture and stationery in partnership with Cheshire & Wirral Partnership.
- **Travel and Fleet Transition**
 - First tranche of green vehicles (4 hybrid, 3 electric) arriving imminently.
 - Inviting staff and NHS England to express interest in EV charger installation.

Emerging Areas

- **NHS Declaration on Healthy Weight:** Trust has expressed interest; further decision pending Executive input due to delivery capacity concerns.
- **Annual Report on Working with People and Communities:** Draft in development; workstream leads are contributing examples of best practice across the Trust.
- **Cheshire and Merseyside Integrated Care Board-** Anchor Institute accreditation

Next Steps

- Finalise Green Plan and submit to the Board of Directors (July 2025).
- Implement geothermal procurement phase.
- Continue to embed Anchor Institution commitments into workforce, estate, and community programmes.
- Maintain momentum on sustainability and digital transformation workstream

Recommendations

The Council of Governors is asked to **note** the Chair's Briefing.

Membership and Engagement Committee Chair's Report
3rd July 2025 / 9.30-11.00am / Microsoft Teams

Committee	Membership and Engagement Committee
Chair	Myrddin Roberts, Public Governor (John Jones, Lead Governor chaired this meeting due to technical issues)

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

<p>Alert <i>(matters that the Committee wishes to bring to the Board's attention)</i></p>
<ul style="list-style-type: none"> There is work to do to develop a Trust Membership Strategy and the cleanse the Trust's membership database. The Trust has a public membership of circa 5,300 and staff membership of circa 5,000. The Committee will oversee these developments and provide update to the Council of Governors.
<p>Assure <i>(matters in relation to which the Committee received assurance)</i></p>
<ul style="list-style-type: none"> A new Governor Information Pack has been developed and will be shared with the Council of Governors for feedback. Key contact information and key dates to be included separately.
<p>Advise <i>(items presented for the Board's information)</i></p>
<ul style="list-style-type: none"> Governor elections are progressing as per the timetable. Committee workplan developed to support delivery of Terms of Reference. Planning to commence for the Annual Members Meeting. We need to find a way to capture membership and engagement activity undertaken by Governors and also explore opportunities to engage.
<p>Risks <i>(discussed and new risks identified)</i></p>
<ul style="list-style-type: none"> Not applicable.

MEMBERSHIP AND ENGAGEMENT COMMITTEE MINUTES
Monday 14th April 2025 at 10.00am – 11.00am
To be held via Microsoft Teams

Chair	Interim Trust Chair, Mr N Large
Apologies	Not applicable
In attendance	Neil Large – Interim Trust Chair, Karan Wheatcroft – Director of Governance, Risk & Improvement, Nusaiba Cleuvenot – Head of Corporate Governance, Sian Edwards – Communications Manager

Members	14/04/25		
Public Governor, Mr J Jones	<input checked="" type="checkbox"/>		
Public Governor, Ms S Dunbar	N/A		
Public Governor, Mr M Roberts	N/A		
Staff Governor, Mr S Higgitt	<input checked="" type="checkbox"/>		

Attendees	14/04/25		
Neil Large – Interim Trust Chair	<input checked="" type="checkbox"/>		
Karan Wheatcroft – Director of Governance, Risk & Improvement	<input checked="" type="checkbox"/>		
Nusaiba Cleuvenot – Head of Corporate Governance	<input checked="" type="checkbox"/>		
Sian Edwards – Communications Manager	<input checked="" type="checkbox"/>		

Agenda Number	Agenda item	Lead
1.	<p><u>Welcome and apologies</u></p> <p>Neil Large, Interim Trust Chair opened the meeting and thanked all for attending. NL shared that he would Chair the meeting today as the inaugural meeting and recognising we need to confirm a meeting chair. This is a governor led committee, and members should consider who they wish to be the Chair going forward. NL would not normally attend the meeting but would support as required and is keen to see this work progress with governors.</p>	
2.	<p><u>Declarations of Conflicts of Interest with agenda items</u></p> <p>There were no declarations of interest to note.</p>	
3.	<p><u>Membership and Engagement Committee Terms of Reference</u></p> <p>The committee received both the previous and new proposed Membership and Engagement Committee Terms of Reference for review.</p> <p>The Committee requested that the membership be amended to say ‘up to’ 6 governors and include responsibility regarding governor involvement with member engagement opportunities.</p>	

	<p>The committee confirmed that they would like a formal action log and minutes for each meeting.</p> <p>The committee approved the TORs with the proposed amendments, and this would be shared at the next Council of Governors (CoG) meeting for review and ratification.</p>	
4.	<p><u>Membership Strategy</u></p> <p>It was noted that with no current membership strategy in place, developing one will be a key priority for the Committee. Examples of other membership strategies will be collated for the Committee to review at the next meeting.</p> <p>Action: Add membership strategy to Committee workplan.</p> <p>The committee noted that development of a membership strategy would be a priority.</p>	NC
5.	<p><u>Membership Database</u></p> <p>The current membership database is hosted by Civica. Karan Wheatcroft, Director of Governance, Risk & Improvement and Nusaiba Cleuvenot, Head of Corporate Governance, are meeting with Civica to discuss the database functionality further.</p> <p>It was noted that staff members are not currently recorded in Civica and that the database is in need of a data cleanse. Discussion addressed the split between postal and digital preferences in the database, acknowledging the higher costs associated with postal communication. The Committee supported efforts to increase digital preferences, which will be a priority for the Committee moving forward.</p> <p>The committee noted the update on the membership database.</p>	
6.	<p><u>Membership and Engagement Activity</u></p> <p>It was noted that the Committee would need to encourage and support membership activity and engagement from Governors. The committee will explore various approaches to achieving this which will be supported by the development of the Membership Strategy.</p> <p>The committee noted the update.</p>	
7.	<p><u>Elections Process Update</u></p> <p>The Committee was informed that procedural issues had been identified in the previous election of Staff Governors. However, detail of this and the proposed election process will be shared at the next formal Council of Governors meeting.</p> <p>Neil Large, Interim Trust Chair shared the importance of holding communication events and recognised there are plenty of opportunities to add value.</p>	

	<p>John Jones, Lead Governor asked if events will be held to promote the Governor elections. Karan Wheatcroft, Director of Governance, Risk & Improvement, stated that a communication pack containing election information will be prepared as part of the process. A communication strategy to support the elections is required and the Trust will also roll out an internal elections campaign to support Staff Governor recruitment.</p> <p>Action: Request for information pack and communication support for Governor elections.</p> <p>It was noted that it would also be beneficial to develop a governor handbook and that this should be added to the Committee workplan along with a review of CoG composition and representation across constituencies.</p> <p>Action: Add development of Governor Handbook and Review of Council of Governors composition/ constituencies to the Committee workplan.</p> <p>The committee noted the update.</p>	<p>KW</p> <p>NC</p>
8.	<p><u>Meeting Summary</u></p> <p>In summary the committee discussed and agreed to the following:</p> <ul style="list-style-type: none"> • The need to identify a Chair for the Committee • Encourage other governors to join the Committee • Updated TORs to be approved at the next CoG meeting • Membership strategy development (to commence at the next meeting) • Membership database cleanse required • Committee workplan to be developed with standing items and those discussed in the meeting <p>The Committee Secretary will liaise with the committee to arrange the next meeting for June/July 2025. A schedule of meetings will be established thereafter to allow for reporting to each Council of Governors meeting.</p>	
9.	<p><u>Close Meeting</u></p> <p>Neil Large, Interim Trust Chair thanked everyone for their contributions and closed the meeting.</p>	

Next Meeting: To be confirmed

Membership and Engagement Committee Workplan
DRAFT 2025/26

Item	Frequency	Exec Lead	Operational Lead	14/4/25	3/7/25	Sept TBC	Dec TBC	Mar TBC	
1	Welcome and apologies for absence	Each meeting	Director of Governance, Risk & Improvement	Head of Corporate Governance	✓	✓	✓	✓	✓
2	Declarations of interest	Each meeting	Director of Governance, Risk & Improvement	Head of Corporate Governance	✓	✓	✓	✓	✓
3	Minutes of last meeting	Each meeting	Director of Governance, Risk & Improvement	Head of Corporate Governance	✓	✓	✓	✓	✓
4	Matters arising and action log	Each meeting	Director of Governance, Risk & Improvement	Head of Corporate Governance	✓	✓	✓	✓	✓
5	Membership Strategy/ Progress update	Each meeting	Director of Governance, Risk & Improvement	Head of Corporate Governance	✓	✓	✓	✓	✓
6	Membership and Engagement Activity <ul style="list-style-type: none"> • Feedback from engagement opportunities 	Each meeting	Director of Governance, Risk & Improvement	Head of Corporate Governance	✓	✓	✓	✓	✓

Item	Frequency	Exec Lead	Operational Lead	14/4/25	3/7/25	Sept TBC	Dec TBC	Mar TBC
	• Member communications							
7	Governor Elections Process	Annually	Director of Governance, Risk & Improvement	Head of Corporate Governance	✓			
8	Annual Members Meeting	Annually	Director of Governance, Risk & Improvement	Head of Corporate Governance		✓		
9	Governor Information Pack	Annually (or as required)	Director of Governance, Risk & Improvement	Head of Corporate Governance		✓	✓	
10	Review of Governor Composition/ Constituencies	Ad hoc (as required)	Director of Governance, Risk & Improvement	Head of Corporate Governance			✓	
11	Lead Governor Succession Planning	Ad hoc (as required)	Director of Governance, Risk & Improvement	Head of Corporate Governance			✓	✓
12	Review of Terms of Reference	Annually	Director of Governance, Risk & Improvement	Head of Corporate Governance				✓
13	Committee Workplan	Each meeting	Director of Governance, Risk & Improvement	Head of Corporate Governance	✓	✓	✓	✓

Item	Frequency	Exec Lead	Operational Lead	14/4/25	3/7/25	Sept TBC	Dec TBC	Mar TBC	
14	Any other business	Each meeting	Director of Governance, Risk & Improvement	Head of Corporate Governance	✓	✓	✓	✓	✓
15	Meeting Summary (include actions/ items for escalation)	Each meeting	Director of Governance, Risk & Improvement	Head of Corporate Governance	✓	✓	✓	✓	✓
16	Close Meeting								

Council of Governors
17th July 2025

Report	Agenda Item 12d.		Governor Information Pack				
	Decision		Ratification		Assurance	Information	X
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 8 - Failure to ensure effective corporate governance could impact our ability to comply with legislation and regulation.		
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	Membership & Engagement Committee – 3 rd July 2025						
Executive summary	A Governor Information Pack, key dates and key contacts has been developed to support new Governors and as a reference pack for existing Governors.						
Recommendations	The Council of Governors is asked to: <ul style="list-style-type: none"> Review the Governor Information Pack and any amends required prior to circulating to the full Council of Governors. 						

Corporate Impact Assessment	
Statutory/regulatory requirements	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.
Risk	As outlined within the risk management policy document.
Equality & Diversity	Meets Equality Act 2010 duties & PSED 2 aims and does not directly discriminate against protected characteristics.
Communication	Not confidential.

Safe **Kind** Effective

Governor Information Pack

Countess of Chester Hospital NHS Foundation Trust



Contents

Welcome to the Countess of Chester Hospital NHS Foundation Trust. This information pack has been developed to provide some of the key information to support you in your role as a Governor. It includes links to corporate documents as well as guidance to what being a Governor involves. Our team are also here to support you and can assist you in navigating the information.

Formal and informal Council of Governor meetings are the key meetings to attend. Governors are also encouraged to observe the Trust Board. Engagement in walkabouts with our Non-Executive Directors will provide the opportunity for you to gain knowledge, meet our teams, and see our services first hand.

Trust Constitution

The Trust Constitution sets out the legal framework in which the Trust operates, including the Council of Governors composition and duties. This is a useful reference point, and our Director of Governance, Risk and Improvement provides the professional oversight to ensure we comply with our constitution.

Link to our Constitution: [Microsoft Word - Constitution CoCH updated 12.01.24 and approved at COG 11.01.24](#)

Trust Overview

Our website provides the most up to date information about the Trust. For ease of reference we have included some summary slides with key facts and figures in this pack.

Link to the Trust Website: [Countess of Chester Hospital](#)

Link to the Trust's latest Annual report: [Annual Reports | Countess of Chester Hospital](#)

Board who's who: [Executive Directors | Countess of Chester Hospital](#) and [Non Executive Directors | Countess of Chester Hospital](#)

Trust Strategies: [Trust Strategies | Countess of Chester Hospital](#)

Role of Governors and the Council of Governors

NHS Providers good governance guidance is a useful document in explaining the role of Governors and the Council of Governors.

Link to NHS Providers guidance: [Councils of governors](#)

A large group of healthcare staff, including nurses and doctors, standing in a line and smiling. They are wearing various colored scrubs (light blue, purple, pink, orange). The background is a blurred hospital setting. The entire image has a color gradient overlay from teal on the left to yellow on the right.

Trust Overview

Welcome
to the team

About the Trust

3 
Hospital sites in
Cheshire.

400,000



People have use
of our services

5,719
Employees 

365,000+

Admissions and
appointments
every year

519 beds

357.9m

Annual budget 

Our hospitals

We manage three hospital sites

Countess of Chester Hospital

Provides the full range of acute and maternity services as well as a number of specialist services.

Ellesmere Port Hospital

A rehabilitation, intermediate care and outpatient facility.

Tarporley War Memorial Hospital

A rural hub for the Cheshire West Integrated Care Partnership Rapid Response and Hospital at Home teams, allowing for closer working with GP practices and existing community teams.



Last year in numbers: 2023/24



35,744
Hospital admissions
(elective and non-elective)



2035
Babies born



122
Number of apprentices



83,491
ED attendances



4711
COVID-19 staff vaccinations



5,417
Countess members



472,028
Outpatient appointments



124
Number of volunteers



£357.9 million
Income



34,243
Daycases



£36.3 million
Capital investment

Transforming Care Together

Our strategy provides a clear direction for how we will provide **care for our patients and families**, and how we take a **leadership role** that promotes a **positive culture** in how we look after and care for our patients, our population, and each other.

At the heart of our approach is **our population**. We want everyone who requires support from us, in whatever setting, to receive the **best possible care, experience and outcomes** from the services they receive.

Working in this more holistic way affords opportunity for **earlier intervention, prevention** and in focussing our **joint efforts in areas of greatest inequality**.

For these reasons we have chosen to attach an all-encompassing title to our strategy indicating **an intent to do things differently in the future**.



Our Vision

***‘To achieve outstanding care
for our patients and families’***

Our Vision and Values

Our Vision: ‘To achieve outstanding care for our patients and families’

The Trusts vision is supported by our ways of working and a program of continual learning and improvement. Our values are:

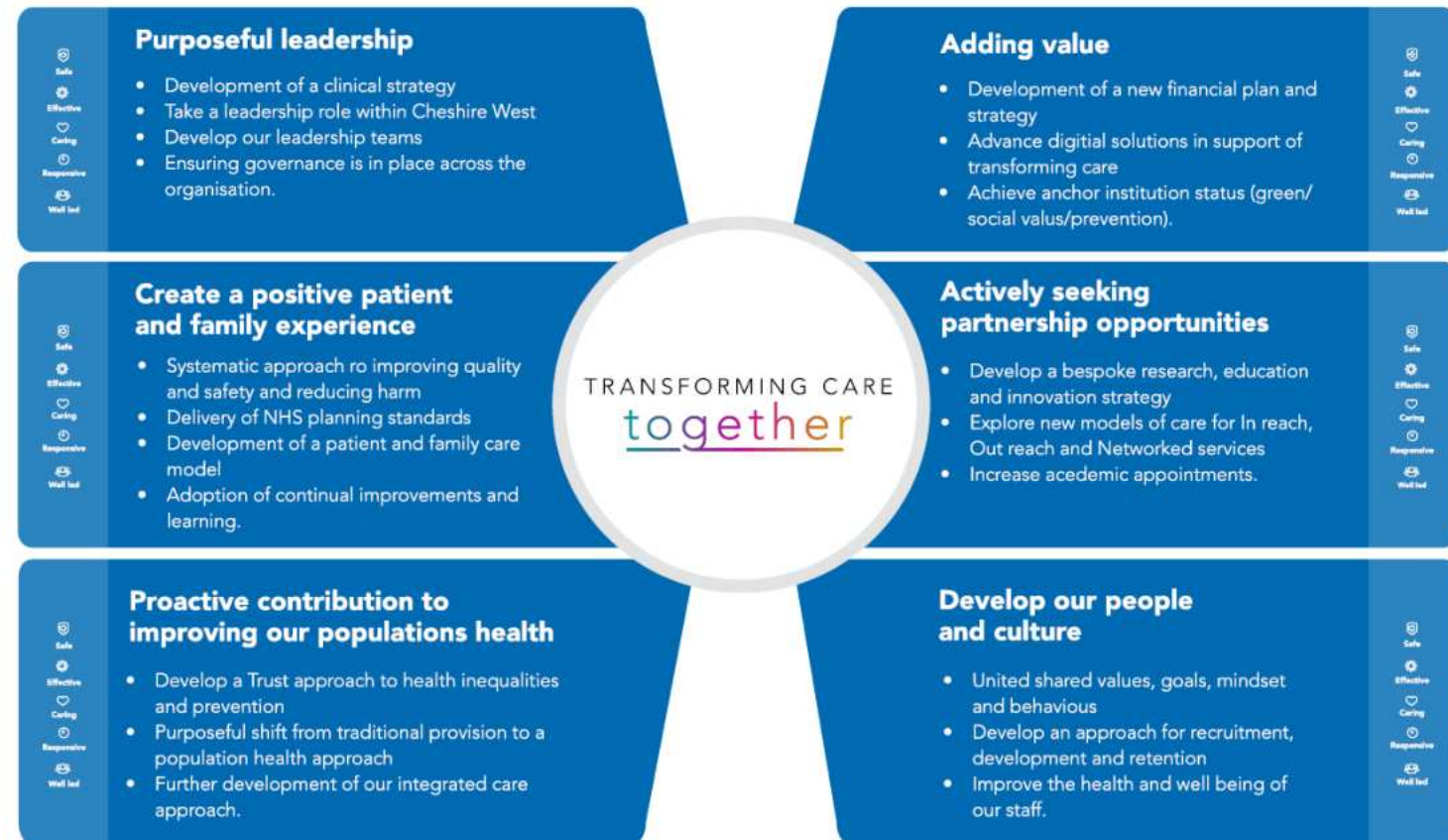
Safe – at the heart of everything we do

Kind – always caring and compassionate

Effective – services that are responsive to our patients’ needs.

Our 6 Strategic Goals

1. Create a positive patient and family experience
2. Develop our people and our culture
3. Purposeful Leadership
4. Adding value
5. Actively seeking partnership opportunities
6. Proactive contribution to improving our population health



Providing outstanding care for our patients and families

Our Patient and Family Experience Strategy puts patients and their families firmly at the centre of everything we do.

It outlines how we will explore every opportunity to improve the quality of care that we provide.

We will listen to our patients and learn from what they tell us so we can improve their experiences in our hospitals.



Your experience at our hospital

Our patient experience vision is our commitment to you and your family.



Our Board of Directors

Our Trust Board

Our Executive Directors



Jane Tomkinson OBE
Chief Executive Officer



Sue Pemberton
Director of Nursing
and Quality and Deputy
Chief Executive Officer



Dr Nigel Scawn
Medical Director



Karen Edge
Chief Financial Officer



Cathy Chadwick
Chief Operating Officer



Vicki Wilson
Acting Chief People Officer



Jonathan Develing
Director of Strategy
and Partnerships



Jason Bradley
Chief Digital and
Data Officer



Karan Wheatcroft
Director of Governance,
Risk and Improvement

Our Non-Executive Directors



Neil Large MBE
Chair



Sarah Corcoran
Non-Executive Director



Mick Guymer
Non-Executive Director



Professor Andrew
Hassell
Non-Executive Director



Paul Jones
Non-Executive Director



Pam Williams
Non-Executive Director



Wendy Williams
Non-Executive Director



David Williamson
Non-Executive Director

Civility Charter

‘We will always treat everyone with respect and kindness, be polite and professional, listen and help each other wherever we can.’



Staff voice

We want staff to get involved, and have **their** say

Staff Surveys: National staff survey and local pulse surveys

Safety Huddles: take place daily to enable concerns to be shared and action taken

Team and Departmental meetings: an opportunity to hear what's happening and contribute to developments

FTSU: an important channel to support all staff to raise any concerns they may have

FT Membership: all staff are enrolled as FT members when they start at the Trust

Team Brief: provides a wide-ranging update across the Trust with an opportunity for Q&A

Corporate Communications: regular updates for all staff with a weekly round up, and opportunity to feedback

Staff Networks: providing a protective space to share experiences

Staff Side: plays a vital role in representing staff interests and providing a collective voice

Sharing and Learning: providing an opportunity to discuss and share learning

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



Vacant



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

ALL OTHER STAFF



Stephen Higgitt
 Until October 2026

ALLIED HEALTH PROFESSIONALS



Ashley Jayne Caple
 Until October 2026

STAFF

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



Karen Chambers
 Flintshire County
 Council

REMAINING ENGLAND AND WALES



Daryl Cassidy
 Until October 2027

TRUST CHAIR



Neil Large MBE
 Interim Chair

Key Meetings and Dates for Governors 2025-26

April 2025	May 2025	June 2025
<ul style="list-style-type: none"> • 2nd April 9.30am – 12.30pm - Walkabout: Coronary Care Unit and Respiratory Support Unit (to meet in main Reception) • 23rd April, 2pm – 5pm – Council of Governors (Boardroom, 1829 Building) 	<ul style="list-style-type: none"> • 7th May 9.30am -12.30pm – Walkabout: Security (to meet in main Reception) • 7th May 1pm – 2.30pm – Informal Chair and Governor Meeting (Boardroom, 1829 Building) • 20th May, 8.30am - Public Board of Directors (Boardroom, 1829 Building) 	<ul style="list-style-type: none"> • 4th June 9.30am – 12.30pm – Walkabout: Cardiology Day Suite (to meet in main Reception) • 4th June 1pm-2.30pm – Informal Chair and Governor Meeting (Boardroom, 1829 Building)
July 2025	August 2025	September 2025
<ul style="list-style-type: none"> • 2nd July 9.30am – 12.30pm – Walkabout: Endoscopy (to meet in main Reception) • 3rd July 9.30am-10.30am – Membership and Engagement Committee (MS Teams) • 17th July 2pm – 4pm – Council of Governors (Boardroom, 1829 Building) • 29th July 8.30am - Public Board of Directors (Boardroom, 1829 Building) 	<ul style="list-style-type: none"> • 6th August 9.30am – 12.30pm – Walkabout: OPD 3 and OPD 4 (to meet in main Reception) • 6th August 1pm – 2.30pm – Informal Chair and Governor Meeting (Boardroom, 1829 Building) 	<ul style="list-style-type: none"> • 3rd September 9.30am – 12.30pm – Walkabout: ED, SDE and UTC (to meet in main Reception) • 3rd September 1pm-2.30pm – Informal Chair and Governor Meeting (Boardroom, 1829 Building) • 29th September 3pm-5pm – Annual Members Meeting (MS Teams) • 30th September 8.30am - Public Board of Directors (Boardroom, 1829 Building) • <i>Date/time TBC</i> – Membership and Engagement Committee (MS Teams)

October 2025	November 2025	December 2025
<ul style="list-style-type: none"> 1st October 9.30am-12.30pm – Walkabout: OH, Recruitment, Staffing and Staff Training (to meet in main Reception) <i>Date/time TBC</i> – The role of Governors Introduction and Refresher (Boardroom, 1829 Building) 22nd October 2pm – 4pm – Council of Governors (Boardroom, 1829 Building) 	<ul style="list-style-type: none"> 5th November 9.30am-12.30pm – Walkabout: Ward 55, Westminster Eye Centre & Ward 60 (to meet in main Reception) 5th November 1pm – 2.30pm – Informal Chair and Governor Meeting (Boardroom, 1829 Building) 25th November 8.30am - Public Board of Directors (Boardroom, 1829 Building) 	<ul style="list-style-type: none"> 3rd December 9.30am-12.30pm – Walkabout: Ward 54 & 56 (to meet in main Reception) 3rd December 1pm – 2.30pm – Informal Chair and Governor Meeting (Boardroom, 1829 Building) 27th January 8.30am - Public Board of Directors (Boardroom, 1829 Building) <i>Date/time TBC</i> – Membership and Engagement Committee (MS Teams)
January 2026	February 2026	March 2027
<ul style="list-style-type: none"> 29th January 2pm – 4pm – Council of Governors (Boardroom, 1829 Building) 	<ul style="list-style-type: none"> 4th February 1pm – 2.30pm – Informal Chair & Governor Meeting (Boardroom, 1829 Building) 	<ul style="list-style-type: none"> 4th March 1pm – 2.30pm – Informal Chair & Governor Meeting (Boardroom, 1829 Building) 31st March 8.30am - Public Board of Directors (Boardroom, 1829 Building) <i>Date/time TBC</i> – Membership and Engagement Committee (MS Teams)

Notes:

Walkabouts are arranged in advance and subject to availability. Please register your interest to attend a walkabout by contacting claire.jones28@nhs.net

Governors are encouraged to observe the Public Board of Director Meetings. Public Board papers can be found on the Trust website one week prior to each meeting. To register your interest in observing a meeting please contact claire.jones28@nhs.net

The Governor Nominations Committee convenes on an ad hoc basis and attendance is required only from its members.

MINUTES OF THE PUBLIC BOARD OF DIRECTORS

Tuesday 25th March 2025, 8.30am – 13.00pm, Boardroom – 1829 Building

Members	04/06/24	30/07/24	24/09/24	26/11/24	28/01/25	25/03/25
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"/>	N/A
Interim Trust Chair, Mr N Large	N/A	N/A	N/A	N/A	N/A	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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	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"/>	<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"/>	<input checked="" type="checkbox"/>
Acting Chief People Officer , Ms V Wilson	N/A	N/A	N/A	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
In attendance	04/06/24	30/07/24	24/09/24	26/11/24	28/01/25	25/03/25
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	N/A
Head of Corporate Governance, Mrs N Cleuvenot	N/A	N/A	N/A	N/A	N/A	<input checked="" type="checkbox"/>
Senior Project Administrator , Mrs R Butterworth (<i>Minutes</i>)	N/A	N/A	N/A	N/A	<input checked="" type="checkbox"/>	N/A
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)	<input checked="" type="checkbox"/> (item 11)
Development Non-Executive Director, Mr M Smith	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	NA	N/A
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"/>	N/A
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	N/A
Specialist Neurological Occupational Therapist, Ms K Cottrell	N/A	N/A	N/A	<input checked="" type="checkbox"/> (item 7)	N/A	N/A
Associate Director of Nursing – Corporate, Mrs S Edwards	N/A	N/A	N/A	<input checked="" type="checkbox"/> (item 11)	N/A	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	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)	N/A
Diabetes Team Lead - Dr S Williams	N/A	N/A	N/A	N/A	<input checked="" type="checkbox"/> (item 3)	N/A
LMNS SRO, Ms C McClennan via Microsoft Teams.	N/A	N/A	N/A	N/A	<input checked="" type="checkbox"/> (item 11)	N/A

Qi & Safety Lead LMNS, Ms D Gould via Microsoft Teams.	N/A	N/A	N/A	N/A	<input checked="" type="checkbox"/> (item 11)	N/A
Freedom to Speak up Guardian, Mrs H Ellis	N/A	N/A	N/A	N/A	<input checked="" type="checkbox"/> (item 23)	<input checked="" type="checkbox"/> (item 13)
Lead Nurse (GI Cancer), Ms K Holloway	N/A	N/A	N/A	N/A	N/A	<input checked="" type="checkbox"/> (item 3)
Head of Operations for Cancer and Outpatients, Ms S Davies	N/A	N/A	N/A	N/A	N/A	<input checked="" type="checkbox"/> (item 3)
Clinical Nurse Specialist, Ms Z Hodgkinson	N/A	N/A	N/A	N/A	N/A	<input checked="" type="checkbox"/> (item 3)
Faster Diagnosis Admin Support, Mr B Vimalachandran	N/A	N/A	N/A	N/A	N/A	<input checked="" type="checkbox"/> (item 3)
Colorectal Consultant, Mr C McFaul	N/A	N/A	N/A	N/A	N/A	<input checked="" type="checkbox"/> (item 3)
Director of Pharmacy and Medicines Optimisation and Controlled Drugs Accountable Officer, Ms K Adams	N/A	N/A	N/A	N/A	N/A	<input checked="" type="checkbox"/> (item 15)

Formal Business		
Agenda Item Number	Item	Lead
PB1/ 03/25	<p><u>Welcome, apologies and Chair's opening remarks</u></p> <p>Mr N Large (NL), the new Interim Trust Chair opened the meeting. He shared that there would be a formal recruitment process over the next six months to recruit a permanent Trust Chair. He welcomed all those in attendance including public observers.</p>	
PB2/ 03/25	<p><u>Declarations of Conflicts of Interest with agenda items</u></p> <p>There were no declarations of interest raised in relation to agenda items.</p>	
PB3/ 03/25	<p><u>Service Showcase – Implementing a faster diagnosis team</u></p> <p>Ms K Holloway (KH), Lead Nurse - Gastrointestinal Cancer introduced her colleagues in the Faster Diagnosis Team. She shared an overview of the service which was established two years ago and how this came to fruition following patient feedback. The implementation of FIT negative had seen a reduction in suspected cancer referrals. They have also implemented 'straight to test' which has drastically improved the pathway and demonstrated improved 28 Day Faster</p>	

	<p>Diagnosis Compliance (FDS) with COCH being the best in the region. The Trust are now achieving diagnostic imaging within 14 days. It was highlighted that other Trusts are meeting with CoCH to adopt their FDS model. FDS is now being used across urgent and routine work to speed up the process.</p> <p>Mrs S Pemberton (SP), Director of Nursing Quality and Safety/ Deputy Chief Executive, reiterated the importance and power of listening to patient feedback and how exceptionally this work had been delivered. KH noted that patient experience surveys are going to be sent out along with patient letters once they reach the end of the pathway. The team is also supporting GP education.</p> <p>Ms J Tomkinson (JT), Chief Executive Officer, commended the team's excellent work in achieving faster diagnosis. She asked if there was scope to do this in the follow up pathway too. KH confirmed that although this pathway is influenced by tertiary providers, they are indeed looking at the 31 and 62 day pathways.</p> <p>Mr A Hassell (AH), Non-Executive Director, said that it was good to see that there is communication with GPs but questioned what the team are doing to liaise with other departments that could benefit from their practices. KH shared that they are working closely with the operational teams, urology and that the breast service has set up a one-stop shop. However, she noted that this was not appropriate for the haematology service, but they had still shared ideas that might be beneficial to them. Ms S Davies, Head of Operations for Cancer and Outpatients, shared that the operational teams had received excellent leadership from KH and the team.</p> <p>Mr N Large (NL), Interim Trust Chair commented that one of the Trust's objectives is to address population health inequalities and asked if referrals reflected this and if there was a way to monitor this. KH shared that they undertake an audit supported by the Cancer Alliance who are looking at the referral criteria and undertake work around health inequalities. The Cancer Alliance are also working with the CNS team and have already implemented adaptations to the needs of the population e.g. the average reading age of liver cancer patients is aged 10 and therefore reading materials have been adapted to this.</p> <p>NL asked the team members in attendance to introduce themselves and share their thoughts on the service. Ms S Davies Head of Operations, Ms Z Hodgkinson Clinical Nurse Specialist, Mr B Vimalachandran Admin Support and Mr C McFaul Colorectal Consultant all introduced themselves. They agreed that the work from the team and nursing staff has been incredible and that they are proud of the impact and improvement of Faster Diagnoses.</p> <p>The Board noted the FDS service update.</p> <p><i>The team left the meeting after this item.</i></p>	
PB4/ 04/25	<p><u>Patient Story</u></p> <p>Mrs S Pemberton (SP), Director of Nursing and Quality/ Deputy Chief Executive, read out a letter from a patient. The patient had attended the rheumatology clinic following a chest infection that had developed into pneumonia. The patient had stopped taking Methotrexate during this period. When attending the clinic the</p>	

	<p>nurse, Alison Houdak had explained the pros and cons of taking and not continuing to take the medication and suggested a review in 3 months' time. However, she questioned the patient further about their health, which resulted in blood tests and scan where they discovered temporal arthritis. The patient expressed gratitude for the nurse's diligence, further questioning, pre-emptive action, excellent bedside manner and shared that she deserved recognition.</p> <p>Mr J Develing (JD), Director of Strategy and Partnerships, commented that this was a great example of the Trust's approach to care.</p> <p>The Board noted the patient story.</p>	
<p>PB5/ 03/25</p>	<p><u>Minutes of the previous meeting held on the 28th January 2025</u></p> <p>Mr M Guymer (MG), Non-Executive Director, noted that on page 12, 'Capital Improvement Programme' should be amended to the 'Cost Improvement Programme'.</p> <p>The minutes of the previous meeting held on the 28th January 2025 were formally approved as a true and accurate record of the meeting subject to the above amendment.</p>	
<p>PB6/ 03/25</p>	<p><u>To consider any matters arising and action log</u></p> <p>The open actions were discussed and the following updates provided.</p> <p><u>Action 30 Integrated Incidents, Complaints, Claims and Inquests Quarter 4 2023/2:</u></p> <p>Work is ongoing to ascertain benchmarking data for numbers of complaints by the Deputy Director of Nursing and Governance.</p> <p>Mrs S Pemberton, Director of Nursing and Quality/ Deputy Chief Executive shared that this data could potentially be implemented into the SOF.</p> <p>Mr M Guymer, Non-Executive Director commented that benchmarking data should be reviewed by the Board to understand if this is feeding into improvement plans and being utilised effectively.</p> <p>Mrs K Wheatcroft (KW), Director of Governance, Risk and Improvement shared that the Finance and Performance Committee also have a focus on benchmarking data and that there was work ongoing on Getting It Right First Time (GIRFT). It was recognised that it would be important to tangibly demonstrate the co-ordination of the work done with benchmarking data.</p> <p><u>Action 42: JD representing Trust on the reset of a new collaborative and paper will be provided to Board to detail new governance arrangement:</u></p> <p>Mr J Develing, Director of Strategic Partnerships confirmed that an update on provider collaborative arrangements was included in the CEO report. He shared that there is likely to be a new provider collaborative for acute and mental health services and this will come to Board once concluded.</p>	

	<p>All other actions on the action log were closed.</p> <p>The Board noted the updates.</p>	
<p>PB7/ 03/25</p>	<p><u>Chief Executive Officer's (CEO) Report</u></p> <p>Ms J Tomkinson, Chief Executive Officer highlighted the following from the CEO Report:</p> <ul style="list-style-type: none"> • Closure of NHS England (NHSE) and integration with the Department of Health and Social Care. It was noted this will take time to come into effect but to be mindful of colleagues working in these areas and the impact of the planning process. • Change in leadership in NHS England (NHSE), to be headed by Sir James Mackie. JT noted that his team have an extensive history in managing provider organisations. • Appointment of Cathy Elliott as CEO of the Cheshire and Merseyside ICB. • CMAST Leadership Board meeting updates include options appraisal for configuration of catheter laboratories. COCH are keen to deliver this service. • Update regarding the Mental health, Learning Disability and Community Service collaborative. • Partnership work is ongoing with Cheshire and Wirral Partnership Trust with further collaborative opportunities being identified. • The Urgent and Emergency Care Department had received an unannounced CQC inspection between 24th and 26th February 2025 but the final report is yet to be received. • The Trust has submitted their closing statements to the Thirlwall Inquiry. The Trust supported the continuation of the Inquiry to ensure learning is shared and actions taken. The Board will be kept informed. <p>Mrs P Williams (PW), Non-Executive Director, asked if any work had been done on the establishment of subsidiaries. JT shared that Sir James Mackie had been successful with this in a previous role. However, the Trust would require clarity on the role and benefits of a subsidiary before progressing this further.</p> <p>Mr D Williamson (DW), Non-Executive Director referred to the Pathology Target Operating Model (TOM) work between COCH and Wirral University Teaching Hospital NHS Foundation Trust and asked about the risks to this workstream. Ms C Chadwick (CC), Chief Operating Officer, responded that she was aware that there are a lot of changes within pathology with limited resources, however they are working on the TOM first then the One Hub with potential to use LIMS to support this. Mr J Bradley (JB), Director of Digital and Data, also shared that digital governance is in place to work with partner organisations including primary care providers. He reassured the Board that he and CC were working together to ensure effective communication with partners.</p> <p>Ms S Corcoran (SC), Non-Executive Director, asked if Call 4 Concern/ Martha's Rule had been implemented elsewhere and what was the impact on clinical teams. Ms S Pemberton, Director of Nursing and Quality/ Deputy CEO shared that this</p>	

	<p>initiative has just recently been launched and not many calls have been received yet, nor has there been any feedback from other providers.</p> <p>The Board noted the contents of the report.</p>	
<p>PB8/ 03/25</p>	<p><u>Chair's Update</u></p> <p>Mr N Large (NL), Interim Trust Chair delivered the Chair's Update, acknowledging the organisation's challenges while commending the ongoing dedication to providing safe and compassionate care. He noted the positive shift in staff culture as evidenced by the staff survey results.</p> <p>NL provided an update following the informal governors' meeting last week. It has been decided that the Chair will hold informal monthly meetings with governors to gather feedback and improvement engagement and communication. Formal Council of Governors meetings could then be utilised better to address the needs of the Governors, ensuring that they feel valued and able to contribute effectively. Governor elections proposals are in progress and are due to be held this summer.</p> <p>The Board noted the Chair's update.</p>	
<p>PB9/ 03/25</p>	<p>a) <u>Board Assurance Framework (BAF) – Quarter 4 2024/25</u></p> <p>Mrs K Wheatcroft, Director of Governance, Risk and Improvement advised the Board that the BAF for Quarter 4 has been reviewed through a full review by the Executive Team and updates have been aligned with delivery against strategic objectives.</p> <p>The report provides an update on each risk and corresponding actions. There are 8 risks above the appetite level, with ongoing progress and additional actions being taken. The aim is to reduce the risk score over time, as improvement plans are implemented and improvement outcomes embedded. Key actions have been included and will align with the Board agenda. The BAF will be rolled into 2025/26 and does not require full re-vision.</p> <p>Mr D Williamson, Non-Executive Director asked if there was a missing cause regarding productivity under BAF 3. Ms C Chadwick, Chief Operating Officer shared that productivity has improved since 2019. However, this would include all specialties so this could be specified in the BAF if required.</p> <p>Mr N Large, Interim Trust Chair queried how the medium-term financial stability is reflected in the BAF and suggested that the Finance and Performance Committee considered this.</p> <p>Action: Finance and Performance Committee to consider how the delivery of medium-term financial stability is reflected in the BAF.</p> <p>Regarding the delivery of NHS planning standards, NL enquired about the expected deliverables and the remaining challenges. CC stated that an Urgent and Emergency Care (UEC) improvement plan is being implemented. The action plan is divided into five sections, with one section designated for external partners and</p>	

	<p>deadlines being established. Actions are intended to be embedded by the specified deadlines before progressing to the next set of actions, with movement expected on UEC indicators.</p> <p>Mr D Williamson expressed his concerns about the Guardian of Safe Working Hours report, indicating that he did not feel assured by its content. He asked whether safer working hours should be incorporated as a cause under BAF 2. Dr N Scawn (NS), Medical Director, responded that he did not believe this should be included in the BAF specifically as the Trust is effectively managing the situation and only a small number of infringements need to be addressed.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> • approved the updates to the Board Assurance Framework at Quarter 4. • noted the progress in delivering the 2024/25 strategic objectives. <p>b) <u>High Risks Report – March 2025</u></p> <p>KW gave an overview of the high risks report and confirmed the risk management improvement plan is progressing to strengthen risk management across the Trust. The report reflects risks on Datix with a residual risk rating of 15 and above. Some of these risks are reflected in the BAF and some are being operationally managed.</p> <p>Ms S Corcoran, Non-Executive Director acknowledged that scoring accuracy has not been consistent yet noted significant progress. While this serves as a valuable management tool, further improvements are still needed.</p> <p>Mr P Jones (PJ), Non-Executive Director, stated that the paper is currently for noting and suggested it should be an assurance document. He asked about the timescale for it to become an assurance document. KW agreed that this should be convert to an assurance document, and work is ongoing with the Divisions to develop risk maturity. This will be accomplished over the next twelve months.</p> <p>The Non-Executive Directors agreed that excellent work has been done so far.</p> <p>Mrs P Williams, Non-Executive Director referenced the risk related to CIP targets in Planned Care and asked if this meant that other departments have not raised risks relating to this. KW confirmed that there are risks that apply across multiple departments, but we do not use the functionality in Datix to bring this together yet.</p> <p>NL asked if there should be a deadline against each action and mitigation. KW responded that mitigations are not fully captured on Datix and therefore this is being manually updated but as we strengthen the processes then this needs to be included. The Risk Management Committee will oversee management of risk updates and deadlines going forward.</p> <p>The Board of Directors noted the current high-level risks and the continued work on local risk registers to ensure these reflect the organisation’s risk profile.</p>	
PB10/	<u>Quarterly Report on Safe Working Hours</u>	

03/25	<p>Dr N Scawn presented an overview of the responsibilities of the Guardian of Safe Working (GOSW) and announced that Dr. Rebecca Gale has been appointed to this position. The Board previously received an annual report but will now receive this on a quarterly basis. NS highlighted the exceptions within the report which had predominantly taken place in general surgery, Care of the Elderly (COTE) and Urology. Reviews have been undertaken in each area and mitigating actions implemented.</p> <p>The report identified that the Trust does not have a fines account. When the Trust commits a breach, they are typically required to pay a fine, which is subsequently used towards the education of junior doctors. The GOSW is aiming to resolve the issue this quarter.</p> <p>Mr D Williamson, Non-Executive Director stated that the report did not reference patient harm, and he sought assurance on the impact the breaches had had on patient safety. He also noted the issues raised about the new computer system and this clearly had not been implemented effectively.</p> <p>NS responded that the impact on patient safety can be difficult to quantify. Majority of breaches consist of an additional hour at the end of a shift which should not be the cause of any patient harm. DW asked for this to be clarified in the report in future. NS noted that there is still substantial learning required with the new computer system, and expressed optimism that this will improve over time. He also acknowledged that GOSW is initiating this work from scratch.</p> <p>Ms J Tomkinson, Chief Executive Officer noted that the breaches have not been associated with any recorded patient harm incidents on Datix. This is the first instance that the Board has received this data in this format, and it was requested that any significant issues be reported to the Board between the quarterly updates. She recommended that the implementation of fines be reviewed in light of the current financial climate.</p> <p>Mr A Hassell, Non-Executive Director commented that Urology appeared to be the biggest area of concern. NS confirmed that two consultants have recently been appointed.</p> <p>Ms S Corcoran, Non-Executive Director asked whether the data within the report correlated with Junior Doctor Survey results. NS shared that they would hope to see an improvement in survey results but also to note that there are compounding factors that influence this. He also noted that there has been a significant reduction in feedback from the BMA and JLNC.</p> <p>Mr P Jones asked if the report is for noting or assurance. NS shared that the report provided re-assurance and would aim to provide assurance in the next quarter.</p> <p>The Board noted the report.</p>	
PB11/ 03/25	<u>Maternity Services Quarterly Update – Quarter 3</u>	

	<p>The Chair welcomed Ms N Macdonald (NM), Director of Midwifery, to present the Maternity Services report.</p> <p>Key Highlights include:</p> <ul style="list-style-type: none"> • Ongoing monitoring through the Perinatal Surveillance Tool and improvements in the Saving Babies' Lives Care Bundle (SBLv3). • Review of serious incidents, lessons learned, and actions to enhance patient safety. • Focus on leadership visibility, staff engagement, and addressing concerns raised through Freedom to Speak Up (FTSU). • Strengthened collaboration with the Maternity and Neonatal Voices Partnership (MNVP) to improve service user involvement. • Governance structures ensuring continued oversight and reporting to the Trust Board. • The Trust has signed off on Year 6 and declared compliance against all Maternity Incentive Scheme (MIS) standards. • Good compliance with Cerner. • Transition to electronic patient records • Areas of improvement include junior staff training, smoking cessation dates, optimisation work and performance clarity and leadership & governance. <p>Ms J Tomkinson, Chief Executive Officer asked if we have not formally exited MSSP, will we still be serving the meetings. NM confirmed that we will still have joint oversight with LMNS.</p> <p>Mrs P Williams, Non-Executive Director referred to the Freedom to Speak Up (FTSU) issue related to chronic understaffing and asked if this has been captured within the safer staffing report. NM shared that this is possibly a matter of perception and an area to address with staff.</p> <p>Ms C Chadwick, Chief Operating Officer commented on the positive progress with FTSU work and asked how actions will be monitored. NM confirmed this will be monitored by the Perinatal Improvement Board.</p> <p>Wendy Williams (WW), Non-Executive Director, asked what happens with these issues once the FTSU process ends. NM clarified that she would continue to report on FTSU issues and actions and that this was not a report from FTSU.</p> <p>Mr N Large, Interim Trust Chair asked about identifying trends and themes from the maternity deaths overview. NM confirmed that these are reviewed, and an action plan is implemented accordingly.</p> <p>The Chair thanked NM for her attendance and asked if the Board could provide any further support. NM shared that Maternity Services are very fortunate to have excellent support.</p> <p>The Board noted the assurance provided by the Maternity Services Quarterly Update.</p>	
<p>PB12/ 03/25</p>	<p><u>Care Quality Commission (CQC) Improvement Journey</u></p> <p>Mrs S Pemberton, Director of Nursing and Quality/ Deputy CEO delivered a presentation on the CQC improvement journey. The Board had previously</p>	

	<p>reviewed a detailed update regarding the CQC action plan. In preparation for the CQC engagement meeting on 5th March 2025, the Trust had compiled the improvement journey which was well received. It was noted that there is a new CQC regulatory framework which the action plan would need to be transferred to.</p> <p>Mr M Guymer, Non-Executive Director referred to the Finance and Performance slides and said that that he did not feel that financial value for money is monitored adequately. JT noted that the CQC had not provided any feedback following their value for money assessment. SP confirmed that this matter had been pursued and would follow up again. PW commented that the gaps in the estate’s strategy may align with value for money. SP confirmed that this would be included.</p> <p>Action: SP to chase up CQC for feedback on value for money assessment.</p> <p>Mr P Jones, Non-Executive Director commended the presentation and thanked SP for compiling such vast accomplishments so succinctly.</p> <p>Mr N Large, Interim Trust Chair noted that he had reviewed this alongside the recent CQC UEC feedback and requested clarification on the specific assurances the Board should receive and what falls within the purview of the assurance committees. SP acknowledged a gap in the Quality and Safety Committee but mentioned that efforts are ongoing to align the reporting and monitoring processes from sub-committees to assurance committees.</p> <p>Ms S Corcoran, Non-Executive Director noted that this was an impressive document and very useful for providing context to the progress made. However, she noted that it would be beneficial to include a slide detailing milestone events.</p> <p>The Board noted the CQC improvement journey update.</p>	
<p>PB13/ 03/25</p>	<p><u>Freedom to Speak Up (FTSU) Update Report</u></p> <p>Ms H Ellis (HE), Freedom to Speak Up Guardian presented the FTSU update. The Trust has observed an increase in Freedom to Speak Up (FTSU) cases compared to the previous year, which HE noted may be attributed to individuals raising concerns at an earlier stage.</p> <p>There is 92.43% compliance with mandatory training modules albeit lower compliance in staff groups who have limited access to computers. The FTSU network now has 70 champions with a total of 80 colleagues having completed the training since January 2023. HE mentioned that there are potentially 12 additional colleagues interested in joining the network and emphasized the importance of having a large and diverse network.</p> <p>Mrs K Wheatcroft, Director of Governance, Risk and Improvement sought assurance on the diversity of the FTSU Champions. It was confirmed that there was good representation, although not all champions have disclosed their protected characteristics upon recruitment. HE also shared that there has also been an increase in male and international champions and that there is more representation across bands and workstreams now. It was noted that it would be good to see the posters and communication material updated to reflect this.</p>	

Mrs W Williams, Non-Executive Director appreciated the work involved in managing the Champion network. WW requested that FTSU reporting was timed to report to the People Committee for further discussion and analysis before reporting to Board.

Action: Align committee workplans to enable FTSU to report to the People Committee then Board of Directors.

WW asked what the next steps are for the FTSU service. HE shared that she would like more guardian hours to enable her to visit more wards and departments and talk to staff.

Ms Cathy Chadwick, Chief Operating Officer and Executive Lead for FTSU noted that while HE has established the service, the perspective on FTSU should be adjusted to reflect that it is everyone's responsibility. It is necessary to consider how Human Resources can support and enhance the skills of managers.

Ms S Corcoran, Non-Executive Director asked if there was appetite for champions to join the NED/ Governor walkabouts. HE shared that the walkabouts were not an ideal opportunity for people to be truly transparent and that the FTSU network needs to be seen as independent to the leadership team.

Ms V Wilson, Interim Chief People Officer concurred that it would be beneficial for the People Committee to review the FTSU report to assess the insights and determine any necessary actions. VW asked how we are supporting teams that are struggling with training compliance. HE responded that she has communicated with managers in these areas about how they support their staff to complete training and that she has previously held drop-in sessions to support training. Ultimately it was the manager's responsibility to support them with access to training.

Karen Edge (KE), Chief Finance Officer, joined the meeting from an urgent system call she had needed to attend at short notice.

KW asked if there was an opportunity for a Deputy Guardian to be developed from the pool of FTSU Champions to provide resilience to resources and support the work of the FTSU Guardian, having seen this model work well elsewhere. HE confirmed that deputies have a role to play but should be paid for additional responsibilities.

Mr N Large, Interim Trust Chair asked how many concerns would be expected for a hospital of this size. HE shared that this can vary drastically across organisations. NL asked WW to address FTSU benchmarking data (numbers of concerns and themes) through the People Committee.

Action: People Committee to receive FTSU benchmarking data (number of concerns and themes).

	<p>Ms S Pemberton, Director of Nursing and Quality/ Deputy CEO reminded the Board that the Trust has multiple routes for raising concerns and that it may be useful for other sources to be integrated with the reporting.</p> <p>NL noted that Staff Governors had reviewed the staff survey and observed the low response rate. It was suggested that this might be due to concerns about anonymity, indicating a need for efforts to build trust and ensure confidence in the survey's anonymity.</p> <p>The Board noted the FTSU report.</p>	
<p>PB14/ 03/25</p>	<p><u>Quality & Safety Committee Chair's Report – 6th March 2025</u></p> <p>Mr A Hassell, Non-Executive Director presented the Quality & Safety Committee Chair's report which included areas to Alert the Board to, areas where Assurance had been received, areas to Advise to Board and any new risks discussed.</p> <p>Mrs S Pemberton, Director of Nursing and Quality/ Deputy CEO commented on one of the areas of alert regarding Hospital Acquired Pressure Ulcers. The statistics are not great but there has been a 15% reduction in pressure ulcers. Efforts are underway to enhance the availability and flow of equipment and mattresses. Body mapping should be conducted electronically upon admissions, and the tissue viability team is currently testing suitable mattresses and conducting Braden skin assessments.</p> <p>SP noted that compliance with MUST assessments is not sufficient and these have not historically been conducted in the Emergency Department (ED). Although waiting times in ED have improved, they remain less than ideal for proper skin care. The Trust has established the correct principles which need to be implemented in ED. SP stated that she meets with the ED team weekly to ensure these principles are applied.</p> <p>Friends and Family Tests have resumed this year and themes include waiting times, not being updated, cleanliness of toilets, staff attitude and parking. It was noted that waiting times and communication is a theme across departments. The PALS team conduct monthly analysis, but SP has also requested progress against actions each month.</p> <p>The Board noted the Quality and Safety Committee Chair's report.</p>	
<p>PB15/ 03/25</p>	<p><u>Self-Assessment and Designated Body Controlled Drugs Accountable Officer (CDAO) Improvement Framework for 2025</u></p> <p>Mrs K Adams (KA), Director of Pharmacy and Medicines Optimisation and Controlled Drugs Accountable Officer (CDAO) presented the Self-Assessment and CDAO Improvement Framework report. KA stated that the CDAO is a statutory appointment, and she participates in cross-intelligence networks, which supports the sharing of learning. As CDAO, she expressed confidence in the Trust's compliance with regulations but acknowledged that there is still an opportunity for improvement.</p>	

	<p>Actions have already been implemented but are awaiting audit in order to assess the impact.</p> <p>Mr P Jones, Non-Executive Director queried that the response to some of the self-assessment questions stated 'somewhat' and asked what the gap was between 'somewhat' and 'yes'. Mrs W Williams, Non-Executive Director concurred with this and asked what other audits compliment the self-assessment. KA responded that there is a quarterly external audit, incident data audit, ward managers and matron weekly and monthly audit as well as the audit conducted by KA's team. It was noted that small changes could be made a big difference.</p> <p>WW asked how the self-assessment can prove that the Trust has a uniform approach. KA shared that there are general themes, and these will be reported to the Board via the annual controlled drugs report.</p> <p>Ms S Corcoran, Non-Executive Director asked how induction attendance logs are quality assured and if people understood how this needs to be done. KA shared that this was reliant on staff raising concerns and knowing how to raise concerns. SC asked if they would be targeting other groups. KA confirmed that they would be and that they would also link in with FTSU.</p> <p>Mr A Hassell, Non-Executive Director asked what is being done to address the training gap. KA confirmed that they will be reviewing the medications and controlled drugs policy in Q1 which would determine how training is delivered. They would also assess other training resources and see if this aligns with our policies.</p> <p>Mr N Large, Interim Trust Chair noted that if this had been considered a high risk it would have already been alerted to the Board and thanked KA for the good report.</p> <p><i>KA left the meeting after this item.</i></p> <p>The Board noted the update.</p>	
PB16/03/25	<p><u>System Oversight Framework – February 2025</u></p> <p>The system oversight framework demonstrated positive assurance across all executive portfolios.</p> <p>Ms C Chadwick, Chief Operating Officer highlighted the following with regards to Operational Performance:</p> <ul style="list-style-type: none"> • Improvements in 4-hour performance • Type 1 improved by 3.7% • Significant improvement in ambulance handover metrics • New SOP to reduce long waits in ED has enabled flow and had a significant role in reducing waiting times. • Non-criteria to reside (NC2R) remains high. Traction with action plan is required from partners. CC continues to review long stays on a weekly basis 	

and escalates where required. Majority of NC2R patient have social care needs.

- Best DM01 performance in past 2 years.
- Sustained FDS compliance

Mr N Large, Interim Trust Chair asked if there is an agreed timeframe for transfer with partners. CC shared that they had requested data regarding social worker numbers and allocation to support this. NL acknowledged the difficulties of the current situation and inquired as to how improvements will be achieved with partners. CC shared that the Local Authority have been asked to provide a trajectory for improvement, but the Trust have not been privy to this yet. All actions are otherwise monitored through the System Oversight Group.

Mrs S Pemberton, Director of Nursing and Quality/ Deputy CEO shared the highlights related to Nursing Quality of Care indicators.

- Reduction in moderate and above harm incidents
- Reduction in overall incidents in February but related to February being a shorter month and half term (trend generally during school holidays)
- Reduction in CDIFF rates in February
- Work continues to undertake baseline assessments across all wards and departments using the 'Striving for Excellence' ward accreditation framework
- Continued Trust wide focus on deconditioning work to start getting patients safely mobilised and sitting out and getting dressed
- Continued Trust wide focus on patient flow

An update had already been provided regarding hospital acquired pressure ulcers under Item 14.

Dr N Scawn, Medical Director shared that the HSMR score has decreased and is below national ratings. A new sepsis lead has been appointed, and the Cerner sepsis package is ready for testing by end of this month.

Mrs K Edge, Chief Finance Officer presented Finance highlights:

- Month 11 planned deficit of £9.2m
- Month 11 forecast reflects additional pay, industrial action and pay award funding
- Risk that CIP delivery is less than assumed in forecast
- Pay is at underspend except medical pay
- Mitigations in place to support delivery of financial position including acceleration of CIP delivery

Ms V Wilson, Interim Chief People Officer presented the People and Organisational Development highlights:

	<ul style="list-style-type: none"> • Turnover continues to be below the 10% target • Stress and anxiety continue to be the highest cause of sickness. There will be a deep dive at the next People Committee. • Reduction in mandatory training and appraisal compliance. A local oversight group has been established to review renewal requirements which should support improvement in compliance rates. • CIP and variable pay controls in progress to reduce pay costs. <p>There were no further questions. NL commended the fact that the Trust remains on track to deliver the financial plan despite the deficit and challenges faced.</p> <p>The Board of Directors noted the contents of the report.</p>	
PB17/ 03/25	<p><u>Operational Management Board (OMB) Chair’s Report – 27th February 2025</u></p> <p>Ms J Tomkinson, Chief Executive Officer presented the Operational Management Board Chair’s report which included areas to Alert the Board to, areas where Assurance had been received, areas to Advise to Board and any new risks discussed.</p> <p>JT highlighted the following:</p> <ul style="list-style-type: none"> • OMB supported the gastroenterology business case which included investment in additional consultant capacity and nurse consultant with planned income exceeding the costs. • OMB supported the plastics business case which included investment in consultant capacity to address on call rota gaps, improve service resilience and reduce extra duty cost. Additional administrative hours were also supported to replace the on-going spend on overtime and bank. • OMB supported the Dexa (bone density) service business case to introduce a new service with the identified capital (successful NHS England bid) and revenue linked to the Community Diagnostic Centre plan. <p>The Board noted the OMB Chair’s report.</p>	
PB18/ 01/25	<p><u>Audit Committee Chair’s Report – 13th February 2025</u></p> <p>Mr M Guymer, Non-Executive Director presented the Audit Committee Chair’s report which included areas to Alert the Board to, areas where Assurance had been received, areas to Advise to Board and any new risks discussed.</p> <p>MG shared that the committee had reviewed the draft Annual Governance Statement, Provider Licence compliance, Code of Governance compliance and Standing Financial Instructions revisions. There were no areas to alert.</p>	

	The Board noted the Audit Committee Chair's report.	
PB19/ 03/25	<p><u>Finance and Performance Committee Chair's Report – 7th March 2025</u></p> <p>Ms P Williams, Non-Executive Director presented the Finance and Performance Committee Chair's report which included areas to Alert the Board to, areas where Assurance had been received, areas to Advise to Board and any new risks discussed.</p> <p>Acknowledgement should be given for delivering the plan despite a challenging deficit position. The underlying position presents challenges for the coming year. The achievement of the Cost Improvement Programme (CIP) remains an ongoing concern, indicating a need to pursue more transformational approaches. The Emergency Department continues to be an area for improvement.</p> <p>The Board noted the Finance and Performance Committee Chair's report.</p>	
PB20/ 03/25	<p><u>NHS Green Plan Guidance Update</u></p> <p>The report briefed the Board on refreshed net zero guidance published by NHS England in February 2025.</p> <p>The Board noted the update.</p>	
PB21/ 03/25	<p><u>People Committee Chair's Report – 11th February 2025</u></p> <p>Mrs P Williams, Non-Executive Director had chaired the meeting and presented the People Chair's report (on behalf of WW) which included areas to Alert the Board to, areas where Assurance had been received, areas to Advise to Board and any new risks discussed.</p> <p>No alerts had been raised, and any issues had already been discussed under the SOF agenda item.</p> <p>The Board noted the People Committee Chair's report.</p>	
PB22/ 03/25	<p><u>Standing Financial Instructions (SFIs) Review 2025</u></p> <p>The Audit Committee had reviewed the updated SFIs and Variable Pay Policy (VPP). The key changes were listed in the report.</p> <p>The Board noted the changes and ratified the SFIs and VPP.</p>	
PB23/ 03/25	<p><u>Gender Pay Gap Report</u></p> <p>The paper provided an overview of the Trust's Gender Pay Gap (GPG) report for 2024. It included data insights and demonstrated that the Trust understands the need to reduce workplace gender inequalities, promote equality and work to eliminate discrimination.</p> <p>The Board noted the report.</p>	

PB24/
03/25

NHS Staff Survey 2024 – Results and High-Level Actions

The NHS staff survey results and associated actions were shared with the Board in advance.

The Trust has attained a 46% response rate, the highest in 11 years.

Although the Trust remains below the average for our comparator group across all People Promise elements and themes, our 2024 results indicate improvement in 8 out of 9 elements/ themes. This represents a significantly enhanced benchmarking position compared to the 2023 results, where we were among the lowest performing Trusts in 7 out of 9 elements/ themes.

Ms V Wilson, Interim Chief People Officer presented a breakdown of responses to questions where significant improvements or significant decline had been found. Survey results are being evaluated per division and a big difference has been noted in the corporate non-clinical and clinical responses. Actions have been devised to tackle key areas including negative experiences with violence and aggression, sexual safety, supporting line managers, supporting flexible working/work-life balance and reducing stress, anxiety & burnout.

Mrs W Williams, Non-Executive Director noted that the results are encouraging and highlighted the impact of the new executive team. The new leadership has collectively demonstrated their vision for the organization and the next steps include onboarding and supporting managers in adopting this new approach. WW acknowledged the advancements achieved in Equality, Diversity, and Inclusion (EDI) and emphasized the significant importance and positive impact of maintaining a diverse workforce.

Ms S Corcoran, Non-Executive Director referred to the questions regarding violence & aggression and unwanted sexual behaviour and asked if this is reflective of a societal issue or just our organization. VW responded that this is reflective of the national picture and new guidance has been released which shows this is a widespread issue. Staff are encouraged to speak up about their concerns and sexual safety training was rolled out at the last Operational Management Board meeting. Although this remains a societal issue the Trust will continue to embed work practices to improve sexual safety and address violence and aggression from patients and public.

Mrs S Pemberton, Director of Nursing and Quality/ Deputy CEO noted that patients exhibiting violent and aggressive behaviour are often those who have experienced long waiting times, confusion, or issues related to medication. Additionally, many wards require 1:1 care, which may not be a positive environment for patients. Violence and aggression towards staff are not tolerated; however, it is acknowledged that further efforts are required to address and eliminate the underlying causes of such behaviour.

Mr A Hassell, Non-Executive Director asked what proportion of patients exhibiting this behaviour have capacity issues and SP confirmed that it is the majority.

Mr N Large, Interim Trust Chair noted that a change in culture requires time, but improvements are already evident. He also acknowledged that survey results might

	<p>reflect historical issues. The Board’s visibility has positively contributed to shifting the culture and empowering management and local teams.</p> <p>The Board noted the 2024 staff survey results and associated actions.</p>	
PB25/ 03/25	<p><u>Equality Delivery System (EDS) Assessment Report 2024/25</u></p> <p>The report set out the assessment against Equality Delivery System. The assessment results for 2024/25 demonstrate good progress across the EDS framework’s 3 domains and 11 outcomes, with 10 outcomes rated as “Achieving” and 1 as “Developing.” The Trust is committed to addressing these gaps through the development of detailed action plans aimed at improving processes, enhancing data collection, and ultimately improving service quality and staff experience.</p> <p>The Board noted the EDS Assessment report.</p>	
PB26/ 03/25	<p><u>Council of Governors Summary Report</u></p> <p>The report summarised the key topics presented and discussed at the last Council of Governors meeting in February 2025.</p> <p>The Board noted the Council of Governors Summary Report.</p>	
PB27/ 03/25	<p><u>Code of Governance Compliance 2024/25</u></p> <p>The report set out the Trust’s compliance with the Code of Governance. The Trust remains compliance with majority of the areas set out within the code.</p> <p>The Board noted the Code of Governance Compliance.</p>	
PB28/ 03/25	<p><u>Provider Licence Compliance 2024/25</u></p> <p>The report set out the Trust’s compliance with Provider Licence conditions. The assessment confirms ongoing compliance with the Provider Licence in 2024/25.</p> <p>The Board noted the Provider Licence Compliance.</p>	
PB29/ 03/25	<p><u>Use of Trust Seal: Renewal of Lease for Tarporley War Memorial Hospital and Countess of Chester Hospital</u></p> <p>The Board were asked to approve the application of the Trust Seal in retrospect.</p> <p>Mr D Williamson, Non-Executive Director asked how often the Trust Seal is used. It was confirmed that this was rare but governance arrangements around this have been strengthened.</p> <p>The Board approved the use of the Trust Seal in retrospect.</p>	
PB30/ 03/25	<p><u>Items for noting and receipt</u></p> <p>Minutes of Committee Meetings:</p>	

	<p>a) Approved minutes of the Quality & Safety Committee – 9th January 2025 (attached)</p> <p>b) Approved minutes of the People Committee – 10th December 2024 (attached)</p> <p>c) Approved minutes of the Finance & Performance Committee – 21st January 2025 (attached)</p> <p>d) Approved minutes of the Operational Management Board – 28th November 2024 and 23rd January 2025 (attached)</p> <p>e) Approved minutes of the Audit Committee – 15th October 2024 (attached)</p> <p>Other items:</p> <p>f) Board of Directors Workplan 2024/25 (attached)</p>	
PB31/03/25	<p><u>Questions from Governors and members of the Public relating to items on the meeting agenda</u></p> <p>The Chair invited questions from the members of public in attendance. There were no questions raised.</p>	
PB32/03/25	<p><u>Closing remarks</u></p> <p>Mr N Large, Interim Trust Chair asked if everyone was pleased with the conduct of the meeting. No issues were raised and the Chair thanked everyone for their attendance.</p>	
	<p><u>Date & Time of next meeting</u></p> <p>Tuesday 20th May 2025</p>	

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

Tuesday 20th May 2025, 8.30 – 12.45
Boardroom, 1829 Building

Chair	Mr N Large, Interim Trust Chair
Apologies	
In attendance	Dr E Domanne, Consultant Dermatologist/Skin Cancer Lead (Item 3), Ms N Macdonald, Director of Midwifery (Item 11 and 12a), Ms M Kynaston, Deputy Director of Nursing & Quality (Item 12b) and Mr P Bamford, Director of Clinical Research (Item 23)

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)			
9.15	5.	Minutes of the previous meeting held on 25 th March 2025 (attached)	Interim Trust Chair		For approval
9.20	6.	To consider any matters arising and action log (attached)	Interim Trust Chair		For noting
9.30	7.	Chief Executive Officer's Report (attached)	Chief Executive Officer		For noting
9.40	8.	Chairs Update (verbal)	Interim Trust Chair		For noting
9.50	9.	a) Board Assurance Framework 2025/26 (attached)	Director of Governance, Risk & Improvement		For assurance
		b) High Risks Report (attached)	Director of Governance, Risk & Improvement		For noting
Quality of Care					
10.00	10.	2024 Patient-Led Assessment of the Care Environment (PLACE) Report (attached)	Chief Finance Officer		For decision & assurance
10.10	11.	Maternity Service Quarterly Update – Quarter 4 (attached)	Director of Midwifery		For assurance

10.20	12.*	a) Bi-annual Safer Maternity and Neonatal Staffing Report – July 2024 to December 2024 (attached)	Director of Midwifery		For assurance
		b) Bi-annual Safer Nurse Staffing Report - year-end establishment review and July 2024 to December 2024 (attached)	Deputy Director of Nursing & Quality		For assurance
10.23	13.	Quarter 4 2024-2025 Mortality Surveillance Report (Learning from Deaths) (attached)	Medical Director		For assurance
Comfort Break (10.33 – 10.40)					
10.40	14.	Care Quality Commission (CQC) Improvement Plan including Well Led (attached)	Director of Nursing & Quality / Deputy Chief Executive		For assurance
10.50	15.	Quality & Safety Committee Chair's Report – 1 st May 2025 (attached)	Non-Executive Director		For assurance
Operational Performance					
10.55	16.	Strategic Oversight Framework (SOF) – March 2025 (attached)			For assurance
		Operational Performance	Chief Operating Officer		
		Quality	Director of Nursing & Quality		
		Safety	Medical Director		
		Finance	Chief Finance Officer		
		People	Acting Chief People Officer		
11.10	17.	Operational Management Board Chair's Report – 24 th April 2025 (attached)	Chief Executive Officer		For assurance
Finance, Use of Resource and Performance					
11.15	18.	Audit Committee Chair's Report – 22 nd April 2025 (attached)	Non-Executive Director		For assurance

11.20	19.	Finance & Performance Committee Chair's – 30 th April 2025 (attached)	Non-Executive Director		For assurance
Strategic Change					
11.25	20.	Equality, Diversity and Inclusion (EDI) Annual Report 2024/2025 (attached)	Chief People Officer		For assurance
11.35	21.	2025/26 Annual plan (to follow)	Chief Finance Officer		For approval
11.45	22.	2024-25 National Cost Collection (NCC) Pre-Submission Board Assurance Report (attached)	Chief Finance Officer		For approval & assurance
11.55	23.	a) Research & Innovation Committee Chair's Report – 9 th May 2025 (to follow)	Director of Clinical Research		For noting
		b) Research Update (to be presented on the day)	Director of Clinical Research		For noting
12.05	24.	Clinical Strategy (attached)	Director of Strategic Partnerships		For approval
Leadership, Improvement Capability, Organisation Development and People					
12.15	25.	People Committee Chair's Report – 8 th April 2025 (attached)	Non-Executive Director		For assurance
12.20	26.	Fit and Proper Persons (FPPT) Report (attached)	Director of Governance, Risk, and Improvement		For assurance
12.30	27.*	Council of Governors Summary Report (attached)	Director of Governance, Risk, and Improvement		For noting
Governance					
12.33	28.*	Annual Committee Effectiveness Review 2024/25:	Director of Governance, Risk, and Improvement		For assurance
		a) Finance and Performance (attached) b) Audit Committee (attached) c) Quality & Safety Committee (attached) d) People Committee (attached)			
12.35	29.*	Review of Register of Interests (attached)	Director of Governance, Risk, and Improvement		For assurance
Items for noting					
12.33	30.*	Items for noting and receipt (attached): <u>Sent under separate cover:</u> Minutes of Committee Meetings:	Interim Trust Chair		For noting

		<p>a) Approved minutes of the Quality & Safety Committee – 6th March 2025 (attached)</p> <p>b) Approved minutes of the People Committee – 11th February 2025 (attached)</p> <p>c) Approved minutes of the Finance & Performance Committee – 7th March 2025 (attached)</p> <p>d) Approved minutes of the Operational Management Board – 27th February 2025 (attached)</p> <p>e) Approved minutes of the Audit Committee – 13th February 2025 (attached)</p> <p>Other items:</p> <p>f) Draft Board of Directors Workplan 2025/26 (attached)</p>			
Other items					
12.35	31.	Any Other Business (verbal)	Interim Trust Chair		For noting
12.40	32.	<p>Questions from Governors and members of the Public relating to items on the meeting agenda - Questions to be submitted in writing in advance of the meeting to: coch.membershipenquiriescoch@nhs.net by Thursday 15th May 2025</p> <p>Future Dates: 29th July 2025 30th September 2025 25th November 2025 27th January 2026 31st March 2026</p>	Interim Trust Chair		For noting
12.45	33.	Closing remarks (verbal)	Interim Trust Chair		For noting

Next Meeting: Tuesday 29th July 2025

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

Committee Chair's Report

8th April 2025

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

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

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

- No matters to bring to the Board of Director's attention.

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

- The Committee received a presentation on Staff survey 2024 results noting the progress made since the 2023 survey showing that the foundations are in place to move forward.
- In accordance with obligations in respect of the Public Sector Equality Duty, the Committee received the Equality, Diversity & Inclusion (EDI) annual report which provided overview of workforce diversity and highlights progress the Trust has made in promoting EDI during the previous year and the future priorities.
- The Committee also received an update report on EDI together with a newly created integrated EDI action plan which collates workforce related EDI actions together, recording them in one place to enable effective reporting and monitoring.
- A People Policy update was provided outlining progress with reviewing policies and the Committee also ratified four policies (Disciplinary Policy, Medical Job Planning Policy, Senior Medical Staff Annual Leave Policy and Temporary Staffing Policy)
- The Committee received bi-annual Safer Staffing reports for Nursing and Maternity & Neonatal demonstrating our compliance with recommendations for safe and effective staffing.
- The Committee approved Terms of Reference of subsidiary groups; People and Culture Sub- Committee, Education, Learning and Organisational Development Sub-Committee, and Workforce Sub-Committee and received the first triple AAA Chair reports from those newly established meetings demonstrating further progress.

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

- The Committee received a draft of the new People Strategy setting out the Trust's ambition is to make the organisation a great place to work with refreshed actions and goals for the coming three years.
- The Committee received the NHS People Promise Exemplar Programme Closure Report summarising the work undertaken and noted that the programme has provided a great framework for focusing work throughout the Trust and continuing to embed and that this will be linked with the staff survey action plan.
- A report on monitoring of doctors' safe working hours in accordance with the 2016 Junior doctors' contract showed good engagement with the exception

reporting system although this continues to be skewed towards the foundation grades.

- An update on the ongoing audits in relation to People services was received.

Risks discussed and new risks identified

- The Committee were informed that all quarter 4 reviews have taken place, with some risk scores reduced and some new risks highlighted to the Committee.
- The 4 high risks reported to People Committee in February have reduced scores therefore are no longer reflected on the High-Risk Register. The five new risks reported to People Committee for the first time (all relating to staffing issues specific to local areas) follows on from improvements the process for oversight of people risks corporately.
- It was noted that the Workforce Sub Committee will review risks moving forward.

Committee Chair's Report

Tuesday 22nd April 2025, 9.30 – 13.00, Boardroom 1829 Building

Committee	Audit Committee
Chair	Non-Executive Director, Mr M Guymmer

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 areas to alert to the Board of Directors.

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

- The Committee received the Committee Effectiveness reports and presentations from each of the Assurance Committee Chairs confirming delivery against Terms of Reference (TOR). The Audit Committee's own annual report was also reviewed. These would be reported to the Board of Directors for assurance along with any revisions to the TOR for approval. It was agreed that the reporting to the Audit Committee for 25/26 would comprise AAA reports and annual committee effectiveness reports.
- The Committee received and reviewed the External Audit significant risk update and value for money (VFM) Risk Assessment; there were no surprises to the Committee from the report.
- A newly formatted External Audit Health Technical Update was received.
- The Head of Internal Audit Opinion 2024/25 provided moderate/substantial assurance based on the work completed by internal audit across the year, the approach the Trust had to using internal audit and the implementation of action plans.
- Internal Audit Progress report including **moderate assurance** for Patient Safety Incident Response Framework (PSIRF) and **substantial assurance** for System Oversight Framework (SOF) data quality for Urgent Emergency Care (UEC) targets, ESR Human Resources (HR)/Payroll, HR & Wellbeing Services (HRWBS), and Cost Improvement Programme. The Board Assurance Framework (BAF) opinion provided independent assurance on the effectiveness of the BAF.
- Assurance on follow up progress against Internal Audit recommendations.
- Receipt of the position on Declaration of Interest 24/25 confirming 92% compliance and a significant increase from the previous year.
- Progress against the risk management improvement plan was received. There is still work to do to complete the actions and embed risk management. The risk maturity workshops had taken place with Divisions and would form a good basis for local action plans and priorities to be determined.
- Received the Anti-Fraud annual report providing an overview of activity in year and assurance on compliance with counter fraud standards.
- Anti-Fraud plan progress report including awareness raising, referrals and ongoing cases noting long timeframes for some investigations especially where referred externally.

- Review of draft Annual Governance Statement 2024/25 which had been updated to reflect year end position including the Head of Internal Audit Opinion, with a request to add a sentence on the Care Quality Commission (CQC) UEC inspection.

Advise (items presented for the Board's information)

- Out of date policies continue to be a focus but significant work is clearly still needed. The Committee requested that timeframes were more clearly identified and updates to RAG ratings to be reviewed.
- The Committee approved the risk based Internal Audit Plan 2025/26, noting the areas that were not included but would be kept under review during the year.
- The Committee received the National NHS Counter Fraud Authority thematic report, with Mersey Internal Audit Agency (MIAA) confirming that learning was built into their work for the Trust.
- Audit Committee workplan to be updated to reflect timing of papers, operational leads and changes following the committee effectiveness review. The committee relies on the work of the Finance and Performance Committee for data quality and cyber security and the workplan will be updated accordingly.
- Following the transfer out of payroll services, the Trust would receive third party assurance on these processes in 2025/26 and this would be added to the workplan.

Risks discussed and new risks identified

- The Committee received the extract of the BAF and high risk report as part of the work of the Committee. No new risks were identified.

Committee Chair's Report

Wednesday 30th April 2025 at 1.30pm-4.30pm

Committee	Finance and Performance Committee
Chair	Non-Executive Director, Mrs. P Willams

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)
<ul style="list-style-type: none"> • Urgent Emergency Care (UEC) performance continues to be an area of concern. Internal focus and external support together with system engagement continues. • 2025/26 Annual Financial Plan-additional changes reported. The Committee noted it's serious concerns about the risks of the delivery of the plan. A key focus will need to be monitoring the delivery of the efficiency target.
Assure (matters in relation to which the Committee received assurance)
<ul style="list-style-type: none"> • The Risk Management Improvement Plan was received. Good progress and actions ongoing (mainly around data and training) to achieve full assurance. • Emergency Preparedness Response and Resilience Core Standards Compliance update. Work is ongoing to progress the 11/62 partial compliance areas by September 2025. • Health and Safety Update first quarterly assurance report. Progress has been made to strengthen the function; however, several challenges remain in order to achieve full assurance. An action plan will be developed for quarter 2. • Strategic Oversight Framework at March 2025 • Digital and Data strategic programme update including cost improvement programme, annual planning, digital strategy, prioritisation, Electronic Patient Record (EPR) development, clinical applications, digital Project Management Office (PMO) and Artificial Intelligence (AI). Congratulations to the team for achieving Level 3 accreditation in the national Towards Excellence in Digital Standards. • Data Governance update. A permanent data governance team is now in place and moving to a more proactive approach to ensuring the quality of data. • Senior Information Risk Owner update including cyber security, data security, and information governance. • Progress against the actions in the Audit Tracker • Month 12 Finance Position reporting a balanced plan position, subject to audit. • Radiology Services oversight report. Performance against KPIs remains good, notwithstanding workforce and demand challenges. • Annual Committee Effectiveness Review 2024/25 • Chair triple AAA reports from Commercial Procurement Group, Women's and Children's New Build project group, Estates and Facilities Divisional Group, Operations and Performance Executive Led Group (OPELG), Digital Transformation Group, EPR group, Health and Safety Committee, Mersey

Internal Audit Agency (MIAA) NHS Medical benchmarking, MIAA Insight Technology and Data Analytics, F&P workplan.

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

- Review of Terms of Reference for the Committee
- A presentation on the development of the Estates Strategy

Risks discussed and new risks identified

- Extracts of the Board Assurance Framework (BAF) and high risks register were reviewed, with updates provided.
- More work to do on the Risk Management Improvement Plan
- Residual risks pending work on the Emergency Preparedness Response & Resilience (EPRR) action plan.
- A number of risks and challenges remain in relation to the Health and Safety function.
- Delivery of the 2025/26 finance plan

Committee Chair's Report

Thursday 1st May 2025 at 10am – 12.45 in the Boardroom, 1829 Building

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

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)
<ul style="list-style-type: none"> • The Committee received a very positive patient story from a patient's family member regarding her excellent treatment by Trust's Emergency Department (ED) and within the Intensive Care Unit (ICU). • The Committee received the Quality Impact Assessment (QIA) for Cost Improvement Programme Update. Whilst the paper was for noting, it was felt essential that the Committee is assured regarding the process, including clarity as to whether the process results in all the risk resting on the Medical Director and Director of Nursing and Quality/Deputy Chief Executive. The Committee has therefore asked for a further report.
Assure (matters in relation to which the Committee received assurance)
<ul style="list-style-type: none"> • The Committee received the System Oversight Framework (SOF)/Dashboard; it was noted that the Mattress Replacement process has been overhauled with 250 mattresses recently replaced. • The Committee received the Quality/Safety and Patient Experience Strategy Progress Update and was assured with the progress. • The Committee received the Maternity Services Quarterly Update – Quarter 4 agreeing with assurance from the report. The Maternity and Neonatal Voice Partnership (MNVP) Annual Report was shared with the Committee following the meeting. • The Committee noted the Children and Young person 2024 Care Quality Commission (CQC) Survey results. • Partial assurance was received from the Discharge letters within 24 hours Compliance Report with the Committee to receive a further update in 4 months. • The Committee received the Urgent and Emergency Care Update/Action Plan noting the assurance of the work taking place. • The Committee received the Assurance Report from the April 2025 Quality Governance Group (QGG). This included significant assurance on one item, moderate on seven items and limited on five (Patient-Led Assessments of the Care Environment (PLACE), ED Improvement Plan, Consent, E-discharge, and Sepsis. The latter five were all discussed).
Advise (items presented for the Board's information)
<ul style="list-style-type: none"> • The Committee received the Patient Safety Incident Response Framework (PSIRF) Assignment Report 2024/25 with a further update to be received in four months.

- The Committee received the Sepsis Update Report and noted the further work underway in this area.
- The Committee noted the Cancer Harm Reviews.
- It was agreed to approve the Quality Account Draft 2024/25 virtually outside of the Committee, it was not available to review on the 1st May 2025.
- The Committee noted the Audit Tracker – April 2025.
- The Committee noted the Board Assurance Framework (BAF) – Quarter 4 2024/25 and High Risks Report.
- The Committee reviewed the Committee Terms of Reference (TOR) and with some slight amendments recommended the TOR for approval to the Board of Directors.

Risks discussed and new risks identified

- No risks identified to raise to the Board of Directors.

**Council of Governors Meeting
17th July 2025**

Report	Agenda Item: 13c.	Integrated Performance Report (IPR) – May 2025					
Purpose of the Report	Decision		Ratification		Assurance	X	Information
Accountable Executive	Cathy Chadwick Sue Pemberton Nigel Scawn Karen Edge Vicki Wilson			Chief Operating Officer Director of Nursing/Deputy Chief Executive Medical Director Director of Finance Chief People Officer			
Author(s)	Cathy Chadwick			Chief Operating Officer			
Board Assurance Framework	BAF 1 Quality BAF 2 Safety BAF 3 Operational BAF 4 People BAF 5 Finance BAF 6 Capital BAF 7 Digital BAF 8 Governance BAF 9 Partnerships BAF 10 Research			X X X X X X	Linked to several areas of the BAF, with BAF 3 being the most significant		
Strategic goals	Patient and Family Experience People and Culture Purposeful Leadership Adding Value Partnerships Population Health						X X X X X
CQC Domains	Safe Effective Caring Responsive Well led						X X X X X
Previous considerations	Not Applicable						
Executive summary	The purpose of this report is to: <ul style="list-style-type: none"> Summarise the operational key performance indicators. Assure the group of the oversight of the Trust's operational key performance indicators Highlight areas of high or low performance 						
Recommendations	The Council of Governors is asked to note the assurance provided within the report.						

Corporate Impact Assessment	
Statutory/regulatory requirements	Access Targets (Elective and Urgent Care)
Risk	Risk to achievement of targets included on strategic risk register
Equality & Diversity	Not applicable
Communication	Not confidential

COCH Integrated Performance Report



A statistical process control (SPC) chart shows data over time. Process limits show how much variability there is in the data to the chart and patterns are highlighted to show where a change is statistically significant. If there is a target, this variability can be used to provide assurance on whether the target is likely to be met in future.

XmR chart

The most common SPC chart type is the XmR chart. Each data point is shown as a grey dot on a grey line. From this data, the mean is calculated and added between the dots as a solid line, and process limits are added as grey dashed lines. If there is a target, it is shown as a red dashed line.

Process limits

In a stable process, over 99% of data points are expected to lie between the process limits. For reporting, the upper and lower process limit values are usually given as the range of expected values going forward.

Special cause variation & common cause variation

Data naturally varies but if this variation is statistically significant, this is called special cause variation and the grey dots are instead shown as blue or orange, depending on whether a higher value is better or worse – blue is used for improving performance, orange for concerning performance. If not significant, the dots stay grey and this is called common cause variation.

The four rules used to trigger special cause variation on the chart, as advised by the Making Data Count team at NHS England, are:

- a point beyond the process limits
- a run of points all above or all below the mean
- a run of points all increasing or all decreasing
- two out of three points close to a process limit as an early warning indicator

Recalculations

After a sustained change, a recalculation may be added. This splits the chart with the mean and process limits calculated separately using the data before and after. This gives a more accurate reflection on the system as it currently stands.

Baselines

Baselines are commonly set as part of an improvement project, which are shown with solid line process limits. The mean and process limits are calculated from the data in this period and fixed in place for the data points afterwards. This will more easily show if a change has occurred. If a recalculation is later added, the fixed mean and process limits end and are recalculated from the data starting at this point.

Summary icons

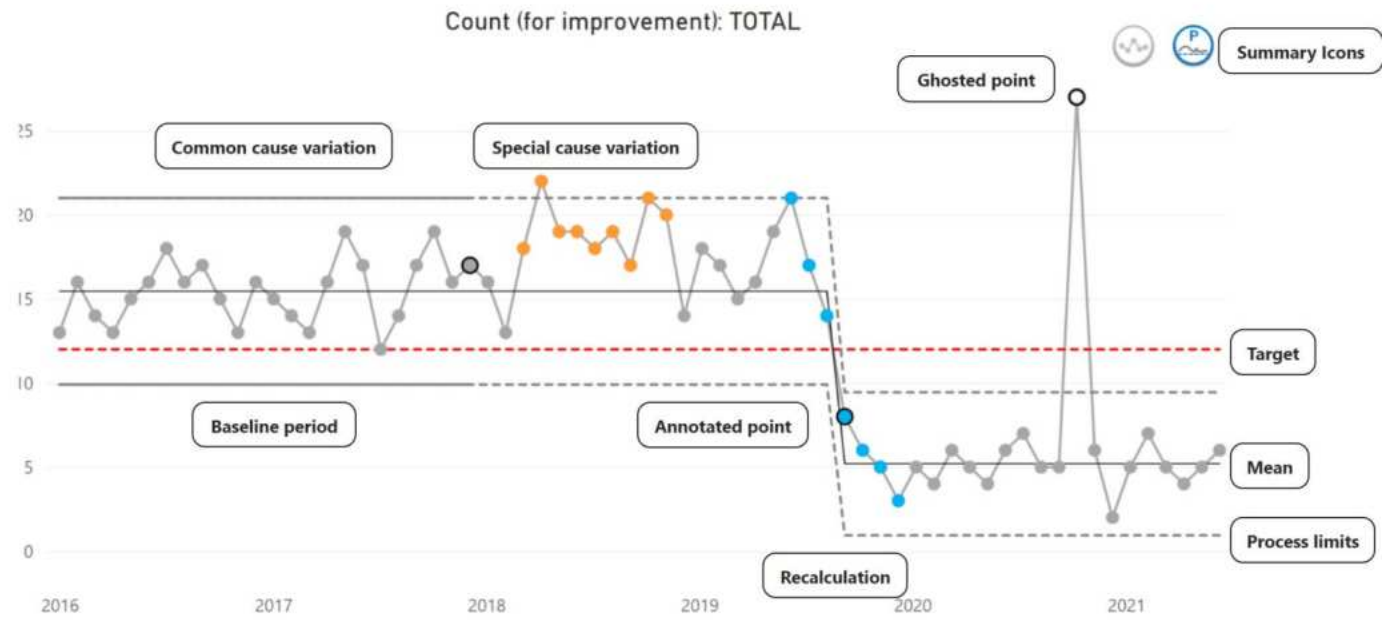
Summary icons are shown in the top-right of the chart and explained on the *Icon Descriptions* page.

Ghosting

There is sometimes a need to remove a data point from the chart because it is a known anomaly – for example, a high referral count after a one-off migration – and will skew the data to render the chart meaningless. An alternative is to ghost the data point. The data point remains visible on the chart as a white dot but is excluded from all calculations.

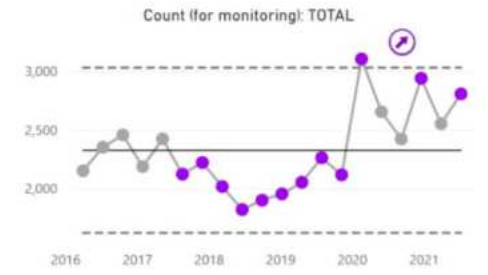
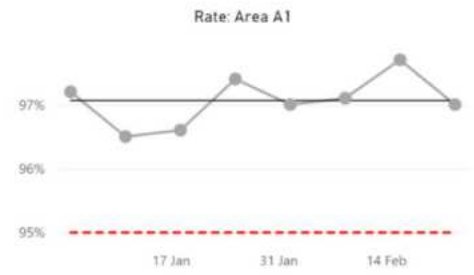
Annotations

If a dot has a black circle around it, there is an annotation that can be viewed in a tooltip by placing the mouse cursor over it in the interactive version of the report.



Not enough data points?
An SPC chart requires enough data for a robust analysis. If there are too few data points, the SPC elements are not displayed.

Purple dots
It is not always possible to say that higher values are better or worse, for which purple is used instead of blue and orange.



Variance - Is the measure getting better/worse?

Assurance - Can the target be consistently achieved?

Consistently hits target 	Target not consistently achieved or failed 	Consistently fails target 	No target set / insufficient data points
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Special Cause Improvement 		Sickness Absence Rate Annual Appraisal Compliance Medical & Dental Reduction in Agency Shifts over Cap Rates	Patient Initiated Follow Up (%) VTE - 14 Hour Compliance Mandatory Training Compliance	SHMI - <i>no target, but indicator is "as expected"</i> Hospital Standardised Mortality Ratio (HSMR) - <i>no target, but indicator banding is "as expected"</i>
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Common Cause Variation 	Patient Feedback: Complaints Opened In Month Eclampsia Maternal Deaths Nursing & Midwifery Reduction in Agency Shifts over Cap Rates	RTT Incomplete Pathways Waiting Over 78 Weeks RTT Incomplete Pathways Waiting Over 104 Weeks Cancer Treatments: 28 Day FDS Cancer Treatments: 31 Day Standard Cancer Treatments: 62 Day Standard STeIS Reported Incidents Never Events MSA Incidents All Incidents All Incidents: Moderate Harm and Above Medication Incidents Medication Incidents With Harm Falls Rate Per 1000 Bed Days Falls With Harm Rate Per 1000 Bed Days Hospital Acquired Pressure Ulcers Rate Per 1000 Bed Days Infection Control - C.Difficile Cases Patient Feedback: Concerns Opened In Month FFT IP Response Rate VTE - Assessment Completed Compliance Registered Staffing Fill Rates % Unregistered Staffing Fill Rates % Sepsis Screening Sepsis Treatment Term Admission Rate Sections Rate PPH rate per 1000 births Tears rate per 1000 births Stillbirths Neonatal Deaths Better Payment Practice Code (value) Better Payment Practice Code (number)	ED 4 Hour Wait Standard ED 4 Hour Wait Standard - Type 1 % Of ED Patients Waiting Over 12 Hours ED Patients Waiting Over 12 hours 12 Hour ED DTA Breaches Ambulance Handovers 30-60 minutes Ambulance Handovers 60+ minutes RTT Incomplete Pathways Waiting Over 65 Weeks RTT Wait for 1st OP Appt - % waiting < 18 weeks Diagnostics Test Exceeding 6 Weeks Waiting Time (DM01) NC2R: Total Delayed Days E-Discharge Overall Compliance (%)	Mortality - Total Inpatient Deaths - <i>no target, but value is in the normal range</i> Present On Admission Pressure Ulcers Rate Per 1000 Bed Days - <i>target to be identified</i> Patient Feedback: Concerns Open At Month End - <i>target to be identified</i> FFT - A&E Positive Rate - <i>Insufficient data points for assurance</i> FFT - IP Positive Rate - <i>Insufficient data points for assurance</i> FFT - OP Positive Rate - <i>Insufficient data points for assurance</i> Women Delivered - <i>no target, but value is in the normal range</i> Live Births - <i>no target, but value is in the normal range</i> Births in Co-located MLU - <i>no target, but value is in the normal range</i> Other Reduction in Agency Shifts over Cap Rates - <i>target to be identified</i>
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Special Cause Concern 	Staff Turnover Percentage	Infection Control - MRSA Cases Patient Feedback: Complaints Open At Month End FFT A&E Response Rate FFT OP Response Rate	18 Week Referral To Treatment (RTT) Incomplete Pathways Total 18 Week RTT Incomplete Pathways RTT Incomplete Pathways Waiting Over 52 Weeks % of Pathways over 52 weeks	93
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