

Safe. Kind. Effective.



Countess of
Chester Hospital
NHS Foundation Trust

2024-25

Annual Report & Accounts

Countess of Chester Hospital NHS Foundation Trust



The Countess of Chester Hospital NHS Foundation Trust

Annual Report and Accounts 2024/25

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National Health Service Act 2006.

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Performance Report

1. Performance Overview

Statement from the Chair and Chief Executive Officer

In 2024/25 we launched the Trust's Transforming Care Together Strategy. Our strategy provides a clear direction for how we will provide care for our patients and families, and how our leadership role promotes a positive culture to look after and care for our patients, our population, and our people.

The development and embedding of the new patient and family experience strategy has brought a critical focus to our quality priorities, with local teams empowered to bring about change.

Although the Trust continues to be rated as '*Requires Improvement*' from the latest Care Quality Commission (CQC) inspection, there is demonstrable evidence of the improvements that have been made on our journey to '*Outstanding*'.

The results from the national inpatient and staff surveys show significant progress is being made, this is positive but there is still more to do.

We have listened to the feedback from our staff, opening a well-being space, supporting and developing our staff networks, and celebrating successes through a range of mechanisms. The new employee and team of the month awards recognise individuals and teams across our Trust for the work they do and are a real celebration of the excellence of our people.

We have an unwavering commitment to improving the quality and safety of our services and continue to set ambitious targets across a wide range of indicators.

Like other NHS organisations, we have continued to see unprecedented demand for our services, particularly through our emergency and urgent care pathways. We continue to work with our partners to find ways to support the flow of patients through our hospitals, which will ultimately help us to reduce the time that patients wait within our emergency department.

Over the past 12 months, we have made significant progress in improving our financial position through working smarter, reducing inefficiencies, removing and reducing costs whilst also improving our services and through this, we successfully delivered our financial plan for 2024/25. We delivered significant cost improvements engaging the whole organisation in generating ideas and delivering and sharing successes. It is clear that we will need to go further again in 2025/26 and have been working closely with our teams as well as the Cheshire and Merseyside Integrated Care Board to develop our plans.

The Thirlwall Inquiry commenced in 2024/25 with the Trust confirmed as a Core Participant. We have fully responded to the requests from the Council to the Inquiry

through document disclosure, statements and oral hearings. We are continuing to strengthen our governance arrangements, and anticipate that the Inquiry Report, which is due to be published late Autumn 2025, will provide valuable learning and recommendations for all organisations..

During the year, we opened the new Clinical Research Unit and received a new research bus, making research more accessible to our patients and populations. We have also seen much needed investments to our urgent and emergency care spaces, and a new Women's and Children's Building which will open in the Summer of 2025.

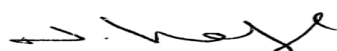
We recognise that the needs of our population are changing. Whilst some patients present with conditions that require quick intervention and short-term treatments or diagnostic tests, many are living longer and present with multiple conditions that require on-going care, therefore, the way we provide services needs to adapt. We believe that the delivery of outstanding care requires a more holistic patient-centred, whole-system approach. This means collaborating more closely with patients and families and with partner organisations. Through our clinical leaders we have developed a new Clinical Strategy which will launch in early 2025/26.

Our staff, volunteers, and governors make a difference to our patients and their families every day and we would like to thank them for everything they do to provide high quality, safe and compassionate care.

Ms Jane Tomkinson OBE
Chief Executive Officer



Mr Neil Large MBE
Interim Chair



About the Countess of Chester Hospital NHS Foundation Trust

The Countess of Chester Hospital NHS Foundation Trust employs 5,964 staff (headcount) to provide care and treatment to a population of over 400,000 people living in Chester and West Cheshire which includes Ellesmere Port and Neston as well as the Deeside area of Flintshire.

The Trust's services are provided from three locations:

- **The Countess of Chester Hospital:** providing 473 general and acute beds.
- **Ellesmere Port Hospital:** providing 60 beds as a rehabilitation, intermediate and outpatient facility.
- **Tarporley War Memorial Hospital:** a base for community services which serve the local rural population.

The Trust works collaboratively within the wider Cheshire and Merseyside Integrated Care System. Due to its location on the border with North Wales, the Trust also works closely with the Betsi Cadwaladr University Health Board.

Structure of the Trust

During 2024/2025, the Board of Directors comprised seventeen members: a Non-Executive Chair, the Chief Executive Officer, eight Executive Directors and seven Non-Executive Directors.

The Trust is arranged into five clinical divisions:

1. Urgent Care
2. Planned Care
3. Diagnostics and Clinical Support Services
4. Women and Children's
5. Therapies and Integrated Community Care

Our vision, values and objectives

The Trust's vision is to improve the lives of our community and provide excellence in healthcare, through partnership and innovation.

The Trust's values are:

- **Safe:** avoiding harm and reducing risk to all
- **Kind:** considerate and non-judgmental
- **Effective:** consistently maximising resources to deliver excellent and reliable care.

Each division has a triumvirate management structure which includes a Divisional Director, Associate Medical Director and Divisional Nursing Director. Divisions are supported by corporate service teams including human resources, finance, and digital services.

Our year at a glance

The Trust treats patients from England and some parts of Wales. During 2024/2025, there were approximately 643,000 patient attendances (inpatient, A&E, outpatient and diagnostic) ranging from a simple outpatient appointment to major cancer surgery.

Performance	Service area
36,711	Hospital admissions (elective and non-elective)
482,976	Outpatient appointments (first and follow-up appointments)
85,953	Emergency Department (A&E) attendances
37,777	Day cases
1901	Number of babies born
533	Number of beds
5,964	Number of staff
126	Number of volunteers
127	Number of apprentices
5,372	Number of Foundation Trust members
£410m	Income
£82.4m	Capital investment in services

Police Investigations and Thirlwall Inquiry

Following the Cheshire Police Operation Hummingbird investigation and 10-month trial at Manchester Crown Court, on 21 August 2023 Lucy Letby was sentenced to life imprisonment and a whole life order on each of 7 counts of murder and 7 counts of attempted murder of babies in the neonatal unit at the Countess of Chester Hospital NHS Foundation Trust between June 2015 and June 2016. Following a further four-week trial at Manchester Crown Court, on 2nd July 2024 a jury found Lucy Letby guilty of the attempted murder of Baby K. On 5th July 2024 Lucy Letby was sentenced to a 15th whole life order.

On 4th September 2023 Rt. Hon. Lady Justice Thirlwall was appointed as Chair to lead the public inquiry known as the 'Thirlwall Inquiry'. The Terms of Reference for the Inquiry were subsequently published on 19th October 2023. The Thirlwall Inquiry began its oral hearings in September 2024 at Liverpool Town Hall, with the final oral hearings for closing statements held in March 2025. The Trust has supported and cooperated with the work of the Inquiry throughout the Inquiry process, providing information, documentation, and written statements as required. The Inquiry website has been regularly updated by the Inquiry with published transcripts from the Inquiry oral hearings, redacted rule 9 statements, and documentary evidence and is fully accessible to the public. The Inquiry report is expected to be published in late Autumn 2025.

A further Cheshire Police Operation Hummingbird investigation is ongoing in respect of Lucy Letby's earlier career and a corporate manslaughter/ gross negligence manslaughter investigation continue.

The Trust remains fully committed to continuing to support the Inquiry process and the ongoing Cheshire Police investigations.

Acting on Patient Feedback: Patient Experience

During 2024/25 the Trust has embedded the Patient and Family Experience Strategy and Vision (2024-2027) which is aligned to the Trust Strategy and empowers all staff to become leaders in patient experience. The strategy provides the tools and framework for improvement, with a commitment to continually improve the experience of patients, families, and carers while they are under our care and beyond.

The vision describes six critical components of a patient journey and at each step, the Trust has committed to a vision statement and a patient affirmation. The strategy was developed from listening and engagement events with staff and patient representatives, data analysis from concerns and complaints, and consultation with divisional leads and nursing leads. There have also been Patient and Family Experience Visions developed specifically for Maternity sections and the Emergency Department (ED) taking into account the feedback from our patients through the national in-patient surveys.

Progress is monitored through a variety of routes including patient engagement events, ward accreditation, and listening to patient and family stories, along with quantitative data gathered from patient satisfaction surveys, including the national patient surveys, Healthwatch reports and the Friends and Family Test (FFT). Progress is monitored through the Patient Experience Operation Group (PEOG).

The FFT feedback by SMS text messaging and interactive voice mail continues across all Inpatient, Outpatient, Emergency Department, day case and Maternity services, with all services leads now receiving an automated monthly FFT report. Summary reports are reported to Quality Governance Group and externally to NHS England.

Learning from patients and their families experience provides vital information to ensure that we continually improve our services. Learning is shared Trust-wide through a variety of forums such as Learning and Sharing, Patient Safety Oversight Meeting, and Learning from Deaths. Weekly learning summaries are widely circulated, and patient stories are heard in a range of meetings and committees, ensuring that the patients voice is at the heart of everything we do.

The development and implementation of an enhanced Ward Accreditation program also encompasses feedback from patients and their families/carers. Senior Nurse walkabouts include engagement with patients and their families, asking them about their stay, and anything we could to improve their experience.

Ensuring patients and their families are involved in incident investigations is progressing with the implementation of the Patient Safety Incident Response Framework (PSIRF). Being open and transparent in our responses and in line with statutory and professional duty of candour requirements, being open about our

mistakes and involving people in our learning responses further supports the principles of openness, fair accountability and learning.

Weekly meetings to focus on complaints and concerns have supported the drive to reduce the response timeframes and we have seen a consistent reduction in formal complaints. Informal concerns have remained steady, but there are improvement plans in place to reduce the length of time taken to respond and resolve these. The learning from complaints and concerns is an integral agenda item in the monthly Safety Surveillance meeting, with triangulated themes from incidents and complaints/concerns, and learning and actions shared.

Asking, listening and acting on feedback: you said, we did

The Trust has a Patient Experience Operational Group (PEOG) that provides assurance that the views of patients, families and the public are sought to support and drive improvements in clinical practice, service delivery and patient pathways. It provides a forum to engage with a range of hospital teams, patient representatives and Governors to review feedback and agree actions.

PEOG was instrumental in the development of the Trust's Patient and Family Experience Strategy with the collaboration with key stakeholders, including patients, public members, and relevant external agencies. The group monitors progress against the strategy along with performance against a range of patient experience activities and metrics. There are several mechanisms available for patients and the public to share their feedback with us, including:

- National Care Quality Commission (CQC) survey programme
- Friends and Family Test and comments
- NHS Choices
- Healthwatch (visits, go-sees, and engagement events)
- Non-Executive Director and Governor walkabouts
- Patient-Led Assessment of the Care Environment (PLACE)
- Concerns or complaints
- Social media feedback.

Principal risks faced by the Trust

The Board of Directors considers and agrees its principal risks through the Board Assurance Framework. A full refresh of the BAF and risk appetite was completed at the start of 2024/25.

The processes to identify and manage principal risks are detailed within the Annual Governance Statement section of this annual report.

Strategic risks 2024/25

Strategic risks are identified within the Board Assurance Framework (BAF), which is regularly reviewed by the Board of Directors. Extracts of the BAF are also monitored through the relevant Assurance Committee.

The following table shows a summary of the Trust's strategic risks with the residual risk score following mitigating actions at the end of 2024/25

Ref	Description	Residual risk score	Assurance Committee
BAF1	Failure to maintain quality of care would result in poorer patient & family experience	16	Quality & Safety
BAF2	Failure to maintain safety and prevent harm would result in poorer patient care and outcomes	16	Quality & Safety
BAF3	Inability to deliver operational planning standards , inability to address the backlog of patients waiting could result in poorer patient outcomes, and result in financial consequences to the Trust.	16	Finance & Performance
BAF4	Challenges in ensuring a high quality, engaged, diverse and inclusive workforce would affect our ability to deliver patient care	15	People
BAF5	Failure to deliver financial plan and underlying financial position could impact long term financial sustainability for the Trust and system partners	16	Finance & Performance
BAF6	Inability to achieve the capital programme within a challenging and uncertain operating environment and deliver an Estates Strategy that supports the provision of our services	15	Finance & Performance
BAF7	Failure to ensure digital transformation and IT resilience could impact the delivery of services for patient and our workforce	15	Finance & Performance
BAF8	Failure to ensure effective corporate governance could impact our ability to comply with legislation and regulation.	12	Audit
BAF9	System working and provider landscape changes may present challenges in ensuring COCH is positioned as a strong system partner, with priorities aligned to system partners across Cheshire & Merseyside.	12	N/A

Ref	Description	Residual risk score	Assurance Committee
BAF10	Inability to deliver the Research and Innovation agenda to exploit future opportunities	12	N/A

The risk score is formed based on 'consequence' and 'likelihood' ratings as follows:

Consequence	Likelihood
5: catastrophic	5: almost certain
4: major	4: likely
3: moderate	3: possible
2: minor	2: unlikely
1: negligible	1: rare

The grading bands of risks are 1-5: very low, 6-8: low, 9-14: moderate and 15-25: high.

Going concern overview

After making enquiries, the Board of Directors have a reasonable expectation that the services provided by the Countess of Chester Hospital NHS Foundation Trust will continue to be provided by the public sector for the foreseeable future. For this reason, the Directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

Performance Analysis

The Board of Directors and its committees receive the System Oversight Framework at each of its meetings, which includes detailed exception reports, and performance against key quality, performance and well-led indicators. This includes actions being undertaken to address any issues and risks. The Board receives a winter resilience plan and ad-hoc reports pertaining to specific areas of operational risk.

In 2024/25 we continued to focus our improvements across all elements of performance, including reducing waiting times and driving improvements across our non-elective pathways which can only be achieved by working closely with partners across our local and regional system.

The Trust has been successful in meeting all national targets relating to long waiting referral to treatment patients, increasing compliance with diagnostic standards and over the year has significantly increased the amount of elective activity undertaken in both theatres and clinics. That said, as demonstrated below further work is needed in some areas and the Trust has robust plans to address these.

Key Performance Indicators, by Quarter ('Q'), 2024/25:

Infection control targets	Target	Q1	Q2	Q3	Q4
Clostridium difficile	57	19	31	20	18
Methicillin-resistant Staphylococcus aureus (MRSA)	0	1	1	0	0
Waiting time targets	Target	Q1	Q2	Q3	Q4
Total time in Accident & Emergency/ Emergency Department	95%	59.7%	60.4%	57.9%	60.6%
% 18 weeks referral to treatment incomplete pathway	92%	48.5%	49.3%	50.6%	51.6%
Diagnostic six-week target	1%	16.9%	14.8%	10.4%	11.6%
Cancer targets	Target	Q1	Q2	Q3	Q4
28 Day Faster diagnosis (FDS) Target	75%	77.5%	80.1%	82.6%	81.4%
31 Day - Decision To Treat	96%	95.3%	94.7%	93.7%	93.1%
62 Day - First Treatment	85%	78.3%	79.0%	80.1%	74.8%

Infection Prevention & Control (IPC)

During 2024/25 a variety of healthcare associated infections have posed a challenge for the Trust. The Trust has managed outbreaks of norovirus and an increased prevalence of influenza, with visiting restrictions implemented during those episodes to assist in managing the risk posed to both patients and staff.

There has also been an increased prevalence of both *C.difficile* infections and gram-negative blood stream infections (including *E.coli* and *Klebsiella*), with targeted improvement work being undertaken as part of the Trusts 'Harms Improvement Programme' focusing on the key risks that lead to these infections developing. For *C.difficile* the targeted work focused on appropriate microbiology sampling, environmental cleanliness, and antimicrobial stewardship. In relation to *E.coli* work focused on strengthening the processes around the prevention and management of urinary tract infections.

Across the West Cheshire health economy, the prevalence of both *C.difficile* infections and *E.coli* bloodstream infections increased during the year. The increase in community cases was notable, with increases in *C.difficile* infections 40% higher than the previous year and *E.coli* bloodstream infections 19% higher than the previous year. The rise in cases associated the Trust were lower with an 8% increase in *C.difficile* infections and an 11% increase in *E.coli* bloodstream infections.

The IPC team have delivered a much-enhanced programme of audit and education, which has played a key role in providing assurance of compliance with the basic principles of IPC practice.



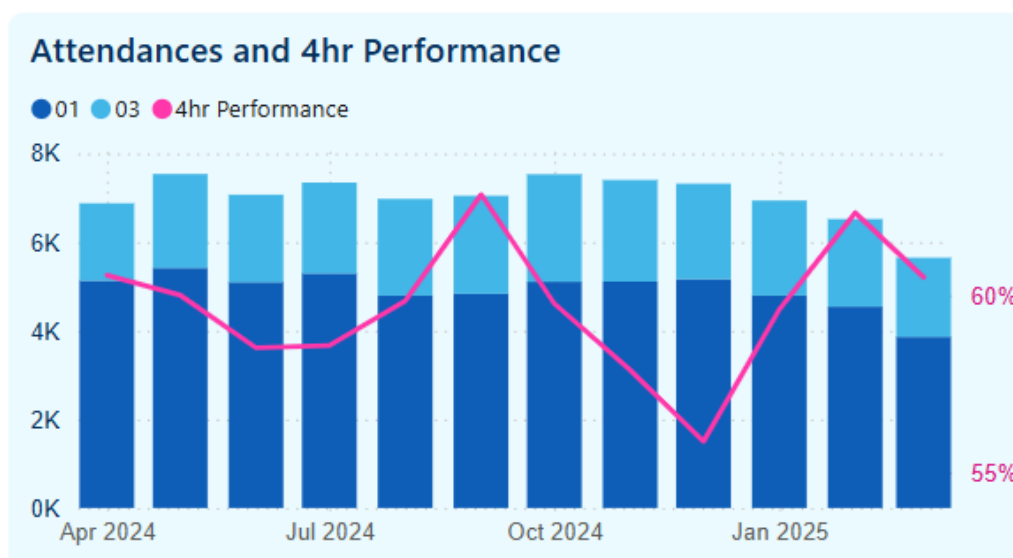
Emergency Department (ED) / ED access measure

This access measure is to achieve a maximum wait of four hours in the Emergency Department (ED). Despite small improvements, performance has remained fairly static compared to the previous year and remains significantly below the target threshold for performance. The urgent and emergency care ambition for 2025/26 is for 78% of patients being admitted, transferred or discharged within four hours by March 2026.

The Trust continues to work on improvements to ease pressure in this space:

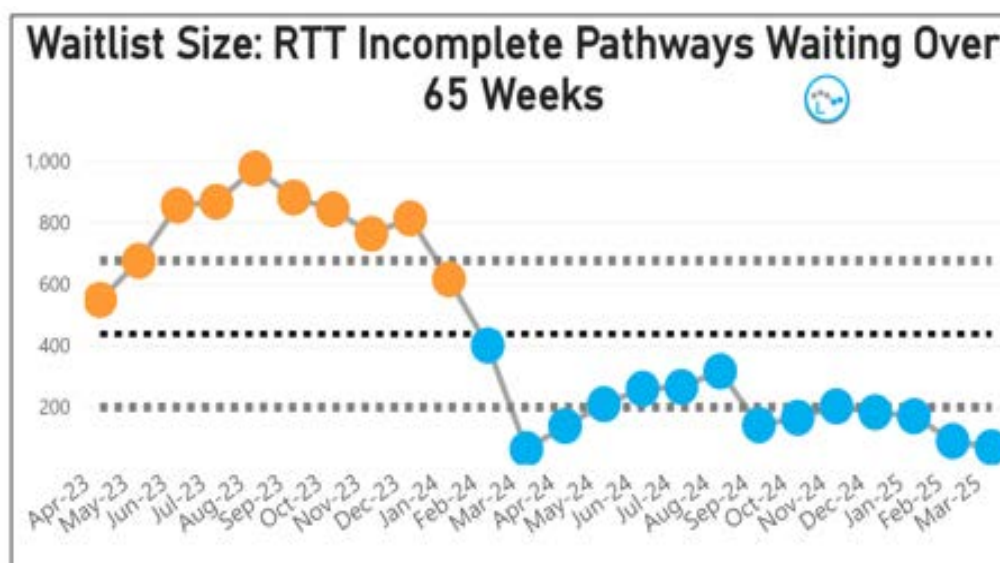
- Priority to fully utilise Type 3/ Urgent Treatment Centre (UTC) activity through an enhanced streaming and workforce model to ensure patients are seen in the correct setting at the correct time, and to ensure the ED is utilised for patients requiring emergency input only.
- To maximise Same Day Emergency Care (SDEC) capacity to ensure the emergency department is utilised for patients requiring emergency input. And promote admission avoidance and reduce pressure on the inpatient bed base.
- Additional operational grip in place throughout core arrivals times to ensure effective live escalation of issues to promptly and safely manage patients within 4-hours.
- Retrospective analysis of daily performance when <50% to ensure learning taken forward, and aid development of clinical pathways with specialty teams across surgery and medicine.
- To maximise escalation areas within the wider hospital, if it supports the immediate decongestion within the ED, so that space within the ED does not become compromised limiting our ability to see, treat and assess type 1 ED attends within 4 hours.

A&E four-hour wait standard: % of ED attendances that were seen within four hours of arrival



Referral to Treatment (RTT)

National NHS operational planning standards continued to prioritise the reduction of RTT long waits and specifically focused on one key measure: the elimination of patients waiting over 65 weeks by the end of March 2025 (this excluded patients who chose to delay their treatment or were on complex treatment pathways). The Trust successfully delivered against this.



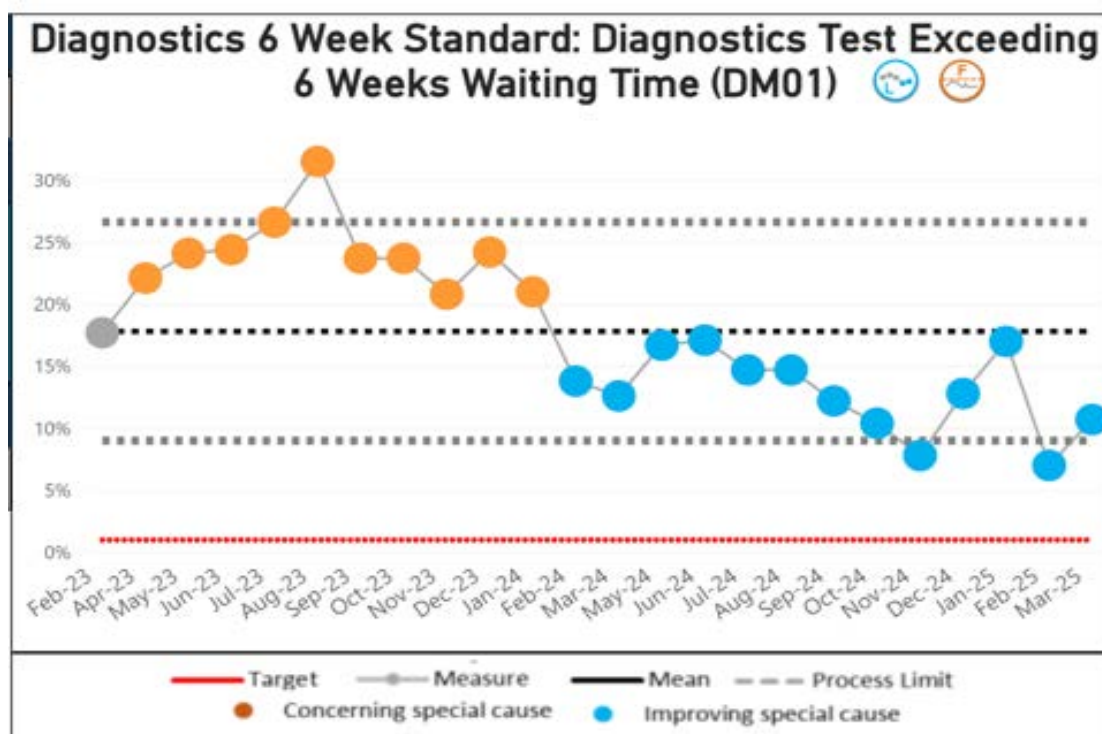
Looking forward into 2025/26, the Trust will continue to focus on reducing the longest waiting patients on an RTT pathway and, in addition, delivering a 6% improvement in the overall number of patients on an RTT pathway being treated within 18 weeks. This is in line with 2025/26 NHS operational planning requirements.

Diagnostic waits

Trust performance against the diagnostic standard (DM01) of having <1% of diagnostic referrals exceeding a 6-week waiting time significantly improved over the course of the year, with the numbers waiting over 6 weeks reducing from 27.4% in April 2024 to 10.7% in March 2025. This has been achieved through improvements within the endoscopy and CRV modalities within the year. Radiological diagnostics continued to consistently achieve this target.

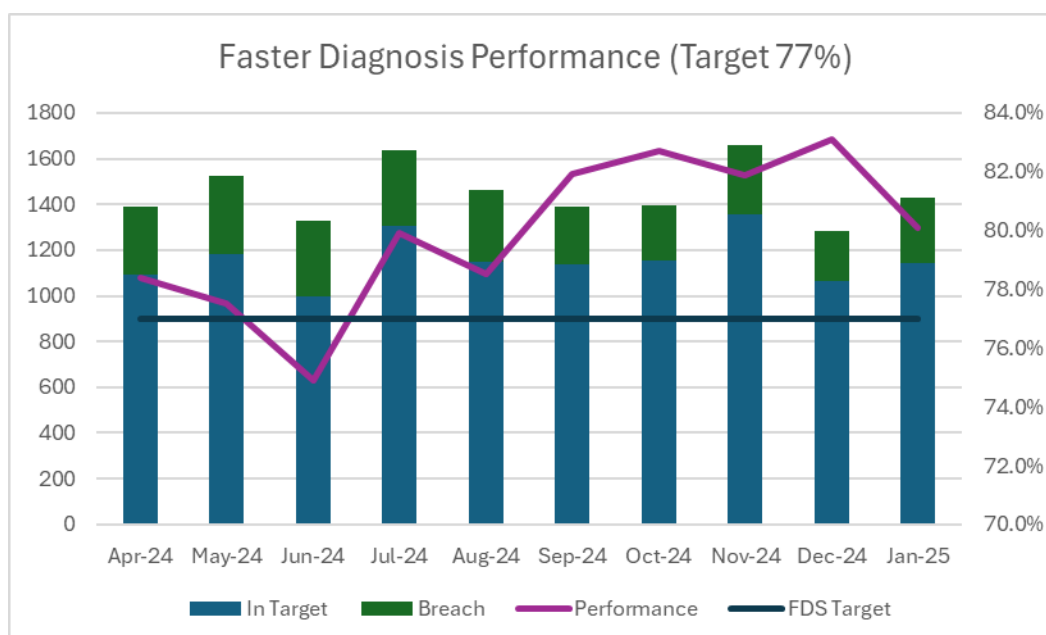
The changes within endoscopy will allow for an improvement in the patient pathway, enhance utilisation and will therefore increase performance for diagnostic wait in the forthcoming year.

Diagnostic tests exceeding 6 weeks waiting time (DM01) 1st February 2023 – 30th March 2025:



Cancer standards

There has been significant improvements in providing a faster diagnosis to patients on an urgent suspected cancer pathway in 2024/2025, despite the increasing demand in referrals.

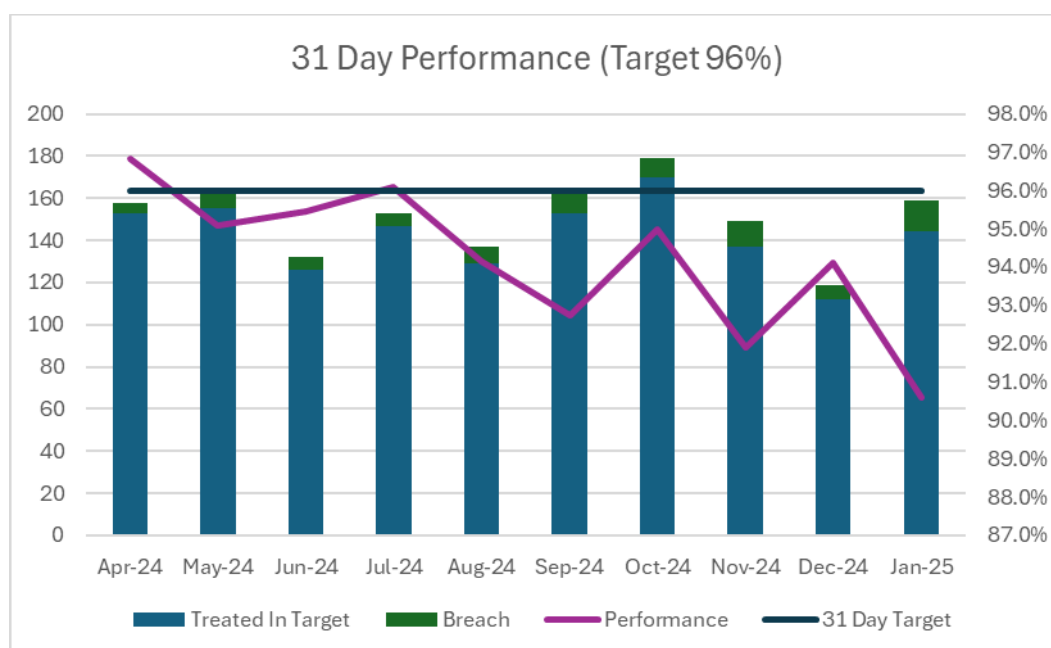


The Trust has consistently delivered against the 28-day faster diagnosis standard (FDS), where 77% of patients referred on an urgent suspected cancer pathway should receive a diagnosis within 28 days of being referred. On average the Trust achieved 79.9% from April 2024 to January 2025 against a standard of 77%. The standard for 25/26 has been increased to 80%, and since September 2025 we have consistently delivered above 80%.

A significant amount of work has been undertaken by the tumour sites to improve and sustain attainment of the FDS standard. Some of the improvements implemented include:

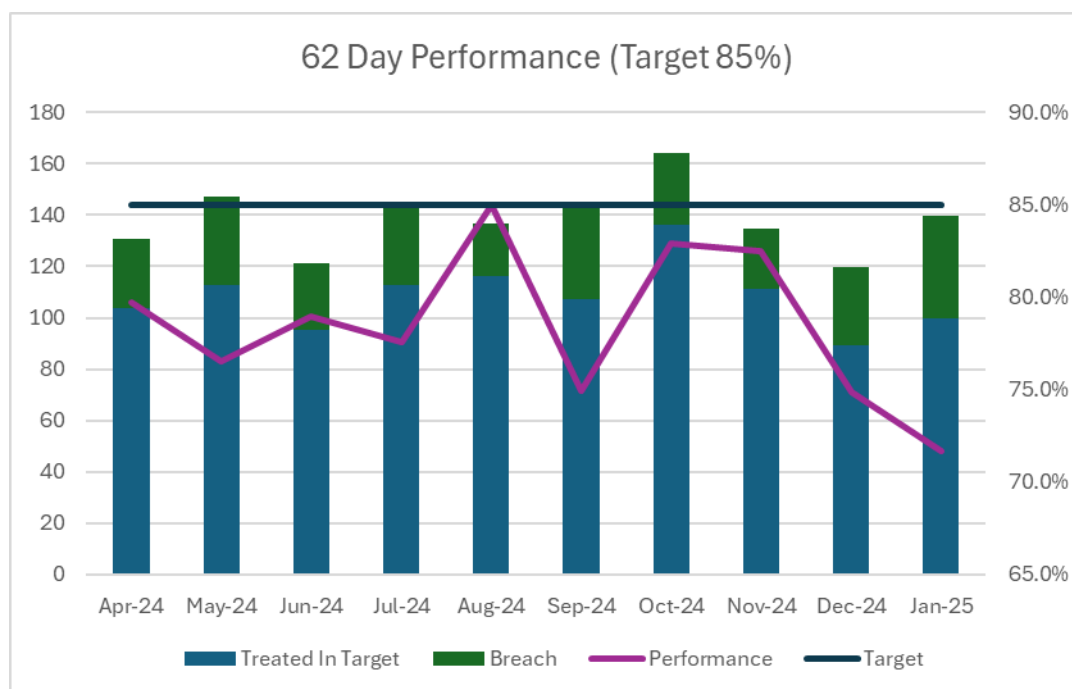
- Straight to test model in the Lower Gastrointestinal (LGI) tumour site, led by the Cancer Clinical Nurse Specialist (CNS) team which has resulted in the COCH being the highest performing for FDS for LGI across the Cheshire and Merseyside Region, and in the top three highest performers at a national level.
- The breast team have introduced a community breast pain clinic, improving the patient experience and reducing the demand for unnecessary secondary care appointments.
- Piloting of AI software within dermatology to reduce the demand for unnecessary secondary care appointments.

The 31-day standard outlines the expectation for 96% of all patients with a confirmed cancer to commence treatment within 31 days of a decision to treat. On average between April 2024 and January 2025 the Trust has achieved performance of 94.2% against this standard.



The 62-day standard outlines the expectation for 85% of all urgent GP referrals for suspected cancers to commence first treatment within 62 days from the day of referral.

On average, the Trust has achieved 78.5% against this standard. It has been acknowledged Nationally that this is a challenging standard to achieve, and this is reflected in the planning guidance for 25/26 where this standard has been revised to a standard of 75%.



It should be noted that in most pathways, patients are treated at tertiary centres, and therefore it is essential that patients are diagnosed in a timely manner in order that they are transferred to the tertiary centres as early as possible in their pathway for treatment to commence.

In 25/26 there will be a further focus for those tumour sites where patients receive their treatment at the Countess of Chester Hospital NHS Foundation Trust to identify the main challenges to achieving the 62-day standard, and developing improvement plans to address those challenges.

Activity

The Trust saw an improvement across all areas in 2024/25 compared to previous year. Productivity increased in a number of specialties from a combination of improvement work and increased capacity. The trust significantly exceeded the activity levels seen pre COVID-19 pandemic. Continuing to drive improvement across all points of delivery is a priority for the Trust in 2025/26.

Activity by Point of Delivery (POD):

Metric	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	% Change
Elective Inpatients	4318	2837	2968	2990	2830	2869	1.4%
Elective Day Case Patients (Same day)	37453	21688	25884	28913	34246	37818	10.4%
Non-elective (urgent) Inpatients	30562	25612	30763	29583	32886	33900	3.1%
Outpatients - first attendances (excl. Diagnostic Imaging)	116595	80850	111357	109209	129234	135155	4.6%
Outpatients - follow up attendances (excl. Diagnostic Imaging)	295174	219976	240381	247067	271726	279322	2.8%
A&E Attendances	77891	66627	87275	84032	83494	85953	2.9%

The Emergency Department (ED) attendances increased by 2.9% compared to the reduction of 1% seen in 2023/24, and demand continues to remain significantly higher than pre-COVID-19 pandemic levels, with 10.3% higher demand in 2024/25 than 2019/20. This has contributed to the pressures experienced in the Emergency Department (ED). The high levels of ED attendances have corresponded with a significant increase in non-elective admissions.

Summary Hospital Mortality Indicator

Both Summary Hospital Mortality Indicator (SHMI) and the Hospital Standardised Mortality Ratios (HSMR) indicators continue to be analysed and reviewed within the Trust every month, via the Mortality Surveillance Group. To note, the inherent delay in reporting this data is due to the window that allows final coding data to be submitted to Hospital Episode Statistics (HES).

Countess of Chester Hospital SHMI:

	Countess of Chester Hospital SHMI	Trust with lowest SHMI	Trust with highest SHMI	Outlier alert level
January 2024 to December 2024	0.9151	0.6991	1.3323	Band 2 – as expected

April 2023 to March 2024	0.9550	0.7142	1.3193	Band 2 – as expected
April 2022 to March 2023	0.9847	0.7191	1.2074	Band 2 – as expected
April 2021 to March 2022	0.9591	0.6964	1.1942	Band 2 – as expected
April 2020 to March 2021	1.0422	0.6908	1.2010	Band 2 – as expected
April 2019 to March 2020	1.0752	0.6851	1.1997	Band 2 – as expected
April 2018 to March 2019	1.1055	0.7069	1.2058	Band 2 – as expected

Sustainability Progress in line with the Trust's Green Plan

The Trust Green Plan (2022 – 2025) is now due to be refreshed, with NHS England publishing new statutory Green Plan Guidance in February 2025 to support NHS organisations develop robust plans to improve health outcomes, reduce costs, and minimise waste – continuing the NHS' journey to achieving net zero.

The 'guidance states that refreshed green plans should be approved by the organisation's board or governing body, published in an accessible location on the organisation's website and shared with NHS England by 31 July 2025.

Despite the many challenges and pressures, we face within our Trust and wider, the NHS, these challenges also present new opportunities to deliver outcomes that are best for our patients, financially beneficial, and better for our planet. The Trust Green Plan renewal will keep the following 3 principles:

1. Prioritising interventions that support world-leading patient care and population health, reduce inequalities, and tackle climate change and broader sustainability issues.
2. Supporting organisations to plan and make considered investments while increasing efficiencies and delivering value for taxpayers.
3. Ensuring every NHS organisation supports the NHS-wide ambition to reach net zero carbon emissions, reflecting on the learning from delivery to date

Lord Darzi highlighted the urgency of this agenda in November 2024,

‘The World Health Organisation has described the climate crisis as the “single biggest threat facing humanity”. Given the global health imperatives, the NHS must stick to its net zero ambitions. There is no trade-off between climate responsibilities and reducing waiting lists. Indeed, often health and climate are mutually reinforcing goals: cleaner air is good for the environment and good for respiratory health.’

The Trusts Anchor Institution group has commenced evaluation of the impact of the renewed Green Plan and work has commenced to meet the 31st July 2025 target date.

Whilst we have faced unprecedented demand from patients during the whole of the 2024/25 period, along with sustained financial pressure to reduce costs, we have made progress in our sustainability journey. Progress in Sustainability projects across the Trust include:

- The final push toward the completion of the Women & Children’s building that will open during summer of 2025 is fast nearing completion. Whilst not yet confirmed, it is widely expected that this brand-new healthcare facility will be accredited with achieving the NHS Net Zero Building Standard, the first to do so in the National Health Service.
- The approach of ‘sustainability by design’ focusing on ‘reduced energy consumption’ in the Women & Children’s building has continued in the build process for this exciting new Healthcare facility. The installation of ground source heat pumps and solar PV to the roof elevations will achieve BREEAM excellence in design and build as part of the original local authority planning approvals.
- The approval to relocate the ‘Going Greener’ healthy eating retail unit located within the current Women & Children’s building to the new building has been received as hugely positive and testament to the success of this retail unit. This successful healthy eating retail unit will continue in its new form, to increase options for staff, patients and visitors to access a variety of food options that support sustainability and health. This is aligned to the NHS England Prevention Pledge.
- The recruitment and appointment of Trust Sustainability Ambassadors continues.
- The Trust has maintained its positive collaboration with other Trusts to identify initiatives.

The Sustainability Lead for the Trust represents the Trust through:

- Cheshire & Merseyside Sustainability Board
- Cheshire West Place Sustainability Committee
- Cheshire West and Chester Council (CWaC) Travel and Transport Collaborative (membership consists of CWaC, COCH, Chester University and Chester Zoo)
- CWaC Travel Demand Management group
- Northwest Regional Estates Delivery Group
- Regional Bio-Diversity Working Group
- Regional Waste Working Group
- Regional Energy Working Group

- Ad-hoc NHS England events directly connected to sustainability.

Energy

Energy continues to be a huge challenge for the Trust, in terms of managing available capacity, consumption and cost. The year has seen much focus in these areas and whilst success has been seen in managing and creating available capacity, the focus is very much on driving down energy usage. A number of initiatives have been piloted across the Trust:

- the use of technology and mechanical intervention to isolate power when not required (night-time hours)
- human intervention to turn off electrical equipment and lighting systems as part of leaving the workplace at close of business
- Digital invention in the automatic powering down of computer systems when unused for a period of time.
- Our Digital colleagues have calculated that over a year, the cost of 1000 computer screens left operating will use 2,592 kWhrs, at a current cost of £ 9,969.65. Our intervention efforts can reduce this consumption to 21.09kWhrs at a current cost of £81.12.

All pilots have seen success in their initial aim, however, we still need to focus on additional intervention to reduce our energy use.

We continue to promote and measure potential effectiveness of other measures such as self-cleaning glass, triple glazing, rainwater harvesting and alternative heating strategies as potential ways to reduce its carbon footprint. We continue to engage with companies that provide existing and innovative technology that could help the Trust create its own electrical energy. Progress will continue as we strive to focus much of our attention in becoming a fully 'Sustainable' hospital and stakeholders will be updated with progress as work continues to achieve a solution that benefits the Trust.

Transport

We continue to focus on providing improved options for travel as well as plans to improve the car parking infrastructure at both of our sites. We have made some progress in this area against very challenging external factors, local public transport service cuts, and cancellation of ineffective bus routes, all of which do not support an 'alternative' mode of travel.

It has been assessed that 5 % of all UK travel is part of NHS activity and that this travel and transport activity accounts for 4% of national carbon emissions. The NHS fleet is the second largest fleet in the country, consisting of over 20,000 vehicles travelling over 460 million miles every year.

The 3rd formal 'Travel Survey was launched on April 1st, 2025 (mandated as part of NHS Net Zero). The survey is valid for a calendar month; with results when completed, positioning us in the challenges faced by our staff and the changes we shall focus on in both continual improvement and reduction in carbon emissions from private motor vehicles.

The transition to e-vehicles by our staff continues at pace, the previous 12 months show 116 out of 124 staff members have acquired e-vehicles through the Trust vehicle scheme.

In April 2025, our Trust took delivery of 7 brand new vehicles as part of the Facilities Service Transport fleet. The fleet collect samples from across the region from GP practices and transport to either our own Trust blood sciences unit or our partner laboratory in Bromborough. The annual mileage for this combined fleet is approx. 230,000 miles. The mix of fully electric and hybrid vehicles will make a substantial contribution to cost savings in the huge reduction in diesel costs as well as environmental benefits.

Where previously our vehicles would return an average of 40 miles to the gallon, our new Hybrid vehicles will achieve 65+ miles to the gallon. The fully e-vehicles are replacing 3 x vehicles who returned an annual mileage of 60,000 per year.

Our plans to introduce a 'car share' scheme are underway

Food and Nutrition

We remain proud of our own in-house Catering Service who produce approx. 600 healthy, nutritional meals every day, three times per day for our patients and staff. All of our meals are prepared from fresh produce and ingredients and menus changed daily to provide variety of options.

Our in-patient meals are produced to the requirements of our individual in-patients with additional expertise and advice from our Trust dieticians and nutritionists, resulting in a very bespoke and personal meal for each in-patient.

Our 'belated & personal' meals service results in minimal food waste leaving our Trust. Any food waste leaving site is recorded and weighed as a requirement of NHS/England and dispatched to a local processing site and made into gas energy for regional domestic and commercial use.

The Trust has been approached to take part in "**Sustainable & Inclusive Nutrition for All: Testing Low-Carbon Menus in Hospitals**". The project is fully funded by the National Institute of Health and Care Research (NIHR). The final approval papers are being submitted by NIHR and we will know soon when the project is to commence. The project aims to trial and evaluate a behaviour change intervention to reduce carbon emissions within the NHS and increase consumption of healthy and sustainable hospital food by patients.

Governance and engagement

The approach to Sustainability is aligned to the Trust's Anchor Institution work with oversight through the Anchor Institution Group.

Work continues and progress is being made across all disciplines. The workstream includes the Prevention Pledge where the Trust is consistently delivering 12 out of the 14 commitments with plans in place for the remaining 2 commitments.

Healthcare Associated Waste

During 2024/25, we wrote about our intent to radically change our approach to healthcare associated waste and how this is managed. This remains our commitment, and we are optimistic that we will achieve our intent during 2025/26.

We have initiated improvements across the Trust. One of the legacy obstacles from the pandemic was that all Healthcare associated waste was being labeled as 'clinical waste'. Throughout the Trust, the majority of waste bins were orange lidded, denoting 'clinical waste'. We have worked closely with our Infection Prevention Control colleagues and our Senior Nursing colleagues in changing these 'orange lidded' bins to 'black lidded' domestic waste bins. This approach will help us reduce out annual tonnage of clinical waste, which in turn will reduce the clinical waste costs. Whilst we have not removed 'orange lidded' bins, the project has helped us align and re-position where this type of waste receptacle should be in a healthcare area.

A further initiative linked to that of waste disposal, is that of re-upholstering non-clinical and clinical furniture. Financial data from the last three years has shown that when furniture covers are damaged or ripped, the automatic resolution is to order a brand new replacement. Our project is looking at all replacement furniture requests to understand what possible interventions can be identified to repair, recycle and reuse before any such procurement request is approved.

Our IPC colleagues launched an extremely successful 'Gloves Off' campaign during 2024/25. The project was designed to underpin the IPC principle that the most effective way to look after patients and staff and prevent infection is for all colleagues to practice good hand hygiene. Wearing gloves when not necessary can result in higher rates of transmission of infection. For most tasks gloves are not necessary and using soap or hand gel is more effective.

Reasons staff are being asked to reduce unnecessary glove use are:

- Reduce rates of healthcare associated infection which is one of the Trust's harms improvement initiatives
- Increase hand hygiene and skin health
- Strengthen hand hygiene compliance
- Reduce CO2 emissions
- Adhere to evidence-based practice
- Save money so we can reinvest into our services

The initiative was hugely successful and received national acclaim within NHS England. The reduction in used glove waste, reduction in costs (buying gloves and waste reduction), reduction in CO2 emissions were all achieved as well as the primary objective, to reduce rates of healthcare associated infection which is one of the Trust's harms improvement initiatives.

Climate Adaptation

Our climate is rapidly changing. With 6 of the last 10 years (2014-2023) ranking among the [warmest on record](#) since 1884, the impacts are already proving costly to both society and the NHS, with future costs expected to rise. While estimating the full extent is challenging, heat-related mortality in England alone costs [£6.8 billion annually](#), likely to increase to £14.7 billion per year by the 2050s. These figures underscore the urgent need for action.

Despite rapid decarbonisation, global temperatures will continue to rise, and without adaptation, health impacts from heat, cold and flooding will worsen due to climate and sociodemographic changes. Emissions reduction and climate adaptation are mutually reinforcing, essential aims to minimise the adverse effects on population health and health services. The health sector's resolve to adaptation is ever more essential given the vulnerability of the population we serve.

The greatest climate risks to the health and care system in Cheshire & Mersey region are a.) risks to wellbeing from high temperatures; b.) river and surface flooding; c.) coastal flooding; d.) risks to building fabric.

Climate impacts have serious consequences for the delivery of health services, ranging from risks such as flood and overheating risks to hospitals, supply chain disruption, and transport failure, as well as new pressures on the health system as a result of heatwaves, pests and diseases, and other extreme weather events.

Climate change has serious consequences for:

- **delivery of healthcare service:** ranging from risks to hospital estate, supply chains and transport.
- **public health:** new pressures on the health system as a result of heatwaves, pests and diseases, heat exposure, and extreme weather events.

These issues particularly impact more vulnerable people and places. Understanding, anticipating, and adapting to these new challenges is essential to developing a more climate-resilient NHS.

Understanding, anticipating, and adapting to these new challenges is essential to developing a more climate-resilient NHS. The Trust Sustainability Lead has completed the training programme 'Becoming Climate Resilient' funded by NHS England that allows attending candidates to explore the key concepts of climate adaptation, climate risk, and identify opportunities to build resilience towards a fairer, flourishing future.

The solutions to how we as a Trust will 'adapt' to changing climate will be included in our new Green Plan.

Health Inequalities

The Trust recognises that health inequalities are unjust and avoidable differences in people's health. Whilst the causes of health inequalities are complex, research has shown that the main drivers are social determinants; that is the environments people live in, access to employment, the kind of start they had in life. Inequalities are also driven by the ways in which health services are designed, delivered, funded, and by the quality of clinical care received. We recognise that the NHS plays a role in both mitigating against the impact of the wider determinants and in reducing healthcare-based inequalities. Addressing health inequalities will improve the quality of clinical care, patient outcomes and safety across the population and between specific groups.

To this extent the Trust has developed a five-step health inequality framework which includes:

Equality of access

Using new digital tools, systematic monitoring of identified groups to ensure equity of access of people on our waiting list. And using population health data, targeting areas of inequality of people not known to the hospital, and crafting solutions with partner organisations.

The Trust has undertaken significant work to improve patient experience through translations, faith networks and adaptations for language, culture and food.

Health inequalities amongst staff

- THE Trust has looked at `vital signs` linked to pay bands, sickness rates in lowers bands, food banks, other hardship indicators to determine a new offer for staff
- The Trust has also developed a new health and well-being hub for staff.

Making every contact count

- Research suggests there are potential triggers in people's lives when they are more open to health advice.

Becoming and Anchor Institution

- The Trust has an active green champion network and an overarching Anchor Institution group which coordinates the work of our Prevention Pledge, Social Value and Carbon emissions green plan.

Systems Working

- The Trust take a leadership role in Cardiovascular Disease (CVD) prevention, Primary Care Heart Failure and opportune screening events.

Task Force on Climate-Related Financial Disclosures (TCFD)

NHS England's NHS foundation trust annual reporting manual has adopted a phased approach to incorporating the TCFD recommended disclosures as part of annual sustainability reporting requirements for NHS bodies, stemming from HM Treasury's TCFD aligned disclosure guidance for public sector annual reports. TCFD recommended disclosures as interpreted and adapted for the public sector by the HM Treasury TCFD aligned disclosure application guidance, will be implemented in sustainability reporting requirements on a phased basis up to the 2025/26 financial year. Local NHS bodies are not required to disclose scope 1, 2 and 3 greenhouse gas emissions under TCFD requirements as these are computed nationally by NHS England.

The phased approach incorporates the disclosure requirements of governance, strategy, metrics and targets pillars for 2024/25. These disclosures are provided below:

Governance and strategy pillar

Delivery of the Trust's Green Plan is overseen by a designated board-level net zero lead, in collaboration with non-executive leadership and identified operational support.

To oversee the full range of workstreams within the Trust a strategic delivery oversight group (Anchor Institution Steering Group) has been established bringing together the following interdependent workstreams, providing cohesion and coordination of effort:

- Green Plan
- NHS Prevention Pledge
- Social Value Pledges

Management's responsibility includes strategic alignment, risk assessment and cultivation of sustainability culture.

The strategic framework will be put into action through the Anchor Institution Steering Group, supported by staff-based sustainability groups, reporting via Finance and Performance Committee to the Board.

The COCH Trust Green Plan (2022 - 2025) is reaching the end of its validation period with a new Green Plan in development which will be refreshed, developed, to provide a robust plan to improve health outcomes, reduce costs, and minimise waste – continuing the NHS' journey to achieving net zero.

Metrics and target pillar

Measuring the climate-related risks and opportunities requires clear metrics and targets aligned with national sustainability goals and global climate commitments. A key indicator is progress against the country's decarbonisation trajectory—typically benchmarked through targets such as 'clean energy sources electricity by 2035'. An oversight dashboard has been developed with clinical and operational leads identified for each workstream, supporting the monitoring, providing assurance and delivery of net zero and Greener NHS priorities at region, ICS and provider level. In summary these workstreams and key lines of inquiry include.

- **Governance** - Board updates and reporting
- **Workforce** - staff awareness and training
- **Clinical leadership** - considerations of carbon impact of care delivery through a clinical lens
- **Digital transformation** - use of cloud solutions and repurposing of hardware
- **Digital strategy** - commitment to meeting net zero ambitions as per National digital strategy
- **Travel and Transport** - move to Electric Vehicles (EV) within Trust fleet, travel incentive schemes, transport partnership and active travel
- **Estates and facilities**
- **Medicines Management**
- **Supply chain** - inclusion of a carbon reduction weighting in all procurement
- **Food and nutrition**
- **Climate changes adoptions**

Equality, Diversity and Human Rights

The Trust works to be an inclusive employer and provider of healthcare services. This is demonstrated by an Equality, Diversity and Inclusion (EDI) Strategy 2023 – 2026 that focusses on embedding equality for our patients, people and partners, making the Countess of Chester Hospital NHS Foundation Trust the place where everyone counts.

In 2024/25, we have continued to deliver our EDI Strategy through a refreshed internal equality governance framework, helping to

- Inform implementation, monitoring, review and evaluation of Trust's Equality, Diversity and Inclusion (EDI) activities.
- Ensure compliance with Public Sector Equality Duty and NHS contract requirements.
- Provide the assurance required to embed diversity and inclusion across employment and service delivery.

Reporting and monitoring of workforce EDI is undertaken through our People and Culture Sub-Committee, reporting to the Trust's People Committee.

Public Sector Equality Duty

The Trust has continued to meet its obligations under the Public Sector Equality Duty and further evidence of this is provided within this section of the report.

As part of the demonstration of the Trust's Public Sector Equality Duty, significant progress has been made in relation to workforce in 2024/25. Key achievements include:

- Significantly increased activity with staff networks supporting inclusion and engagement across the Trust.
- Making progress in recruiting staff from Black Asian and Minority Ethnic (BAME) backgrounds in substantive roles across entry level non-clinical, medical, and dental roles and improving internal promotions to higher bandings. There is still further work to do to improve access to career development and progression opportunities.
- Significant progress on addressing gender pay equity of women across the higher paid quartile. There has been a drop in representation across entry level to middle management, as well as a drop in total headcount compared to last year.
- Increasing workforce diversity in relation to disability, sex, and sexual orientation.
- Making progress on increasing response rates to the national Staff survey including Bank staff. There is more work to do to reduce incidents of workplace bullying and harassment which is not reflective of our values.

The Trust has also continued in its commitment to the NHS Anti-Racism Framework and the NHS Sexual Safety Charter.

The Trust has met all of its statutory reporting throughout 2024/25. All reports are published on the Trust website (available here: [Equality, Diversity and Inclusion | Countess of Chester Hospital](#)) and include

- **NHS Equality Delivery System (EDS):**

The report highlights the Trust's commitment to Equality, Diversity, and Inclusion (EDI) and provides a comprehensive summary of the annual EDS assessment for 2024. The Trust has made significant progress, with 10 outcomes rated as "Achieving" and one outcome rated as "Developing," compared to the previous year when 7 outcomes were rated as "Developing" and 4 as "Underdeveloped"

- **NHS Workforce Race & Disability Equality Standard:**

The Trust published its annual NHS Workforce Race Equality Standard (WRES) outcomes, submission in October 2024. Similarly, the Trust published its annual NHS Workforce Disability Equality Standard (WDES) outcomes, submission in October 2024.

- **Gender Pay Gap Report**

The paper provides an overview of the Trust's Gender Pay Gap (GPG) report for 2024. It includes data insights and demonstrates that the Trust understands the need to reduce workplace gender inequalities, promote equality and work to eliminate discrimination.

- **Workforce EDI Annual Report**

This report provides an overview of workforce diversity and highlights progress the Trust has made in promoting equality, diversity, and inclusion during the previous year. It also details future priorities and outlines work to be done.

The outputs of these publications continue to direct our engagement with our patients, our workforce and our communities, and has been an integral part of the Trust's operational and strategic equality, diversity and inclusion agenda.

Modern Slavery

Modern slavery statement

The Trust's Procurement Department obtains relevant information on the slavery and human trafficking statements of all relevant commercial organisations, as defined by section 54 ("Transparency in supply chains etc.") of the Modern Slavery Act 2015, as part of its supplier selection process.

The Trust's Procurement Department uses up to date standard NHS terms and conditions for its contracts and purchase orders that are issued to suppliers. Under these terms and conditions, suppliers must comply with all relevant laws and guidance and shall use good industry practice to ensure that there is no slavery or human trafficking in their supply chains; and shall at all times conduct their business

in a manner that is consistent with the policies of the Trust.

Contracted suppliers must provide the Trust with any reports or other information that the Trust may request as evidence of the supplier's compliance with this and/or as may be requested or otherwise required by the Trust in accordance with its policies. In addition, suppliers must comply with the Supplier Code of Conduct in so far as is relevant to the supply of goods and/or the provision of services.

The Supplier Code of Conduct published by the Government Commercial Function can be found at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779660/20190220-Supplier_Code_of_Conduct.pdf

All suppliers who tender to supply goods or services to the Trust through the Procurement Department must agree to these terms and conditions in advance. Any supplier that does not agree will not be awarded a contract.

Any breach by a contracted supplier of the terms and conditions relating to slavery or human trafficking that is not or cannot be remedied will be deemed a material breach and be subject to contract termination.

Safeguarding (in relation to Modern Slavery)

The Trust is dedicated to preventing modern slavery through various policies and procedures, including:

- Safeguarding and Promoting the Welfare of Children Policy
- Safeguarding Adults at Risk Policy

These policies are developed and maintained within national and local safeguarding governance frameworks. They provide guidance on initial contact with suspected human trafficking victims and the National Referral Mechanism.

Training and Promotion (in relation to Modern Slavery)

The Trust's safeguarding training (Levels 1, 2, and 3) incorporates modern slavery awareness and resources relevant to each role to promote understanding.

Modern Slavery Act (2015) – Section 54

Section 54 of the Modern Slavery Act (2015) details the following:

- (4) A slavery and human trafficking statement for a financial year is:
 - (a) *a statement of the steps the organisation has taken during the financial year to ensure that slavery and human trafficking is not taking place:*
 - (i) *in any of its supply chains, and*
 - (ii) *in any part of its own business, or*
 - (b) *a statement that the organisation has taken no such steps.*
- (5) An organisation's slavery and human trafficking statement may include information about:
 - (a) *the organisation's structure, its business and its supply chains*
 - (b) *its policies in relation to slavery and human trafficking*

- (c) *its due diligence processes in relation to slavery and human trafficking in its business and supply chains*
- (d) *the parts of its business and supply chains where there is a risk of slavery and human trafficking taking place, and the steps it has taken to assess and manage that risk*
- (e) *its effectiveness in ensuring that slavery and human trafficking is not taking place in its business or supply chains, measured against such performance indicators as it considers appropriate*
- (f) *the training about slavery and human trafficking available to its staff.*

Financial Review for 2024/25

The Trust reported a £9.6m deficit position (before impairments and transfers by absorption) at the end of the 2024/25 financial year.

NHS provider contracts are primarily based on an aligned payment and incentive (API) mechanism, comprising a fixed element for an agreed level of activity other than for elective activity and a variable element for elective activity. Elective Recovery Funding (ERF) is also available to support elective operational requirements, which is available if the Trust delivers above agreed activity levels (of value weighted activity).

The Trust delivered the deficit agreed with NHS Cheshire and Merseyside Integrated Care Board (ICB) for the year and carried forward an underlying deficit of c. £44m. Significant work has been undertaken during the year to improve financial governance with a continuing focus on financial sustainability. The Trust financial recovery plan/ financial strategy continues to be developed in line with the overarching Trust strategy and development of the Clinical Services Strategy.

Income and expenditure

The table below summarises the financial position before adjusting for impairments. These technical adjustments are removed to present a fairer financial position. The Countess of Chester Hospital's total income for 2024/25 was £410m. The majority of income comes from our main commissioner NHS Cheshire and Merseyside Integrated Care Board (ICB) at £313.7m, with £35m received from Betsi Cadwaladr University Health Board, and £23.9m from NHS England. A further £11.7m was received to fund training and education.

Throughout 2024/25, NHS provider contracts with English commissioners operated primarily on an aligned payment and incentive (API) mechanism, comprising a fixed element for an agreed level of activity other than for elective activity and a variable element for elective activity. Welsh contract income operated on a cost per case basis during 2024/25, meaning the majority of income was variable during 2024/25

Income and expenditure (audited):

	2024/25 £'000	2023/24 £'000	2022/23 £'000	2021/22 £'000	2020/21 £'000
Income	410.0	357.9	348.9	334.0	313.0
Expenses	(406.7)	(376.6)	(363.6)	(325.1)	(306.5)
Operating Surplus/ (Deficit)	3.3	(18.7)	(14.7)	8.9	6.5
Interest, Depreciation and Dividend	(11.3)	(11.3)	(11.0)	(9.3)	(7.6)
Surplus/ (Deficit) before impairment	(8.0)	(30.0)	(25.7)	(0.4)	(1.1)
Impairments and reorganisation costs	(1.2)	(1.5)	(4.2)	(3.7)	(6.8)
Gains/ (Losses) from transfer by absorption		6.8			
Surplus/ (Deficit) for the year	(9.2)	(24.7)	(29.9)	(4.1)	(7.9)

The income and expenditure position shown, excludes impairments and donated assets/ transfers. The adjusted financial performance is £9.6m for 2024/25 as shown in the table below:

	2024/25 £'000	2023/24 £'000
Surplus/ (Deficit) for the period	(9.2)	(24.7)
Add back all I&E impairments/ (reversals)	1.2	1.5
Adjust (gains)/ losses on transfers by absorption		(6.8)
Surplus/ (Deficit) before impairments & transfers	(8.0)	(30.0)
Remove capital donations/ grants	(1.6)	(0.1)
Adjusted surplus/ (Deficit)	(9.6)	(30.1)

The Trust experienced several pay and non-pay expenditure pressures on its budget during the year, with medical pay spend exceeding planned levels. This was driven by the need to maintain sufficient clinical capacity whilst covering vacancies and sickness. There was also a requirement to cover workload pressures, primarily within Urgent & Emergency Care. The consequent expenditure on the medical agency was £2.5 million for the year, with nurse agency expenditure of £0.9 million for the year. The level of spend on agency staff has reduced by over £1.8m from 2023/24, with overall spend being 1.4% of total bill (compared to 2.2% in 2023/24). Agency spend during the year has fallen by £13.8m from 2022/23 (with 2022/23 spend being £18m and 6.9% of total pay bill).

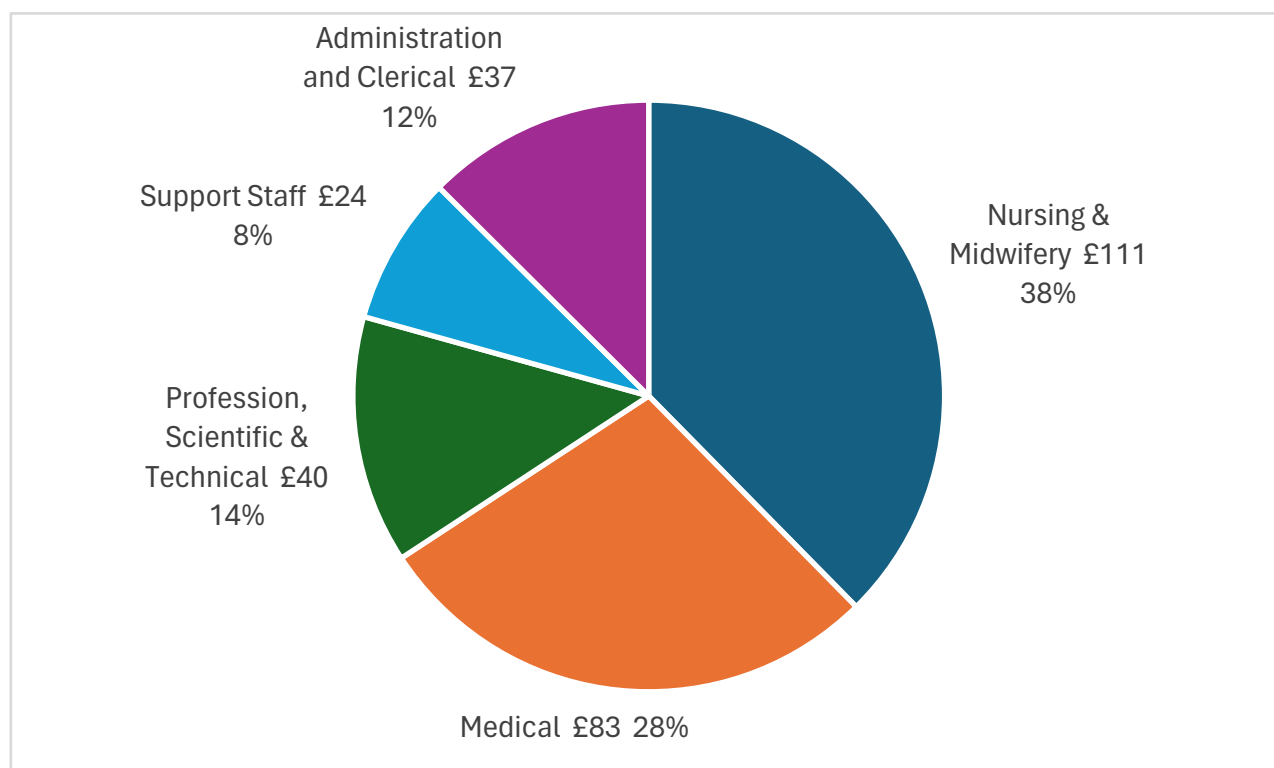
Additional costs were also experienced in relation to high-cost drugs, medical and surgical equipment (driven by increases in activity and acuity of patients) and energy costs (driven by external market factors and the dual running of the new Women's and Children's building). There was also an increase in legal fees during the year with an increase in coroners fees. Although cost pressures had been experienced earlier in the year in relation to resident doctor industrial action, non-recurrent centralized funding support. The costs incurred in respect of the public inquiry were funded centrally by NHS England.

The impairment in the year arises from the revaluation of the Trust properties on 31 March 2025 and reflects the movement in price indices since the previous valuation in 2022/23. Impairments are excluded from the measured financial performance of

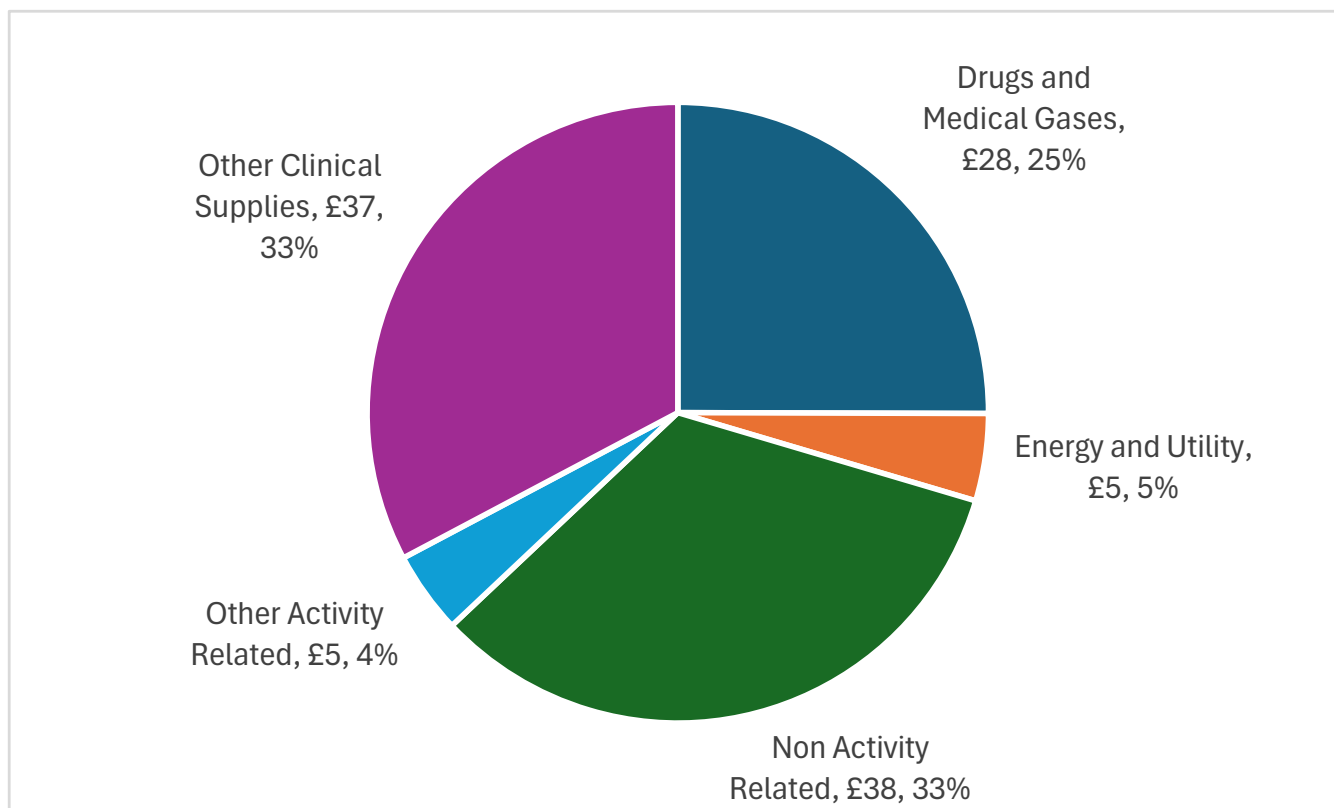
NHS organisations on the basis it doesn't reflect the underlying performance.

The majority of the Trust's expenditure is spent on clinical care, with staff representing the largest proportion of spend at £295 million.

Breakdown of pay expenditure 2024/25 (£m):



Breakdown of non-pay expenditure 2024/25 (£m):



Cost reduction and efficiency

In order to meet national priorities within the funding allocated, there is a requirement for NHS organisations to reduce their cost base and improve productivity. Financial plans for 2025/26 will incorporate the national and regional requirement to deliver efficiencies.

A challenging minimum efficiency target of £27.7m has been set for 2025/26. This can no longer be achieved in isolation, and the Trust will need to continue to work collaboratively with partners within the local health system to achieve this.

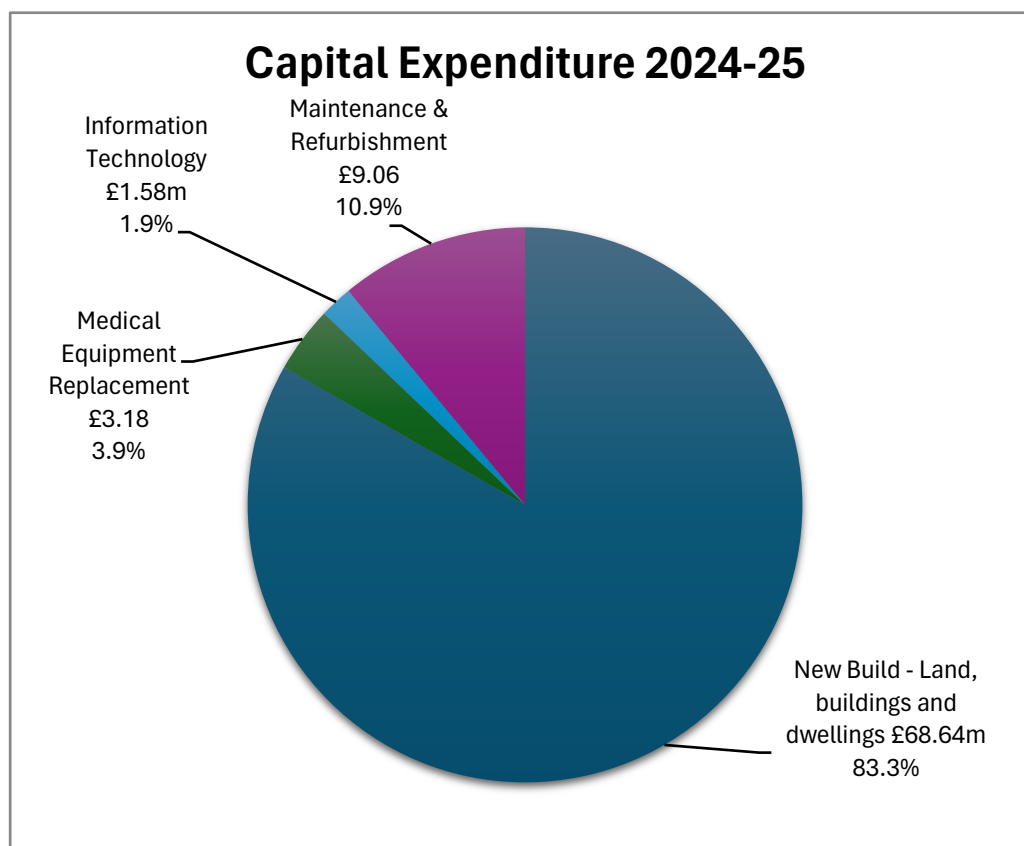
Description of efficiency schemes delivered in 2024/25:

Description of scheme	In year	Recurrent
Target	£ 19,822,000	£ 19,822,000
Pay - Agency & bank	£ 1,096,000	£ 484,000
Pay - establishment reviews	£ 5,849,000	£ 1,206,000
Pay - service redesign	£ 500,000	£ 25,000
Pay - corporate services transformation	£ 2,315,000	£ 66,000
Pay - E-rostering/ job planning	£ 2,055,000	£ -
Pay - digital transformation	£ 951,000	
Pay - other	£ -	£ 365,000
Non-Pay - Medicines efficiencies	£ 924,000	£ 319,000
Procurement (excl. drugs) - non-clinical		£ 43,000
Procurement (excl. drugs) - clinical	£ 414,000	£ 263,000
Non-Pay - Estates & Premises transformation	£ 437,000	£ 194,000
Non-Pay - service redesign	£ 2,126,000	£ 485,000
Non-Pay - digital transformation	£ 168,000	£ 16,000
Non-Pay - other	£ 395,000	£ 538,000
Income	£ 2,592,000	£ 7,902,000
Total CIP achieved	£ 19,822,000	£ 11,906,000

Capital investment

Capital resources amounting to £82.4 million were spent during 2024/25, including £67.5m on the new Women's & Children's building. The key areas of 2024/25 capital spend are shown in the chart below.

Capital expenditure 2024/25:



Capital expenditure for 2025/26 will be capped at a system level and the Trust will be required to seek agreement to its plans from Cheshire & Merseyside Health and Care Partnership.



Accountability Report

2. Accountability Report

Directors' Report 2024/25 Board of Directors

The Board of Directors sets the strategic direction of Trust and is responsible for establishing and maintaining an effective culture. The Board consists of Executive and Non-Executive Directors.

The Board composition ensures the breadth of skills and expertise of the Non-Executive and Executive Directors. Board members provide a breadth of public and private sector experience.

The Board has led the development of the Trust's strategy and continues to monitor delivery against strategic goals and objectives.

The Board may delegate some of its powers to a sub-committee of the Board of Directors or to an Executive Director or officer of the Trust. The Scheme of Reservation and Delegation sets out the powers retained by the Board and those delegated to Committees or officers. Further guidance on the operation of the Trust is set out in the Trust's Constitution including Standing Orders and the Standing Financial Instructions.

Executive and Non-Executive Directors have an annual appraisal, reviewing performance against objectives, leadership competencies, Trust values and progress against personal development plans.

The written judgement from the employment tribunal involving the Trust and former chief executive officer, was received in February 2025, and whilst this related to prior years the Trust has considered the learnings against current practice.

The Board of Directors has seen a number of changes during the year.

The composition of the Board of Directors during 2024/25 was as follows:

Non-Executive Directors	
Ian Haythornthwaite Trust Chair	Appointed for a three-year term of office from 1 st September 2021. Resigned 14 th February 2025
Neil Large Interim Trust Chair	Appointed for a six month term of office from 1 st March 2025

Michael Guymer (Senior Independent Director from 9 th February 2024)	Appointed for a three-year term of office from 1 October 2021.
Paul Jones (Deputy Chair from 9 th February 2024)	Appointed for a three-year term of office from 1 st March 2020 and reappointed for a further three-year term of office from 1 st March 2023.
David Williamson	Appointed for a three-year term of office from 1st November 2019 and reappointed for a further three-year term of office from 1 st November 2022.
Pam Williams	Appointed as Associate Non-Executive Director for a three-year term of office from 1 st November 2021 and then appointed as Non-Executive Director for a 3-year term of office from 1 st March 2022, appointed for a second 3 year term from 1 st March 2025
Professor Andrew Hassell	Appointed for a three-year term of office from 21 st January 2024.
Wendy Williams	Appointed for a three-year term of office from 21 st January 2024.
Sarah Corcoran	Appointed for a three-year term of office from 21 st January 2024.

Executive Directors

Jane Tomkinson OBE Chief Executive Officer	Substantive Chief Executive Officer from 1 st February 2024.
Karen Edge Chief Finance Officer	From 19 th February 2024.
Dr Nigel Scawn Medical Director	From 1 st September 2022.
Cathy Chadwick Chief Operating Officer	From 29 th March 2022.
Mark Dale Acting Chief People Officer	From 1 st January 2024 until 19 th May 2024.
Sue Pemberton Director of Nursing & Quality / Deputy Chief Executive	Substantive Director of Nursing & Quality / Deputy Chief Executive from 1 st February 2024.
Jonathan Develing Director of Strategy and Partnerships	Substantive Director of Strategic Partnerships from 1 st April 2024.
Karan Wheatcroft	Substantive Director of Governance, Risk and Improvement from 10 th June 2024
Vicki Wilson	Acting Chief People Officer from 1 st January 2025
Debbie Herring	Interim Chief People Officer from 1 st May 2024 to 31 st December 2024

Board effectiveness evaluation

A strong unitary Board is fundamental to the success of the Trust. The effectiveness of the Board of Directors is aligned to the delivery and performance of services year-on-year and is closely monitored by the Council of Governors throughout the year, as part of their role of holding the Non-Executive Directors to account and, through them, the Board of Directors to account.

The Board continues to evaluate performance through appraisals (individually and collectively). A Board development programme has been delivered in year with dedicated time to consider strategy, governance and organisation development.

The Board has continued to progress delivery of the well led peer review action plan and undertaken committee effectiveness reviews of each of the Assurance Committees. A self-assessment has also been completed against the NHS England Insightful Board guidance with developments already aligned to Director objectives.

Attendance at Board of Directors and Board sub-committee meetings

Attendance at Board meetings held during 2024/25 and Board Committee meetings is as below:

Name	Board of Directors	Audit Committee	Finance and Performance Committee	Quality and Safety Committee	Remuneration and Nominations Committee	People Committee
Trust Chair Ian Haythornthwaite (<i>until 14th February 2025</i>)	5/6				5/5	
Interim Trust Chair, Neil Large (<i>from 1st March 2025</i>)	1/1					
Non-Executive Director David Williamson	6/6	5/5	7/7		4/5	
Non-Executive Director Paul Jones	5/6		6/7	5/6	2/5	

Non-Executive Director Michael Guymer	6/6	5/5			5/5	
Non-Executive Director Pamela Williams	6/6		7/7		5/5	6/6
Non-Executive Director Wendy Williams	6/6	5/5			4/5	5/6
Non-Executive Director Prof Andrew Hassell	6/6			6/6	5/5	6/6
Non-Executive Director Sarah Corcoran	5/6			5/6	3/5	
Chief Executive Officer Jane Tomkinson OBE	6/6					
Director of Nursing & Quality/Deputy Chief Executive Sue Pemberton	6/6			6/6		
Chief Finance Officer Karen Edge	6/6		5/7			
Interim Chief People Officer Debbie Herring (1 st May 2024 – 31 st December 2025)	2/2					4/5
Acting Chief People Officer Vicki Wilson (from 1 st January 2025)	2/2					4/5
Chief Digital & Data Officer Jason Bradley	2/2		7/7			
Chief Operating Officer Cathy Chadwick	6/6		7/7	3/6		
Medical Director Dr Nigel Scawn	6/6			6/6		3/6
Director of Governance, Risk & Improvement	6/6					
Director of Strategy & Partnerships Jon Develing	5/6					

*To note, differing numbers of attendance for some Committees are reflective of leavers and changes to Committee membership during 2024/25.

Board of Director profiles



Neil Large MBE
Interim Chair from 1st March 2025

Neil joined the Trust on 1 March 2025. He is an experienced NHS professional with extensive Board level experience who is passionate about the NHS, the patients it serves and its staff who deliver inspirational and dedicated care day in day out. A qualified accountant, Neil was appointed to his first board level post as Finance Director at Chester Health Authority before becoming its Chief Executive Officer. Neil also undertook the Chief Executive Officer role of the Family Health Services Authority in the early 1990s.

In 2001 Neil was appointed Finance Director of the then newly-formed Cheshire and Merseyside Strategic Health Authority. Following retirement in 2006 he joined Liverpool Heart and Chest NHS Foundation Trust and subsequently acted as Chair from August 2009 to March 2022.

During his tenure the Trust was rated 'outstanding' by the Care Quality Commission (CQC). Neil also served as a Non-Executive Director and Chair of Audit at The Christie NHS Foundation Trust from 2014 to 2021.

Neil was awarded the MBE in the 2017 New Year Honours list for services to healthcare in both the NHS and charitable sectors where Neil has given many years of service as a Trustee at Tarporley Cottage Hospital and The Hospice of The Good Shepherd.



David Williamson
Non-Executive Director

David joined the Board in November 2019. He brings a valuable blend of business consulting skills, acquired during 10 years with a multi-national company and over 20 years in senior business change and IT leadership roles across a range of consumer facing industries. David has over 20 years of Board-level experience in a variety of roles all of which had particular emphasis on joined-up strategic planning and effective governance of both operational and transformational delivery.



Paul Jones

Non-Executive Director and Deputy Chair

Paul graduated in Mechanical Engineering from Manchester Metropolitan University, going on to work in the automotive industry for over 30 years. A Chartered Engineer by profession, he was primarily based in Cheshire, initially with Foden Trucks at Sandbach and from 2000 with Bentley Motors at Crewe. He has also completed assignments in USA, Germany and the Netherlands. He brings over 15 years of Board-level experience both as a Vehicle Line Director and latterly as Director of Product Management, with executive responsibility for all future Bentley product strategy. His current role is chief executive at the Northern Automotive Alliance, a not-for-profit trade association. responsible for the activities of the automotive sector in the North of England. Paul is a fellow of the Institution of Mechanical Engineers and is also the current chair of its Technical Strategy Board. Paul is the lead Non-Executive Director for Freedom To Speak Up and the Sustainability Strategy Group.



Pam Williams

Non-Executive Director

Pam has a degree in economics and is a qualified accountant and member of the Chartered Institute of Public Finance and Accountancy. She has over 20 years' experience operating at Board level in a wide range of local authorities. Pam is an experienced Non- Executive Director in the NHS and other sectors and currently holds a position with Muir Group Housing Association.



Mick Guymer

Non-Executive Director and Senior Independent Director

Mick Guymer is a chartered accountant who has worked in the NHS for 40 years with 20 years' experience as a director of finance. He created NHS North West Procurement Development and has been a member of the NHS National Procurement Customer Board, for which he was also the Chairman of their Northern Board and a member of the NHS Supply Chain Medical Supplier Board. He has previously held a non-executive director role at a nearby acute NHS Trust.



Professor Andrew Hassell
Non-Executive Director

Until his retirement from clinical practice in September 2021, Professor Hassell was a consultant rheumatologist at the Haywood Hospital in Stoke-on-Trent. He was also head of the School of Medicine at Keele University. Professor Hassell has also been a non-executive director at the University Hospital of North Midlands.



Wendy Williams
Non-Executive Director

Wendy has served on NHS Boards for over 20 years with her most recent role being the Deputy Chair of Cheshire Clinical Commissioning Group. She has held positions including the Chair of Clatterbridge Cancer Centre NHS Foundation Trust and three other NHS non-executive director positions.

Professionally working as a Change Director in both the private and public sectors, Wendy has led large scale change projects in several UK central government departments as well as private sector organisations in France, Germany and the USA. She now continues to coach executives on handling change and volunteers as a coach for various charity CEOs. Wendy has twice served as a school governor and has also been a member of a regional NSPCC Business Board.



Sarah Corcoran
Non-Executive Director

Sarah trained as a nurse in Manchester in the 1980s and after qualifying led a Stroke Care Development Unit. She then worked in a number of Trusts as a senior nurse involved in quality improvement and nursing management. In the course of this work, she developed an interest in patient and staff safety, how teams work together to maintain and improve safety, risk management and clinical governance. Sarah went on to work for 25 years in this field, and was a Director of Clinical Governance for a large Trust in the North West. She has worked across health systems locally and nationally to develop governance structures, assurance processes and been involved in the delivery of safety projects across all specialties. She retired from her full-time NHS post in January 2022 and this is her first Non-Executive Director role.



Jane Tomkinson OBE
Chief Executive Officer

Jane has been Chief Executive Officer since February 2024.

Jane first joined the Trust as Acting Chief Executive Officer in December 2022 and held the position until she became the substantive Chief Executive Officer in February 2024. During this time, Jane provided senior leadership support to the Trust as well as to Liverpool Heart and Chest Hospital NHS Foundation Trust where she had been the Chief Executive Officer since 2013.

Since joining the NHS in 1990, Jane has held a number of executive level positions including Director of Finance at the Countess of Chester Hospital NHS Foundation Trust between 2004 and 2011. Whilst working at the Trust, Jane was awarded the prestigious Finance Director of the Year award by the Healthcare Financial Management Association. Following this role, Jane moved to work as a Finance Director at the North of England Strategic Health Authority. Jane was awarded an OBE for services to NHS finance in the Queen's New Year's Honours in 2016.

In addition to her NHS role Jane chairs the North West Coast Clinical Research Network and is an independent governor for Liverpool John Moores University.



Sue Pemberton
Director of Nursing & Quality / Deputy Chief Executive -

Sue became the Director of Nursing & Quality and the Deputy Chief Executive in February 2024. She is also the Director of Infection Prevention and Control and the Executive Lead For Safeguarding.

Sue started her career in the NHS in 1990 working as a nurse at Salford Royal Hospital when she qualified. She progressed to Assistant Director of Nursing at Salford Royal NHS Foundation Trust before joining Liverpool Heart and Chest Hospital NHS Foundation Trust as Deputy Director of Nursing in 2010. She went on to become the Director of Nursing and Quality at the Trust in May 2012. Sue is a Florence Nightingale scholar and has a passion for ensuring patients and their families receive the highest standards of care.



Karen Edge
Chief Finance Officer

Karen became Chief Finance Officer in April 2024. Karen has worked in the NHS for 18 years having had a previous career in private sector finance. Karen is an experienced NHS finance leader and prior to joining the Trust, Karen was the Chief Finance Officer at Liverpool Heart and Chest Hospital NHS Foundation Trust. She has also previously held other senior leadership roles in local NHS Trusts including Acting Director of Finance and Deputy Director of Finance at Wirral University Teaching Hospitals NHS Foundation Trust and; Deputy Director of Finance at Mid Cheshire Hospitals NHS Foundation Trust.



Dr Nigel Scawn
Medical Director

Dr Nigel Scawn Joined the Trust as Medical Director in 2022. Prior to starting at the Countess, Nigel was the Deputy Medical Director and Lead for Patient Safety at Liverpool Heart and Chest Hospital. Nigel qualified and worked as a pharmacist prior to studying medicine. Following his medical training he worked as a Consultant in Anaesthesia and Intensive Care at Arrowe Park Hospital before moving to Liverpool Heart and Chest Hospital where he was a Consultant for 22 years.



Cathy Chadwick
Chief Operating Officer

Cathy joined the Trust as Chief Operating Officer in March 2022.

Cathy has worked in the NHS for 19 years and has a Post Graduate Diploma in Healthcare Leadership. She has previously worked in large acute teaching trusts, mainly in the East Midlands and latterly as Deputy Chief Operating Officer at Liverpool University Hospitals NHS Foundation Trust. Cathy also currently works as the lead Chief Operating Officer, across Cheshire and Merseyside for Elective Restoration and she is passionate about improving cancer care for patients



Karan Wheatcroft (from 10th June 2024)
Director of Governance, Risk and Improvement

Karan joined the Trust as Director of Governance, Risk and Improvement in June 2024.

With more than 20 years of experience working in the NHS, Karan brings a wealth of expertise in governance, risk and assurance arrangements at Board level. As Company Secretary, Karan leads the Trust's governance framework, regulatory and legal compliance, supporting the Board and Council of Governors in discharging their duties.

Karan also leads the Trust's legal, risk, improvement and communication teams, with a strong focus on organisational learning and continuous improvement.

Karan takes an active role in local and national networks, supporting developments, collaboration and joint working.



Jonathan Develing
Director of Strategic Partnerships

Jonathan joined the Trust as Director of Strategy and Partnerships in April 2024.

Jonathan started his NHS career in 1980 in general and psychiatric nursing, before moving into contract and systems management. He has considerable experience at a National and Regional level having worked as Regional Director of Operations and Delivery for NHS England (North) and as Chief Executive of NHS Wirral Clinical Commissioning Group. Jonathan joins the Trust from Liverpool Heart and Chest Hospital NHS Foundation Trust where he was Director of Strategic Partnerships. More recently Jonathan has also led the Cheshire and Merseyside systems wide approach to Cardiovascular Vascular Disease prevention.



Jason Bradley
Chief Digital and Data Officer

Jason has been Chief Digital and Data Officer since May 2024.

Jason has worked in the NHS since 1987 and has held a number of senior roles working in, and supporting, the NHS in the South West, London, Yorkshire and Cheshire Merseyside and at national level. Specialising in healthcare information technology and management, he has provided senior leadership for organisation-wide change management and transformation programmes involving the deployment of new technology, systems and analytics. Jason is also the Trust Senior Information Risk Officer (SIRO).



Vicki Wilson
Acting Chief People Officer (from 1st January 2025)

Vicki joined the Trust as Interim Deputy Chief People Officer in June 2024 and became Acting Chief People Officer in January 2025.

Vicki has 20 years' experience as a people professional in the NHS and joined the Trust from NHS Cheshire and Merseyside where she was Associate Director of Workforce. She has held a number of senior human resource and organisational development roles across Cheshire and Merseyside, including at Liverpool Heart and Chest NHS Foundation Trust, Mersey Care NHS Foundation Trust, Alder Hey Children's NHS Foundation Trust and the both the Royal Liverpool and Aintree University Hospitals (pre-merger).

A Chartered Fellow of the CIPD, Vicki is also a trained coach and mediator. Vicki leads the people agenda at the Trust and is passionate about making the Countess of Chester Hospital NHS Trust a great place to work for everyone, with significant focus on building a positive organisational culture through engaging, developing, and empowering staff.

**Board of Directors –
Leavers within
2024/25**



Ian Haythornthwaite (until 14th February 2025)
Chair

Ian joined the Board as Chair in September 2021. He has previously held Board level positions at the BBC including chief finance and operating officer for the all the nations and regions. Before joining the BBC Ian was the deputy chief executive at the North West Regional Development Agency. Ian has held the position of pro vice-chancellor and also finance director at the University of Central Lancashire. Ian has over 10 years' experience on Trust Boards and is a non-executive director of Wroughtington, Wigan and Leigh Hospitals NHS Foundation Trust. Ian is a Fellow member of the Chartered Institute of Management Accountants.



Debbie Herring
Interim Chief People Officer (1st May 2024 to 31st December 2024)

Debbie joined the Trust in May 2024 as Interim Chief People Officer.

Debbie has 14 years' experience working as an executive director in the NHS. She was previously Chief People Officer at

Liverpool University Hospitals NHS Foundation Trust and has held other senior roles in the NHS including Divisional Director in Urgent Care and Director of Strategy.

Prior to joining the NHS in 2004, Debbie worked at a senior level in local and central government. She is a Fellow of the Chartered Institute of Personnel and Development and an active coach. Debbie is passionate about building a positive organisational culture through empowering and valuing staff and by developing authentic and inclusive leaders to deliver the best patient care.

Summary of declaration of interests of directors

There are no company directorships held by the Directors or Governors where companies are likely to do business or are seeking to do business with the Trust, other than those highlighted in the related party note in the financial statements.

Where there are directorships with companies the Trust may do business with, we have mechanisms to ensure that there is no direct conflict of interest and those Directors would not be involved. Based on the Register of Directors' Interests and known circumstances, there is nothing to preclude any of the current Non-Executive Directors from being declared as independent.

The Register of Interests is held by the Company Secretary and Board members declarations have been made available on the Countess of Chester Hospital NHS Foundation Trust website during 2024/25 and this can be accessed via the following link: [Register of Interests | Countess of Chester Hospital](#)

Directors have individually signed to confirm that they meet the Fit and Proper Persons Test and appropriate review of these declarations undertaken.

Statement as to disclosure to auditors

So far as the directors are aware, there is no relevant audit information of which the auditors are unaware and the directors have taken all the steps that they ought to have taken as directors in order to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

The accounts have been prepared under a direction issued by NHS England and recorded in the Accounting Officer's statement later in this report. The directors are responsible for ensuring that the accounts are prepared in accordance with regulatory and statutory requirements. A director is regarded as having taken all the steps that they ought to have taken as a director in order to do the things mentioned above, and:

- made such enquiries of his/her fellow directors and of the company's auditors for that purpose
- taken such other steps (if any) for that purpose, as are required by his/her duty as a director of the company to exercise reasonable care, skill and diligence.

Relevant audit information means information needed by the NHS Foundation Trust's auditor in connection with preparing their report

Better payment practice code

The Better Payment of Practice Code has a target that 95% of suppliers are paid within 30 days. The Trust's performance in relation to this target is shown in the table below:

Better payment practice code - % payment within 30 days of receipt of undisputed invoices-target 95%:

Revised Better payment practice code	2020/21		2021/22		2022/23		2023/24		2024/25	
	NHS	Non-NHS	NHS	Non-NHS	NHS	Non-NHS	NHS	Non-NHS	NHS	Non-NHS
% Payment within 30 days of receipt (Volume)	91.81%	95.05%	84.30%	93.20%	82.40%	88.80%	86.90%	86.30%	96.92%	94.96%
undisputed invoices - target 95% (Value)	98.33%	97.55%	93.20%	94.30%	88.50%	88.70%	90.90%	88.70%	99.66%	94.74%

Income Disclosures Required by Section 43(2A) of the NHS Act 2006

The income from the provision of health services is greater than the income from the provision of goods and services for other purposes, as required by Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012).

Cost allocation and charging requirements

The Trust has complied with the cost allocation and charging requirements set out in HM Treasury and Office of Public Sector Information guidance.

NHS England's well-led framework

The information on the arrangements in place to govern quality, together with the arrangements in place to ensure that services are Well Led, are included within the Annual Governance Statement of this annual report.

Financial risk

In assessing the financial position of the Trust, the Board does not consider there is exposure to any significant risk with regard to financial instruments. This is expanded in our financial statements.

Political or charitable donations

There have been no political or charitable donations in the year.

Stakeholder relations

Information about our work with patients and families, stakeholders and partner relations can be found within the Performance Report section of this annual report.

Patient care

Information on patient care activities and our performance against key patient care targets can be found within the performance report of this annual report.



Ms Jane Tomkinson OBE
Chief Executive Officer
24th June 2025

Governance Report

Focusing on Governance

The Trust is managed by the Board of Directors, which is accountable to the Council of Governors. The Governors have a responsibility to hold the Non-Executive Directors to account, individually and collectively for the performance of the Board of Directors.

The Governors also have a duty to represent the interests of Trust members and the public. They act as the voice for local people and are responsible for helping to set the direction and shape the future of the hospital.

The Chair of the Board is also the Chair of the Council of Governors and is responsible for ensuring that the Board of Directors and the Council of Governors work together effectively. There has been a focus on strengthening the relationships including communications, formal and informal meetings, development sessions, and information sharing.

Board members attend and contribute to the formal Council of Governors meetings, and Governors often attend to observe the public meeting of the Board of Directors. Governors join Non-Executive Directors on their walkarounds to clinical and non clinical teams across the Trust, speaking to patients as appropriate and observing the care provided.

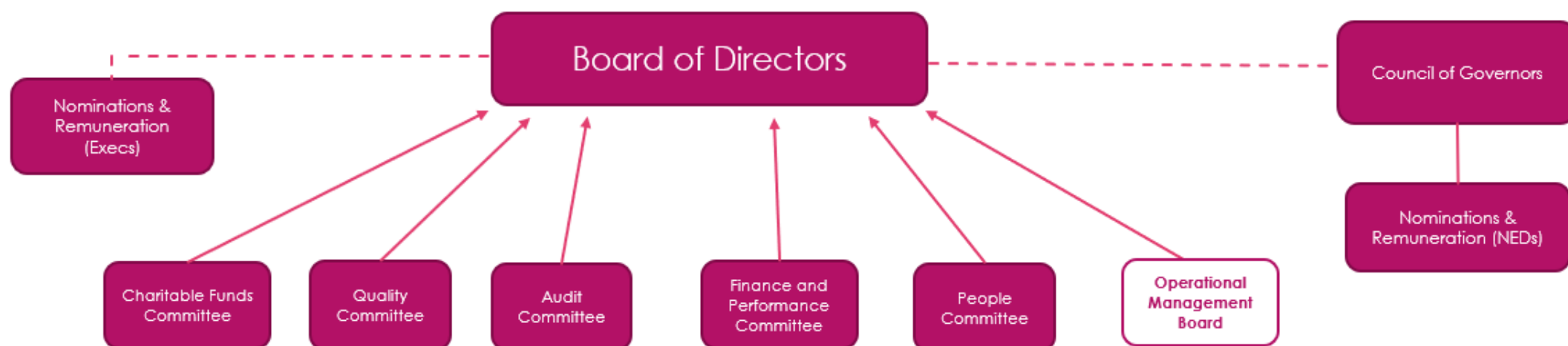
Our Governance Structure

The Board of Directors is assured through its' formal assurance committees, which report to the Board. These committees, as outlined below, are chaired by a Non-Executive Director:

- Audit Committee
- Finance & Performance Committee
- People Committee
- Quality & Safety Committee
- Remuneration & Nominations Committee (Executive)

The Non-Executive Directors of the Board are confirmed as independent.

Trust Board Governance Structure



In addition to the Assurance Committees, there is an Operational Management Board and Charitable Funds Committee reporting to the Board of Directors.

The Assurance Committees are supported by a number of sub committees and group with delegated responsibilities through their Terms of Reference.

Audit Committee

The Audit Committee has an overarching role in providing assurance to the Board on the Trust's overall governance, risk management and internal control arrangements. This includes arrangements for the preparation of Annual Accounts and Annual Report, the Annual Governance Statement and the Board Assurance Framework.

The Audit Committee consists of three independent Non-Executive Directors, at least one of whom (the Committee Chair) is a qualified accountant. In addition to the committee members, Executive Directors and senior staff are regularly invited to attend the Committee to answer questions and inform agenda content, and internal and external auditors are also present at meetings. Private meetings with both internal or external auditors are held as and when required, and at least once a year. During the year, there have been no changes in either internal or external audit providers, who are Mersey Internal Audit Agency (MIAA) and KPMG respectively. The external audit contract was formally extended with approval by the Council of Governors.

During the year, the Audit Committee undertook the full range of its responsibilities, including:

- Review of the Annual Governance Statement and supporting assurance processes in conjunction with the Head of Internal Audit Opinion
- Approval of a risk-based internal audit plan, reviewing the findings of all audits and monitoring progress against the agreed actions
- Approval of the plan and reviewing the work of the local anti-fraud specialist
- Review of accounting policies and significant judgements (including the valuation of property, plant and equipment)
- Review and approval the standing financial instructions and scheme of delegation for adoption by the Board of Directors
- Approving the external audit plan and reviewing the reports, recommendations and management responses
- Review of the draft annual financial statements and recommending their adoption to the Board of Directors
- Review of procurement waivers
- Review of bad debt write-off
- Receiving updates on the risk management improvement work and policy recovery position
- Review of the effectiveness of the Audit Committee, and receipt of the assurance committees annual reports providing assurance on the effectiveness of their operation during the year

- Consideration of the effectiveness of internal audit, external audit and anti fraud services

Quality and Safety Committee

The Quality and Safety Committee reports to the Board of Directors. The Committee is chaired by a Non-Executive Director and includes a number of Executive Directors and members of the Trust's multidisciplinary senior leadership team. The Committee receives Chair and assurance reports from the Quality Governance Group to support it in meeting its Terms of Reference.

During the year, the Quality and Safety Committee undertook the full range of its responsibilities, including:

- Reviewing the trends, response and learning from patient safety incidents, complaints and coroners cases.
- Reviewing mortality indicators and learning from death.
- Considering performance against key quality indicators, alongside the impacts from the harms improvement programmes including falls, pressure ulcers, and infection prevention and control.
- Receiving a number of annual reports relevant to its work, including, mortality, controlled drugs, resuscitation, and clinical audit,
- Service updates including stroke coordinators, pediatric audiology, nutrition, translation,
- Reviewing maternity services safety assurance reports.
- Receiving updates on deteriorating patients, e'discharge completion, National Institute for Health Care Excellence (NICE) Guidance
- Receiving assurance on the quality impact assessments for cost improvement programmes.
- Reviewing the Board Assurance Framework and associated high risks impacting on quality and safety.

Finance and Performance Committee

The Finance and Performance Committee reports directly to the Board and is chaired by a Non-Executive Director.

The role of the Finance and Performance Committee is to seek assurance that all appropriate action is taken to achieve the financial and operational performance objectives of the Trust through regular review of financial and operational strategies and performance, investments, and capital plans and performance.

During the year, the Finance and Performance Committee undertook the full range of its responsibilities including:

- Review of financial performance including cost improvement programme.
- Finance strategy development.

- Tracking of progress against the financial improvement support action plan.
- Consideration of the national requirements for operational and financial planning, and the approach taken by the Trust.
- Reviewing performance against the operational targets as set out in the Strategic Oversight Framework.
- Receiving digital and data updates including the Electronic Patient Record (EPR) and cyber security, with a new Senior Information Risk Officer (SIRO) Report developed in year.
- Review of the capital plan and progress including specific reports relating to the new Women's & Children's (W&C) Building developments
- An overview of the finance and performance related elements of the Trust Improvement Plan.
- Receiving Chairs reports from the Information Governance and Information Security Sub Committee.
- Reviewing the Board Assurance Framework for the risks associated with finance, capital, operational effectiveness, and digital and data.
- Receiving the Trust's submission for the Emergency Preparedness Response & Resilience (EPRR) Core Standards assurance annually with regular update reports throughout the year.
- Receiving proposals for major capital expenditure business cases and estates developments and their funding sources.

People Committee

The People Committee reports directly to the Board and is chaired by a Non-Executive Director. The People Committee is responsible for ensuring the approval, oversight and scrutiny of the Trust's People Strategy; providing assurance to the Board on all aspects of workforce and organisational development supporting the provision of safe, high quality, patient-centered care; assuring the Board of compliance with key national and statutory workforce requirements; and developing, as necessary, strategic workforce recommendations for approval by the Board.

During the year, the People Committee undertook a wide range of responsibilities including:

- Keeping abreast of national and local People priorities through the Chief People Officer updates.
- Receiving a diverse range of staff stories with staff attending to provide their own personal reflections.
- Equality, Diversity, and Inclusion updates, including the Workforce Race Equality Standard and Workforce Disability Equality Standard.
- Update on progress against the People Strategy.
- Workforce dashboard and performance against key workforce performance indicators.
- Reviewing the implementation of new leadership development programmes.
- Receiving updates from the Freedom to Speak Up Guardian.
- Reviewing the Board Assurance Framework and high risks relating to the People agenda.

- Review of the annual staff survey results and feedback.

The Council of Governors

The Council of Governors and its relationship with the Board

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

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

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

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

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

- Roles and responsibilities: supporting Governors to discharge their duties

- Strategy: engaging Governors in the Trust's Transforming Care Together Strategy
- Non-Executive Directors: exploring the roles of Non-Executive Directors and Assurance Committees

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

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

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

A view from John Jones, Lead Governor



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

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

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

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

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

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

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

Composition of Council of Governors

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

Composition of Council of Governors

Constituency area	Number of Governor positions established
Chester and Rural Cheshire	8
Ellesmere Port and Neston	4
Flintshire	3
Rest of England & Wales	1
Staff	5*
Partnership organisations	6
Total	27

*To note, 3 of these positions are managed via a job sharing process. Staff governor elections are planned for 2025/26 which will resolve the historical decision on these appointments and the election process.

A photo sheet of the Council of Governors is available on the Trust's website - : [Foundation Trust Council of Governors | Countess of Chester Hospital](#)

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

Membership of Council of Governors

Governor/Constituency	Term of office
Public – Chester and Rural Cheshire	
Dr Caroline Stein	Re-elected in October 2020 for a third term of office of three years until October 2023. Extended in September 2023 for one year. <i>Term of office ended in October 2024.</i>

John Jones	Re-elected in September 2023 for a third term of office for three years until October 2026. Lead Governor from 1 st September 2024.
Lucy Liang	Elected October 2022 for three years until October 2025.
Timothy Wheeler	Elected October 2022 for three years until October 2025.
Angela Black	Elected October 2022 for three years until October 2025. <i>Resigned in August 2024.</i>
Robert Howe	Elected October 2023 for three years until October 2026.
Jan Chillery	Elected October 2024 for three years until October 2027.
Sheila Dunbar	Elected October 2024 for three years until October 2027.
Terry Peach	Elected October 2024 for three years until October 2027. <i>Resigned in February 2025.</i>
Louise Jha	Elected October 2024 for three years until October 2027.
	<i>One vacant position as at 31st March 2025.</i>
Public – Ellesmere Port and Neston	
Brian Jones	Re-elected October 2021 for a third term of office for three years until October 2024. Agreed to extend term until September 2025.
Peter Folwell (Lead Governor from October 2018)	Re-elected in September 2022 for a third term of office for three years until September 2025. <i>Resigned in August 2024.</i>
Patricia Hayes	Appointed February 2023 until September 2024. <i>Term of office ended in September 2024.</i>
	<i>Three vacant positions as at 18th March 2025.</i>
Public – Flintshire	
Ruth Overington	Re-elected in September 2022 for a third term of office for three years until September 2025.
Malcolm McAdam	Appointed February 2023 until September 2024. <i>Term of office ended in September 2024.</i>
Myrddin Roberts	Elected in October 2024 for three years until October 2027.
	<i>One vacant position as at 18th March 2025.</i>
Public – The Rest of England & Wales (formerly Wider Area)	
Ella Foreman	Elected October 2021 for three years until September 2024. <i>Resigned in August 2024.</i>
Daryl Cassidy	Elected in October 2024 for three years until October 2027.
Partnership organisation appointed governors	

David Foulds Voluntary Services	Appointed November 2020.
Elizabeth Mason-Whitehead University of Chester	Appointed December 2022. <i>Resigned in May 2024.</i>
Carol Gahan Cheshire West and Chester Council	Appointed June 2023.
Janet Bellis Flintshire Community Health Council	Appointed February 2024. This position was vacant prior to this appointment. <i>Retired in March 2025.</i>
Dr Chris Stockport Betsi Cadwaladr Health Board	Appointed January 2024. This position was vacant prior to this appointment. <i>Resigned in February 2025.</i>
Dr Kate Knight University of Chester	Appointed in May 2024.
	Three vacant positions as at 20 th March 2025.
Staff	
Nurses / Midwives Qualified: Paula Edwards Angel Lewis-Aaron Maria Woodward Dadirai Kambasha	Appointed October 2023 for three years until October 2026 (2 positions with 4 Governors on a job sharing basis).
Allied Health Professionals: Claire Hankinson Ashley Jayne Caple	Appointed October 2023 for three years until October 2026. (1 position with 2 Governors on a job sharing basis.) <i>Claire Hankinson resigned in February 2025</i>
Doctors: Dr Salah Tueger	Appointed October 2023 for three years until October 2026
All other staff: Chris Price Stephen Higgitt	Appointed October 2023 for three years until October 2026 (1 position with 2 Governors on a job sharing basis).

Election of Council of Governors

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

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

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

- Chester City and Rural Cheshire – the election was conducted using the single

transferable vote electoral system and four candidates were elected.

- Ellesmere Port and Neston – three vacant positions
- Flintshire – one candidate elected unopposed, one vacant position.
- Rest of England & Wales – one candidate elected unopposed.

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

Attendance at Council of Governors' meetings

There have been four public meetings of the Council of Governors' and five private meetings held during 2024/25.

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

	Public	Private	Governors' expenses 2024/25
Ian Haythornthwaite (Chair), (resigned February 2025)	3/4	3/5	As outlined within Board of Directors expenses on page 74
Pam Williams (Chair on Ian's behalf for private meeting Feb 2025)	4/4	1/5	N/A
Angela Black (resigned August 2024)	1/4	1/5	N/A
Robert Howe	0/4	1/5	N/A
John Jones (Lead Governor from September 2024)	4/4	5/5	N/A
Lucy Liang	4/4	4/5	N/A
Robert Howe (from October 2024)	0/4	1/5	N/A
Dr Caroline Stein (Deputy Lead Governor until September 2024)	2/4	2/5	N/A
Tim Wheeler	2/4	1/5	N/A
Terry Peach	1/4	1/5	N/A
Jan Chillery (from October 2024)	2/4	2/5	N/A
Louise Jha	2/4	3/5	N/A
Peter Folwell (Lead Governor – resigned August 2024)	2/4	2/5	N/A
Brian Jones	1/4	1/5	N/A

	Public	Private	Governors' expenses 2024/25
Pat Hayes (until September 2024)	0/4	0/5	N/A
Malcolm McAdams (until September 2024)	0/4	3/5	N/A
Ruth Overington	4/4	5/5	N/A
Myrddin Roberts (appointed October 2024)	1/4	2/5	N/A
Ella Foreman (resigned August 2024)	0/4	0/5	N/A
Darryl Cassidy	0/4	0/5	N/A
Janet Bellis (retired March 2025)	1/4	1/5	
David Foulds	1/4	2/5	N/A
Cllr Carol Gahan	1/4	2/5	N/A
Elizabeth Mason-Whitehead (resigned May 2024)	1/4	1/5	N/A
Dr Kate Knight (appointed May 2024)	1/4	1/5	N/A
Dr Chris Stockport (resigned February 2025)	0/4	0/5	N/A
Paula Edwards*	4/4	4/5	N/A
Claire Hankinson* (resigned February 2025)	2/4	2/5	N/A
Stephen Higgitt*	3/4	3/5	N/A
Ashley Jayne Caple*	0/4	1/5	N/A
Angela Lewis-Aaron*	1/4	3/5	N/A
Dadirai Kambasha	0/4	1/5	N/A
Chris Price	2/4	3/5	N/A
Dr Salaheddin Tueger	2/4	3/5	N/A
Maria Woodward*	0/4	2/5	N/A

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

Starter and leaver dates have been included in the table for context and in some instances the low attendance is reflective of these dates.

Governors' Nominations Committee

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

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

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

Membership

The members of the Trust are those individuals whose names are entered in the register of members. Members are either a member of one of the public constituencies or a member of one of the classes of staff constituency.

Membership is open to any individual who is at least 16 years of age. The Trust's Constitution, which was updated in November 2023, also makes provision for Youth Associates to become involved with the Trust who are at least 11 years of age, but less than 16 years of age. An individual may not become, or continue to be, a member of the Foundation Trust if they are under 16 years of age; or within the last five years, they have been involved as a perpetrator in a serious incident of physical or verbal aggression at any of the Trust's sites or facilities or against any of the Trust's employees or other persons who exercise functions for the purposes of the Trust, or against registered volunteers.

Public membership:

There are four public constituencies:

1. Chester and Rural Cheshire
2. Ellesmere Port and Neston
3. Flintshire
4. The rest of England and Wales

Staff membership

The staff constituency is divided into four classes as follows:

1. Doctors
2. Nursing and midwifery
3. Allied healthcare professionals and technical/scientific
4. Other staff groups

Membership size and movements

Public Membership changes in 2024/25 are shown in the following table:

Changes in membership:

Public constituency	2023/24	2024/25
At year start	5,605	5,417
New members	54	41
Members leaving*	242	89
At year end	5,417	5,369

**The members leaving figure also includes deceased members.*

All substantive staff are classed as members on appointment. There were 5032 staff members at the end of March 2025, compared with 4,959 staff members at the end of March 2024. Work is progressing to ensure staff membership is clearly captured within our membership numbers going forward.

Current and future engagement with members

The Trust engages with its members via the following:

- Countess Matters e-magazine
- Local newspaper articles
- Social media
- Trust website
- Participating in governor elections and notice of elections
- Annual Member's Meeting

Members can communicate with Governors via the following email address: coch.membershipenquiriescoch@nhs.net and further information on Trust membership can be found on the Trust's website: www.coch.nhs.uk

Remuneration Report 2024/25

Annual Statement of Remuneration

The Remuneration Committee (Executive) is responsible for the appointment of the Chief Executive Officer and other Executive Directors of the Board of Directors. It reviews and recommends the terms and conditions of service for the Executive Directors and reviews their performance. The Committee has oversight of the Trust's senior management pay framework and reviews the arrangements for the Very Senior Managers (VSMs) who are not subject to Agenda for Change terms and conditions.

The Committee is chaired by the Trust Chair and includes all Non-Executive Directors. The Chief Executive Officer, Chief People Officer and Director of Governance, Risk and Improvement attend by invitation to ensure the Committee is appraised of relevant internal or external advice, data or information. These officers would not be present where discussions related to their appraisal, terms and conditions or appointment.

The Remuneration Committee is required to ensure levels of remuneration are appropriate for the roles, ensuring alignment with national benchmarks.

The Committee met on 5 occasions during 2024/25. The Committee fulfilled its role through:

- Receiving and reviewing the appraisals for the Chief Executive Officer and Executive Directors for 2023/24.
- Discussing and approving the Chief Executive Officer and Executive Director objectives for 2024/25.
- Reviewing the Executive Team succession planning and seeking further details on the depth of this within the organisation.
- Appointment of the Chief Digital and Data Officer and the Interim Chief People Officer.
- Approval of the Mutually Agreed Resignation Scheme (MARS).
- Approving the application of the national pay award for VSM staff.

The contracts of employment of all Executive Directors, including the Chief Executive, are permanent and are subject to six months' notice of termination.

There are two executives who were paid more than £150,000 in 2024/25 and one Executive paid more than £150,000 on a pro rata basis. Appointments at this level require HM Treasury approval.

The remuneration is considered on a pro-rata basis for the whole year. For the purposes of this disclosure, pay is defined as salary and fees, all taxable benefits and any annual or long-term performance-related bonuses, of which there were none during the year. We are satisfied that the remuneration is reasonable, following scrutiny by the Remuneration Committee.

Service contract obligations and policy on payment for loss office

All Executive Directors are employed on permanent or fixed term contracts and are required to give six months' notice to terminate their contract. In line with NHS Employers' guidance, the notice period for the Trust's Very Senior Managers (VSMs) is three to six months. Payment for loss of office is covered within contractual notice periods and standard employment policies and legislation.

Trust's consideration of employment conditions

Other members of staff who are not Board members are employed on agenda for change terms and conditions and any percentage pay increases are applied in accordance with national agreements. The Remuneration Committee agrees senior managers pay and conditions following consideration of benchmarking information on comparable roles. Employees of the Trust are not consulted on senior manager remuneration.

Salary and pension entitlement of senior managers

Salary and pension entitlements of senior managers- 2024/25 (audited) and 2023/24 (audited)

	Salary	Other taxable benefits	Pension related benefits	Total	Salary	Other taxable benefits	Pension related benefits	Total
	(bands of £5,000)	2023/24	(bands of £2,500)	(bands of £5,000)	(bands of £5,000)	2022/23	(bands of £2,500)	(bands of £5,000)
	2024/25 £000		0 £000	0 £000	2023/24 £000		2023/24 £000	2023/24 £000
Mrs Jane Tomkinson - Acting Chief Executive Officer (from 19.12.22 to 31.01.24)	-	-	-	-	115-120		-	115-120
Mrs Jane Tomkinson - Chief Executive Officer (from 01.02.24)	230-235	7,100	-	240-245	35-40		-	35-40
Dr Susan Gilby - Chief Executive (to 05.06.23)	-	-	-	-	45-50		-	45-50
Mr Simon Holden - Director of Finance (to 31.03.24)	-	-	-	-	165-170		47.5-50	215-220
Mrs Karen Edge - Director of Finance	155-160	-	130-132.5	285-290	15-20		-	15-20
Dr Nigel Scawn - Medical Director (from 01.09.22)	245 -250	-	67.5-70	310-315	230-235	-	145-147.5	375-380

Sue Pemberton Assistant Chief Executive (from 09/01/23 to 05/11/23)	-	-	-	-	35-40	-	-	35-40
Mrs Sue Pemberton - Acting Director of Nursing & Quality (from 06.11.23 to 31.01.24)	-	-	-	-	10-15	-	-	10-15
Mrs Sue Pemberton - Director of Nursing & Quality (from 01.02.24)	175-180	-	-	175-180	25-30	-	-	25-30
Ms Cara Williams - Chief Digital Information Officer (to 31.07.23)	-	-	-	-	50-55	-	30-32.5	80-85
Mrs Karan Wheatcroft - Director of Governance, Risk & Improvement (from 10.06.24)	110-115	-	-	110-115	-	-	-	-
Jonathan Develing Acting Director of Strategy & Partnerships (from 09/01/23 to 31.03.24)	-	-	-	-	20-25	-	-	20-25
Mr Jonathan Develing - Director of Strategy and Partnerships (from 01.04.24)	130-135	8,200	-	140-145	-	-	-	-
Mr Jason Bradley - Chief Digital and Data Officer (from 01.05.24)	130-135	-	30-32.5	160-165	-	-	-	-

Paul Edwards - Director of Corporate Affairs (to 17.12.23)	-	-	-	-	70-75	-	-	70-75
Mrs Laura Leadsom Acting Director of Corporate Affairs (to 09.06.24)	15-20	-	-	15-20	20-25	-	-	20-25
Cathy Chadwick - Chief Operating Officer	150-155	-	-	150-155	135-140	-	-	135-140
Nicola Price - Chief People Officer (to 07.01.24)	-	-	-	-	110-115	-	-	110-115
Mrs Debbie Herring - Acting Chief People Officer (from 01.05.24 to 31.12.24)	95-100	-	-	95-100	-	-	-	-
Mr Mark Dale - Acting Chief People Officer (to 19.05.24)	15-20	-	5 -7.5	20-25	30-35	-	15-17.5	45-50
Ms Vicky Wilson - Acting Chief People Officer (from 01.01.25)	25-30	2,400	7.5-10	35-40	-	-	-	-
Ian Haythornthwaite - Chair (to 14.02.25)	40-45	4,300	-	40-45	45-50	3,600	-	50-55
Mr Neil Large - Chair (from 01.03.25)	0-5	-	-	0-5	-	-	-	-
Mrs Ros Fallon - Non-Executive Director (to 31.01.24)	-	-	-	-	10-15	-	-	10-15

D Williamson - Non-Executive Director	10-15	-	-	10-15	10-15	-	-	10-15
Paul Jones - Non-Executive Director	10-15	-	-	10-15	10-15	-	-	10-15
Ken Gill - Non-Executive Director (to 31.01.24)	-	-	-	-	15-20	-	-	15-20
Mick Guymer - Non-Executive Director	10-15	-	-	10-15	10-15	-	-	10-15
Pam Williams Non-Executive Director	10-15	-	-	10-15	10-15	-	-	10-15
Faye Bruce Non-Executive Director (to 01.09.23)	-	-	-	-	5-10	-	-	5-10
Sarah Corcoran (from 22.01.24)	10-15	-	-	10-15	0-5	-	-	0-5
Andrew Hassell (from 22.01.24)	10-15	-	-	10-15	0-5	-	-	0-5
Wendy Williams (from 22.01.24)	10-15	-	-	10-15	0-5	-	-	0-5
Total Director Remuneration	1640-1645	22,000	242.5 - 245	1760-1765	1335-1340	3600	240-242.5	1580-1585

For all of the Directors who were in post for part of the financial year 2024/25 the salary included in the table is for the period they were in post only.

Ms Vicky Wilson was appointed to Acting Chief People Officer from the 1st January 2025. She is currently on secondment from Cheshire and Mersey ICB and the pay information included in the table above is for her full pay which has been paid for by the Trust ,for the period 1st January to 31 March 2025.

Other taxable benefits include travel expenses between home and COCH, and benefits in kind such as salary sacrifice lease cars.

Pension related benefits figures show the amount of annual increase in the future pension entitlement at the normal retirement age, in accordance with the HMRC method. The source information is provided by the NHSBSA.

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.

This value derived does not represent an amount that will be received by the individual. It is a calculation that is intended to provide an estimation of the benefit being a member of the pension scheme could provide.

The pension benefit table provides further information on the pension benefits accruing to the individual.

	Real increase in Pension at age 60	Real increase in pension lump sum at age 60	Total accrued pension at age 60 at 31 March 2025	Lump sum at age 60 related to accrued pension at 31 March 2025	Cash equivalent transfer value at 31 March 2025	Cash equivalent transfer value at 31 March 2024	Real increase in cash equivalent transfer value
	(bands of £2,500)	(bands of £2,500)	(bands of £5,000)	(bands of £5,000)	(to nearest £1,000)	(to nearest £1,000)	(to nearest £1,000)
	0 £000	0 £000	0 £000	0 £000	0 £000	2021/22 £000	0 £000
Dr Susan Gilby Chief Executive (to 05/06/23)	-	-	-	-	-	112	-
Dr Nigel Scawn Medical Director	2.5-5	0-2.5	95-100	250-255	225	2,194	-
Cara Williams Chief Digital Information Officer (to 31/07/23)	-	-	-	-	-	142	-

Paul Edwards Director of Corporate Affairs (to 17/12/23)	-	-	-	-	-	850	-
Simon Holden Director of Finance (to 31/03/24)	-	-	-	-	-	1,929	-
Karen Edge Chief Finance Officer (from 19/02/24)	5-7.5	10-12.5	40-45	95-100	1008	790	145
Mark Dale - Acting Chief People Officer (from 27/12/23)	0-2.5	-	0-5	-	65	55	4
Mrs Karan Wheatcroft - Director of Governance, Risk & Improvement (from 10.06.24)	0-2.5	-	35-40	85-90	699	653	-
Mr Jason Bradley - Chief Digital and Data Officer (from 01.05.24)	0-2.5	-	35-40	95-100	844	744	34
Ms Vicky Wilson - Acting Chief People Officer (from 01.01.25)	0-2.5	0-25	15-20	35-40	308	257	5

Jane Tomkinson, Sue Pemberton, Debbie Herring, Jonathan Develing, Laura Leadsom and Cathy Chadwick chose not to be covered by the pension arrangements during the reporting period.

In accordance with the Group Accounting Manual (GAM), negative values are substituted with a zero.

Other arrangements (audited)

	Salary	Pension related benefits	Total	Salary	Pension related benefits	Total
	(bands of £5,000)	(bands of £2,500)	(bands of £5,000)	(bands of £5,000)	(bands of £2,500)	(bands of £5,000)
	2024/25 £000	2024/25 £000	2024/25 £000	2023/24 £000	2023/24 £000	2023/24 £000
Hilda Gwilliams - Director of Nursing & Quality (to 03.11.23)	-	-	-	90-95	-	90-95
Hilda Gwilliams (seconded to North Cumbria Integrated Care NHS FT)	160-165	-	160-165	60-65	-	60-65

Hilda Gwilliams is currently on secondment to North Cumbria Integrated Care (from 6th November 2023).

For Mark Dale the pension figures above are as at their date of leaving the Trust and not at the 31st March 2025.

As Non-Executive members do not receive pensionable remuneration, there are no entries in respect of pensions for Non-Executive members.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capitalised value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their

total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme.

Cash Equivalent Transfer Value (CETV) figures are calculated using the guidance on discount rates for calculating unfunded public service contribution rates that was extant on 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2024/25 CETV figures

They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Once a member reaches normal pensionable age (NPA) in the 1995 Pension scheme the NHS Pension Scheme will not make a cash equivalent transfer and is therefore not applicable. NPA is age 60 in the 1995 Section, age 65 in the 2008 Section or State Pension age or age 65, whichever is the later, in the 2015 Scheme.

Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Pay Ratios *(audited)*

NHS foundation trusts are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the lower quartile, median and upper quartile remuneration of the organisation's workforce.

The banded remuneration of the highest-paid director in the organisation in the financial year 2024-25 was £245-250 (2023-24, £230,000-235,000). This is a change between years of 5%. The highest paid director did not receive any performance pay/bonuses in 2023/24 or 2024/25.

For employees of the Trust as a whole, the range of remuneration in 2024-25 was from £23,615 to £246,419 (2023-24 £22,383 to £234,685). The percentage change in average employee remuneration between 2023/24 and 2024/25 is 5.24%. No employees received remuneration in excess of the highest-paid director in 2024-25

The remuneration of the employee at the 25th percentile, median and 75th percentile is set out below. The pay ratio shows the relationship between the total pay and benefits of the highest paid director (excluding pension benefits) and each point in the remuneration range for the organisation's workforce.

	2025	2024
Band of highest paid director's total remuneration	245-250	225-230
Median total remuneration	33,419	31,701
Ratio	7:4	7:1

2024/25 (audited) 2023/24 (audited)

	2024/25			2023/24		
	25 th percentile	Median	75 th percentile	25 th percentile	Median	75 th percentile
Total pay and benefits excluding pension benefits	£26,614	£33,419	£44,962	£24,319	£31,702	£44,780
Pay and benefits excluding pension: pay ratio for highest paid director	9:3	7:4	5:5	9:7	7:4	5:2

The total remuneration comprises salary only, it does not include employer pension contributions and the cash equivalent transfer value of pensions. There is only one calculation shown as the Trust does not pay performance pay and bonuses or taxable benefits.



Ms Jane Tomkinson OBE
Chief Executive Officer
24th June
2025

Staff Report 2024/25

Continuing with the creation of a culture within the Countess of Chester Hospital that fosters the values and behaviour that patients, the public and staff expect; one where colleagues come to work, to both do their work and improve their work and get the right number of nursing and clinical staff with the right skills, to the right patient at the right time.

Our vision, values and behavioural standards



Retention of staff

As an Anchor institution the Trust have worked closely with local place-based health and social care providers to improve the employment prospects for individuals in the local area wishing to join the sector who may have barriers to employment. This has included pre-employment sessions, interviewing training and guaranteed interview schemes in conjunction with local colleges and job centres for candidates wishing to not only join not only the Countess of Chester Hospital but also our fellow providers.

The trust continues to supportin the recruitment &retention of Health Care Support Workers and AHPs. These roles are crucial to supporting patient flow and discharge into the community.

Our payroll services have received Substantial Assurance from internal auditors Mersey Internal Audit Agency regarding its governance and processing of its services prior to the transfer of this service to Mersey & West Lancashire NHS FT.

The trust continues to support our staff through the on-going employment of a People Promise Manager to support the on-going People Promise related agenda which also links through to our Staff Survey outcomes.

The Trust continues to be committed to improving the on-boarding process for new hires constantly reviewing the process with the most recent change the implementation of a 'Start Ready' module as part of our TRAC system, which enables all relevant paperwork to be completed by applicants digitally. This change further enables system integration enhancing the digital maturity of the organisation.

In response to the Thirlwall inquiry the People and OD function is positioned to continue to support the Trust to respond and engage with the ongoing process as necessary but also support those staff impacted, alongside embedding identified learning across our processes and practices.

To support effective workforce planning and to meet the ever-changing operational workforce demands within the context of a challenging financial position. The vacancy and establishment control process are continuously reviewed to ensure appropriate challenge and assurance can be provided.

Whilst the Trust recognises the need to retain staff and skills wherever possible, it acknowledges that circumstances and opportunities can arise that result in colleagues leaving. The Trust utilises an exit interview process where it captures the reasons for people leaving.

Staff turnover information can be viewed within the NHS workforce statistics, published by NHS Digital published data:

<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics>

Staff health and wellbeing

The Trust has continued on its delivery of the 2nd year of the Staff Wellbeing Strategy with the opening of the new staff wellbeing hub at Chester in May 2024. The hub's opening week activities attracted over 500 members of staff who had opportunity to engage with wellbeing focused activities, and learning about the wellbeing support on offer. Since opening, the hub has become a well utilised space for a broad range of staff across many roles and departments, providing access to staff 24 hours a day, every day of the year. Between May 2024 and the end of March 2025, 534 members of staff have accessed 1:1 wellbeing support from the Wellbeing Team through the hub, an increase of 328 staff members in comparison to 2023/24 figures. These numbers increased as expected with greater visibility, accessibility and broadening of the wellbeing service.

A new staff wellbeing room was opened within Ellesmere Port Hospital, alongside the establishment of hot food provision. These were identified as key priorities for staff based at Ellesmere Port via the staff survey and local engagement projects. The improvements at Ellesmere Port now provide greater equity in staff health and well being provision across Countess of Chester Hospital sites.

Mental Health First Aid Training has continued to be delivered across the Trust, with a further 67 staff being trained since April 2024. The team is now able to deliver the half-day refresher course, reducing the requirement for staff to repeat the full 2 day course when their accreditation is expiring. Mental health awareness sessions have been embedded into Nurse inductions and the F1 and F2 doctors' education programme. The wellbeing team has continued to offer wellbeing focused workshops to teams across the Trust with 458 attendees engaging between April 2024 and the end of March 2025, with prevention focused sessions including stress management, resilience, mental health, and mindfulness.

The Wellbeing team have continued to work collaboratively with a number of internal partners to offer health promotion and early intervention activities to support staff wellbeing including; delivering health checks for diabetes/pre-diabetes, blood pressure, cholesterol, and liver disease – with 256 members of staff engaging with the health checks and a further 349 staff engaging with health promotion events and national wellbeing campaign days delivered across our Trust sites.

Our Employee Assistance Programme has been accessed by 232 members of staff which is a 5.6% increase in utilization from 23/24. The most common reasons for staff accessing the service included anxiety and low mood. 147 members of staff have also downloaded the EAP Wisdom App with 77 active daily users accessing the live chat features, mini health checks, mood trackers and wellbeing self-help resources.

The Trust has seen a positive outcome of the work implemented around staff wellbeing with a 7% improvement within the 2024 staff survey for staff identifying that the Trust takes positive action on Health and Wellbeing. The survey, however, also highlights; stress, burnout, workload and flexible working still remain key areas requiring improvement to support staff wellbeing.

The Occupational Health Service continued to provide a high-volume service in 2024, with 1373 consultations provided for 1196 staff members referred to the occupational health service; 22 ill health retirement applications assessed; 536 general advice calls responded to; 1292 new starters having pre-placement health assessments; 600 were staff contacted following a work injury or potential workplace exposure to infection, plus many other advisory and supportive case interactions. Themes for occupational health advice are mainly for mixed general medical, surgical and neurological health conditions (41% of consultations), followed by stress (19%), mental health (16%) and musculoskeletal problems (13%); and 48% of consultations involve at least one long term health condition or impairment lasting 12 months or more.

From an Infection Prevention & Control perspective, 1861 blood tests were ordered to screen staff for immunity to certain infectious diseases; 1026 occupational vaccinations were given across the year and, during the mass seasonal vaccination autumn/winter campaign, an additional 2246 flu jabs and 1435 covid boosters were administered. The Trust achieved a HCW flu uptake of 46% and Covid uptake of 29%. It has been another challenging year in the NHS for flu and covid vaccination uptake, but this trust has performed above average compared to region.

The Trust's Occupational Health Service was successful at annual external reaccredited as a Safe, Effective Quality Occupational Health Service (SEQOHS), with the assessors noting that the service maintains a good governance structure, and a range of regularly reviewed clinical policies, procedures and protocols to underpin clinical practice.

The Trust's level of absence rates reduced and can be viewed within the NHS Digital published data:

<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates>

Employee Education and Development

In 2024, work has continued to implement the Countess of Chester Leadership Framework via the delivery of a number of programmes, including a First Line Leaders Programme and Medical Leadership Programme. Significant work has also been undertaken in relation to developing and implementing a Trust Civility Statement and Handbook. To support our Trust as a best place to work and a best place to receive treatment, we need everyone to take responsibility for the culture, inclusivity and the success of the organisation as a whole. In order to move towards this goal, we launched the Trust's civility statement which was voted for and chosen by staff. Our chosen statement is:

'We will always treat everyone with respect and kindness, be polite and professional, listen to them and help each other whenever we can'

In relation to appraisal, the Trust has successfully increased the number of staff receiving an appraisal and have started to focus on evaluating and improving quality via the launch of an evaluation framework. Work is ongoing to improve the quality of the appraisal process for staff.

The Trust continues to provide practice placements for undergraduate students in all health-related professional programmes. Significant numbers of nursing students from the University of Chester are supported throughout their three-year programme, alongside large numbers of student doctors from the University of Liverpool on 2nd, 3rd, 4th and 5th year placements. In March 2025 the Trust welcomed the first cohort of student doctors from the newly formed University of Chester Medical School on placement. The Trust has continued to provide placements opportunities to other universities in the Northwest including Edgehill University and Liverpool John Moores University.

Compliance reporting for mandatory training has been fully aligned to the National Core Skills Training Framework providing clearer assurance. The training needs analysis for mandatory training subjects has been reviewed to ensure competencies are aligned to the correct staff at the appropriate level. The Trust is participating in the National review of the Core Skills Training Framework and in March 2025 formed the Trust Mandatory Training Oversight Group to provide increased governance processes for mandatory training.

Partnering arrangements with Higher Education Institutions and other educational providers remain in place, enabling staff to engage with career development pathways, continuing professional development and prepare for promotion opportunities. This work included growth in apprenticeships from level two to level seven across all areas and professions in the Trust and has increased the utilisation of the Trusts apprenticeship levy.

Throughout the year the Trust has continued to provide opportunities for work experience to be undertaken in various areas across the Trust whilst also attending career events at local schools and colleges. This has provided potential future workforce with details of all the opportunities for careers within the Trust and the wider NHS. The Trust was also successful in achieving the gold quality mark for provision of work experience.

The Trust has continued to grow a pool of volunteers with 33 being recruited during 2024. Our volunteers provide support across both the Countess of Chester Hospital and Ellesmere Port Hospital and are invaluable in providing improvement to patient experience. There are currently 124 active volunteers across the Trust.

Gender Pay Gap Report

The Trust submitted its Gender Pay Gap data (GPG) for 2024. A copy of the report can be found on the Trust website [here](#).

There has been a decrease in both the mean and median pay in this year's gender pay gap figures. Despite the positive decrease there is still more work to be done as

we are still seeing more male employees represented within the upper earning quartiles than women. The Trust acknowledges that the gender pay gap is the result of the roles in which men and women work within the Trust. There are societal and structural factors which go some way to explaining the gender pay gap within the Trust, including over-representation of women in the traditionally care-giving profession of nursing, which is a major factor common to all NHS Trusts.

Staff cost analysis 2024/25 (audited) and 2023/24 (audited)

Employee expenses:

	Total 2024/25	Permanently employed	Other	Total 2023/24
	£000	£000	£000	£000
Short term employee benefits – salaries and wages	227,373	204,010	23,363	212,165
Post employee benefits social security costs	21,971	19,603	2,368	21,469
Apprenticeship Levy	1,083	966	117	997
Post employee benefits employer contributions to NHS Pensions Agency	40,284	35,943	4,341	33,322
Other employment benefits	-	-	-	-
Termination benefits	-	-	-	-
Agency/contract staff	4,189	-	4,189	6,026
Total gross staff costs	294,900	260,522	34,378	273,979
Recoveries in respect of seconded staff	-	-	-	-
Total staff costs	294,900	260,522	34,378	273,979
Of which costs capitalised as part of assets	380	380	-	390

Average number of persons employed 2024/25 (audited) and 2023/24 (audited)

	Total 2024/25	Permanently employed	Other	Total 2023/24
Medical and dental	574	288	285	556
Ambulance staff	1	1	-	1
Administration and estates	786	754	32	787
Healthcare assistants & other support staff	1,010	991	20	1,049
Nursing, midwifery & health visiting staff	1,443	1,363	79	1,443
Nursing, midwifery & health visiting learners	-	-	-	-
Scientific, therapeutic and technical staff	570	556	14	537
Healthcare scientists	214	209	5	217
Bank staff	327		327	293
Total	4,924	4,162	762	4,883
Number of employees (WTE) engaged on capital projects	6			6

To note, this data is based on staff employed by the Trust within the 2023/24 financial year (and includes part time staff).

The Trust spent £489,000 on consultancy fees during 2024/25.

Off-payroll engagements

Off-payroll engagements are arrangements where an individual provides their services to the Trust, but, under HMRC rules, they are not paid through the Trust payroll. Typically, this is because the individual is working through a temporary staffing agency, or they are legitimately in business in their own right, and the legal nature of the arrangement between the Trust and the off-payroll individual is a commercial business arrangement, rather than one of employment.

The Trust makes use of off-payroll engagements in a number of circumstances:

- when there is a short-term need that cannot be met from internal staffing resources, including bank staff
- when specialist expertise is required that is not available internally
- when there is difficulty recruiting to a post

Highly-paid off-payroll worker engagements as at 31 March 2025 earning £245 per day or greater:

No. of existing engagements as of 31 March 2024	14
Of which, the number that have existed:	
for less than one year at time of reporting.	9
for between one and two years at time of reporting.	2
for between two and three years at time of reporting.	0
for between three and four years at time of reporting.	1
for four or more years at time of reporting.	1

All highly-paid off-payroll workers engaged at any point during the year ended 31 March 2025 earning £245 per day or greater:

Number of off-payroll workers engaged during the year ended 31 March 2024	
Of which:	
Not subject to off-payroll legislation	37
Subject to off-payroll legislation and determined as in-scope of IR35	0
Subject to off-payroll legislation and determined as out-of-scope of IR35	0
Number of engagements reassessed for compliance or assurance purposes during the year	0
Of which: number of engagements that saw a change to IR35 status following review	0

Off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2024 and 31 March 2025

Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure must include both off-payroll and on-payroll engagements.	21

Exit packages

Exit package costs by band 2024/25 (audited):

Exit package cost band	2024/25	2024/25	2024/25
	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<£10,000	-	21	21
£10,000 – 25,000	1	6	7
£25,001 – 50,000	1	5	6
£50,001 – 100,000	-	3	3
£100,000 – 150,000	-	-	-
Total number of exit packages by type	2	35	37

Exit package costs by band 2023/24 (audited):

Exit package cost band	2023/24	2023/24	2023/24
	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<£10,000	1	9	10
£10,000 – 25,000	-	1	1
£24,001 – 50,000	-	-	-
£50,001 – 100,000	-	-	-
£100,000 – 150,000	-	-	-
Total number of exit packages by type	1	10	11

Exit packages: non-compulsory departure payments 2024/25 (*audited*) and 2023/24 (*audited*):

	2024/25	2024/25	2023/24	2023/24
	Agreements number	Total value of agreements	Agreements number	Total value of agreements
		£000		£000
Mutually agreed resignations (MARS) contractual costs	12	406	-	-
Contractual payments in lieu of notice	22	131	10	45
Exit payments following Employment Tribunals or court orders	1	3	-	-
Non-contractual payments requiring HMT approval	-	-	-	-
Total	35	540	10	45

Facilities time

Facilities time' is time provided to any employee who is either an official or representative member of any trade union recognised by the Countess of Chester Hospital for the purpose of undertaking trade union duties and activities in accordance with the Trade Union and Labour Relations (Consolidation) Act 1992.

Facility time covers the duties of a trade union or union learning representative on behalf of their members. It involves duties such as accompanying employees to disciplinary or grievance hearings. It also covers training received and duties carried out under the Health and Safety at Work Act 1974.

In response to the introduction of the Trade Union (Facility Time Publication Requirements) Regulations 2017 which came into effect on 1 April 2017, the Countess of Chester Hospital and Trade Union representatives work together to ensure the Countess of Chester Hospital complies with the requirement to publish information in relation to relevant union officials and facility time.

The table below illustrates the utilisation of facilities time within the Countess of Chester Hospital. It should be noted that the Countess of Chester Hospital seconds 1.0 full-time equivalent representative to act in the capacity as Staff Side Chair who coordinates and liaises with all 16 individual trade unions recognised by the Countess of Chester Hospital on behalf of the various professions and staff associations.

Relevant union officials:

Relevant union officials	Number of employees
Number of employees who were relevant union officials during 2024/25	12
Full-time equivalent employee number	10.52

Percentage of time spent on facility time:

Percentage of time spent on facility time	Number of employees
0%	0
1-50%	11
51-99%	0
100%	1

Percentage of pay bill spent on facility time:

Percentage of pay bill spent on facility time	£
Total cost of facility time	£31,322.28
Total pay bill	£294,900,000
Percentage of the total pay bill spent on facility time	0.01%

Paid trade union activities:

Paid trade union activities	%
Time spent on paid trade union activities as a percentage of total paid facility time hours	1.46%

Staff Survey Results

Staff experience and engagement

The Trust recognises that well-engaged employees are crucial to organisational success, particularly with respect to high-quality patient outcomes and staff experience. One of the key metrics of staff experience is the NHS Staff Survey.

NHS staff survey

The NHS staff survey is conducted annually. Since 2021/22 the survey questions align to the seven elements of the NHS 'People Promise' and retains the two previous themes of engagement and morale. All indicators are based on a score out of 10 for specific questions with the indicator score being the average of those.

A copy of our 2024 NHS Staff Survey Results can be found on the national survey website [here](#).

The response rate to the 2024 survey was 45% for our substantive workforce (an increase of 3% from 2023).

A full analysis of results has been undertaken at Trust level with divisional analysis and action planning ongoing in 2025. Key points include the following.

In 2024, the Trust delivered an improvement in response rate, the highest percentage in 12 years. Whilst the Trust acknowledges that staff report a poorer experience relative to our comparators and below the national average for our comparator group, we are showing a year on year improvement. In 2024, we reported the second biggest improvement in our NW comparator group, improvements in our national ranking and improvement in 6 out of the 7 People Promise Themes. The Trust saw improvement across a number of areas where we

had focused attention in 2024 including in relation to raising concerns and having a voice, health and wellbeing, compassionate culture, diversity and inclusion, and involvement and advocacy.

Future priorities and targets

At a Trust Level, our 2024 NHS Staff Survey results demonstrate that we have a good understanding of staff experience and the areas where we need to do more, and these align with our existing plans. Priorities include,

- We need to support our managers to better support staff – prevent burnout, proactive HWB support, challenging conversations – managers essentials programme
- We need to do more to reduce and prevent our staff from experiencing violence & aggression and unwanted sexual behaviour from patients/public – zero tolerance campaign, violence and aggression group, sexual safety charter.
- We need to make flexible working more accessible – roll out of flexible working campaign promoting flexible working opportunities

Work against these priority areas will continue to be monitored and reported via Trust Governance infrastructure.

Ill health retirements *(audited)*

During 2024/25 (prior year 2023/24) there were 9 (4) early retirements from the Trust agreed on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements will be £977,000 (£136,000). The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division. This information was supplied by NHS Business Services Authority - Pensions Division.

Health and safety

In 2024/25, significant progress has been made in strengthening the Trust's Health and Safety function. Following the appointment into key leadership positions and the relaunch of the Health & Safety Committee, a solid foundation has been established for fostering a proactive safety culture. This includes the introduction of revised policies, structured committee governance, and enhanced reporting mechanisms. Additionally, ongoing collaboration across Estates, Occupational Health, Clinical Engineering, and Security Services has ensured comprehensive attention to safety concerns, from equipment maintenance and incident management to violence prevention and fire safety. The proactive involvement of the Medical Device Safety Officer has also provided valuable contribution to the oversight and assurance.

At the beginning of 2024/25, the role of Health and Safety Manager was fulfilled by an interim manager, and there was a significant gap for several months before the position was permanently filled. The appointment of a permanent experience health and safety manager places the Trust in a much stronger position moving forward.

Significant progress has been made in addressing the risks identified during the gap analysis from 2023/24, with many actions successfully closed across all three Trust sites. A number of actions remain open, requiring further investigation and the allocation of additional resources to resolve. The Health & Safety Team has also continued to identify new projects, which have been incorporated into the action plan to ensure ongoing attention to emerging concerns. A revised action plan will be generated to ensure that all remaining actions are effectively addressed.

Interdepartmental collaboration has played a key role in bridging gaps in the Health & Safety Team resources, contributing significantly to the progress of health and safety initiatives across the Trust. This collaborative approach will remain central to achieving positive outcomes in the coming months.

As the Trust continues to meet increasing service demands, the commitment to safety, policy enhancement, and risk mitigation across departments will be vital in maintaining a safe and supportive environment for patients, staff, and visitors alike.

Countering fraud and corruption policy

The Trust does not tolerate fraud, corruption or bribery within the NHS. An overarching Anti-Fraud, Corruption and Bribery Policy and Response Plan in place, produced by the Local Counter Fraud Specialist (LCFS), which was reviewed in 2021/22 and will be reviewed in April 2024/25. The aim is to eliminate all NHS fraud, corruption and bribery as far as possible, freeing up public resources for better patient care.

NHS Counter Fraud Authority (NHSCFA) is a special health authority charged with identifying, investigating, and preventing fraud and other economic crime within the NHS and the wider health group. As a special health authority focused entirely on counter fraud work, the NHSCFA is independent from other NHS bodies and directly accountable to the Department of Health and Social Care.

All instances where fraud, corruption and bribery are suspected are properly investigated by trained staff this being either the Local Counter Fraud Specialists or investigating officers employed by NHS CFA. Any investigations are handled in accordance with the NHS Counter Fraud Manual. The manual provides guidance on NHSCFA investigative procedures, the responsibilities of LCFs and information on how counter fraud work is monitored across the NHS to ensure that a common approach and best practices are adopted by all when allegations of fraud, bribery and corruption are investigated in the NHS. It also sets out in greater detail the procedural, technical and legislative considerations and requirements which have a bearing on investigations.

The NHS Foundation Trust Code of Governance

The new Code of Governance for NHS provider trusts has been in place since 1st April 2023. The Code of Governance sets out a common overarching framework for the corporate governance of NHS trusts and foundation trusts.

Disclosures

The Board of Directors has overall responsibility for the administration of sound corporate governance throughout the organisation. The NHS Foundation Trust Code of Governance (the Code) is published to assist foundation trust boards with ensuring good governance and to bring together best practice from public and private sector corporate governance.

Comply or explain

The Code is issued as best practice, containing main principles, supporting principles and code provisions on a 'comply or explain' basis.

The Countess of Chester Hospital NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis.

The Trust undertook an annual assessment against compliance with the Code of Governance for NHS Foundation Trusts in 2024/25, including:

- Board leadership and purpose
- Division of responsibilities
- Composition, succession and evaluation
- Audit, risk and internal control
- Remuneration

The Trust remains compliant with the majority of the areas set out within the code. The main exception noted is that the Senior Independent Director continues to chair the Audit Committee with the mitigation of two Non-Executive Directors also being members of the Committee.

Subsequent to the review of the full Code of Governance compliance assessment at the Audit Committee, a procedural issue came to light in respect of staff governor elections (relating to 2023) with action to be taken in 2025.

The detailed annual assessment was presented to the Audit Committee on the 13th February 2025 and the Board of Directors on 25th March 2025.

Disclosure statements

Disclosures as per the FT Code of Governance

Provision	Requirement	Page(s)
A.2.1	The board of directors should assess the basis on which the trust ensures its effectiveness, efficiency and economy, as well as the quality of its healthcare delivery over the long term, and contribution to the objectives of the ICP and ICB, and place-based partnerships. The board of directors should ensure the trust actively addresses opportunities to work with other providers to tackle shared challenges through entering into partnership arrangements such as provider collaboratives. The trust should describe in its annual report how opportunities and risks to future sustainability have been considered and addressed, and how its governance is contributing to the delivery of its strategy.	30 109
A.2.3	The board of directors should assess and monitor culture. Where it is not satisfied that policy, practices or behaviour throughout the business are aligned with the trust's vision, values and strategy, it should seek assurance that management has taken corrective action. The annual report should explain the board's activities and any action taken, and the trust's approach to investing in, rewarding and promoting the wellbeing of its workforce.	78
A.2.8	The board of directors should describe in the annual report how the interests of stakeholders, including system and place-based partners, have been considered in their discussions and decision-making, and set out the key partnerships for collaboration with other providers into which the trust has entered. The board of directors should keep engagement mechanisms under review so that they remain effective. The board should set out how the	1 80

Provision	Requirement	Page(s)
	organisation's governance processes oversee its collaboration with other organisations and any associated risk management arrangements.	
B.2.6	<p>The board of directors should identify in the annual report each non-executive director it considers to be independent. Circumstances which are likely to impair, or could appear to impair, a non-executive director's independence include, but are not limited to, whether a director:</p> <ul style="list-style-type: none"> • has been an employee of the trust within the last two years • has, or has had within the last two years, a material business relationship with the trust either directly or as a partner, shareholder, director or senior employee of a body that has such a relationship with the trust • has received or receives remuneration from the trust apart from a director's fee, participates in the trust's performance-related pay scheme or is a member of the trust's pension scheme • has close family ties with any of the trust's advisers, directors or senior employees • holds cross-directorships or has significant links with other directors through involvement with other companies or bodies • has served on the trust board for more than six years from the date of their first appointment • is an appointed representative of the trust's university medical or dental school. <p>Where any of these or other relevant circumstances apply, and the board of directors nonetheless considers that the non-executive director is independent, it needs to be clearly explained why.</p>	41
B2.13	The annual report should give the number of times the board and its committees met, and individual director attendance.	39
B2.17	For foundation trusts, this schedule should include a clear statement detailing the roles and responsibilities of the council of governors. This statement should also describe how any disagreements between the council of governors and the board of directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the board of directors and the council of governors operate, including a summary of the types of decisions to be taken by the board, the council of governors, board committees and the types of decisions which are delegated to the executive management of the board of directors.	57
C2.5	If an external consultancy is engaged, it should be identified in the annual report alongside a statement about any other connection it has with the trust or individual directors.	85
C2.8	The annual report should describe the process followed by the council of governors to appoint the chair and non-executive directors. The main role and responsibilities of the nominations committee should be set out in publicly available written terms of reference.	54
C4.2	The board of directors should include in the annual report a description of each director's skills, expertise and experience.	39
C4.7	All trusts are strongly encouraged to carry out externally facilitated developmental reviews of their leadership and governance using the Well-led framework every three to five years, according to their circumstances. The external reviewer should be identified in the annual report and a statement made about any connection it has with the trust or individual directors.	38 108 112

Provision	Requirement	Page(s)
C4.13	<p>The annual report should describe the work of the nominations committee(s), including:</p> <ul style="list-style-type: none"> the process used in relation to appointments, its approach to succession planning and how both support the development of a diverse pipeline how the board has been evaluated, the nature and extent of an external evaluator's contact with the board of directors and individual directors, the outcomes and actions taken, and how these have or will influence board composition the policy on diversity and inclusion including in relation to disability, its objectives and linkage to trust vision, how it has been implemented and progress on achieving the objectives the ethnic diversity of the board and senior managers, with reference to indicator nine of the NHS Workforce Race Equality Standard and how far the board reflects the ethnic diversity of the trust's workforce and communities served the gender balance of senior management and their direct reports. 	26-28 66
C5.15	<p>Foundation trust governors should canvass the opinion of the trust's members and the public, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.</p>	57
D2.4	<p>The annual report should include:</p> <ul style="list-style-type: none"> the significant issues relating to the financial statements that the audit committee considered, and how these issues were addressed an explanation of how the audit committee (and/or auditor panel for an NHS trust) has assessed the independence and effectiveness of the external audit process and its approach to the appointment or reappointment of the external auditor; length of tenure of the current audit firm, when a tender was last conducted and advance notice of any retendering plans where there is no internal audit function, an explanation for the absence, how internal assurance is achieved and how this affects the external audit an explanation of how auditor independence and objectivity are safeguarded if the external auditor provides non-audit services. 	49 54
D2.6	<p>The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, is fair, balanced and understandable, and provides the information necessary for stakeholders to assess the trust's performance, business model and strategy.</p>	97
D2.7	<p>The board of directors should carry out a robust assessment of the trust's emerging and principal risks. The relevant reporting manuals will prescribe associated disclosure requirements for the annual report.</p>	7
D2.8	<p>The board of directors should monitor the trust's risk management and internal control systems and, at least annually, review their effectiveness and report on that review in the annual report. The monitoring and review should cover all material controls, including financial, operational and compliance controls. The board should report on internal control through the annual governance statement in the annual report.</p>	100
D2.9	<p>In the annual accounts, the board of directors should state whether it considered it appropriate to adopt the going concern basis of accounting when preparing them and identify any material uncertainties regarding going concern. Trusts should refer to the DHSC group accounting manual and NHS foundation trust annual reporting manual which explain that this assessment should be based on whether a trust anticipates it will continue to provide its services in the</p>	9

Provision	Requirement	Page(s)
	public sector. As a result, material uncertainties over going concern are expected to be rare.	
E2.3	Where a trust releases an executive director, e.g. to serve as a non-executive director elsewhere, the remuneration disclosures in the annual report should include a statement as to whether or not the director will retain such earnings.	N/A
Appendix B, para 2.3 (not in Schedule A)	The annual report should identify the members of the council of governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor.	57
Appendix B, para 2.14 (not in Schedule A)	The board of directors should ensure that the NHS foundation trust provides effective mechanisms for communication between governors and members from its constituencies. Contact procedures for members who wish to communicate with governors and/or directors should be clear and made available to members on the NHS foundation trust's website and in the annual report.	57
Appendix B, para 2.15 (not in Schedule A)	The board of directors should state in the annual report the steps it has taken to ensure that the members of the board, and in particular the non-executive directors, develop an understanding of the views of governors and members about the NHS foundation trust, e.g. through attendance at meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations.	57
Additional requirement of FT ARM resulting from legislation	<p>If, during the financial year, the Governors have exercised their power* under paragraph 10C** of schedule 7 of the NHS Act 2006, then information on this must be included in the annual report.</p> <p>This is required by paragraph 26(2)(aa) of schedule 7 to the NHS Act 2006, as amended by section 151 (8) of the Health and Social Care Act 2012.</p> <p>* Power to require one or more of the directors to attend a governors' meeting for the purpose of obtaining information about the foundation trust's performance of its functions or the directors' performance of their duties (and deciding whether to propose a vote on the foundation trust's or directors' performance).</p> <p>** As inserted by section 151 (6) of the Health and Social Care Act 2012)</p>	N/A

NHS Oversight Framework 2024/25

The NHS Oversight Framework provides the framework for overseeing providers and identifying potential support needs.

The framework looks at six themes:

1. quality of care, access, and outcomes
2. finance and use of resources
3. preventing ill-health and reducing inequalities
4. people
5. leadership and capability

6. local strategic priorities

Based on information from these themes, providers are segmented from 1 to 4, where 4 reflects providers receiving the most support, and 1 reflects providers with maximum autonomy. A foundation trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its license.

The Trust was placed in segment 3 of the NHS Oversight Framework in 2021/22 and remained in segment 3 in 2022/23 following the 2022 Care Quality Commission (CQC) inspection and 2023 reinspection. During this period the Trust attended a System Improvement Board (SIB) led by NHS England and involving Cheshire & Merseyside Integrated Care Board (ICB) and other health and care colleagues. The Board provided oversight of the Trust's Improvement Plan with agreed exit criteria once significant improvements have been demonstrated.

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

The Trust worked closely with the ICB to agree a set of exit criteria which supports the Trust moving from segment 3 to 2 with the SOG meetings commencing in November 2024. Progress will continue to be monitored monthly with reports to SOG on a bi-monthly basis. Progress against the newly agreed exit criteria remains in line with the proposed dates for delivery.

Statement of Accounting Officer's responsibilities

Statement of the Chief Executive Officer's responsibilities as the Accounting Officer of the Countess of Chester NHS Foundation Trust

The NHS Act 2006 states that the Chief Executive Officer is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of the Accounting Officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the *NHS Foundation Trust Accounting Officer Memorandum* issued by NHS England.

NHS England has given Accounts Directions which require the Countess of Chester Hospital NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of

affairs of the Countess of Chester NHS Foundation Trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care's Group Accounting Manual and in particular to:

- Observe the Accounts Directions issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis.
- Make judgements and estimates on a reasonable basis.
- State whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health and Social Care Group Accounting Manual) have been followed. Disclose and explain any material departures in the financial statements.
- Ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance.
- Confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS Foundation Trust's performance, business model and strategy.
- Prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable them to ensure that the accounts comply with requirements outlined. The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which the Foundation Trust's Auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the Foundation Trust's Auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the *NHS Foundation Trust Accounting Officer Memorandum*.



Ms Jane Tomkinson OBE
Chief Executive Officer
24th June 2025

Annual Governance Statement 2024/25

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the Countess of Chester Hospital NHS Foundation Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the Countess of Chester Hospital NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Foundation Trust Accounting Officer Memorandum*.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of the Countess of Chester Hospital NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in the Countess of Chester NHS Foundation Trust for the year ended 31 March 2025 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

I am accountable for risk management across the organisation, financial and clinical activities. In 2024/25, the responsibility for risk management was delegated to the Director of Governance, Risk & Improvement, supported by the Deputy Director of Nursing Quality and Governance.

I am supported in my role through the assurance committees of the Board of Directors. The Audit Committee has an overarching role in respect of governance, risk management and internal control. The Quality & Safety Committee, Finance & Performance Committee and the People Committee oversee the risks related to their respective areas of responsibility. The Board of Directors receives a Chairs report from each of the Board sub-committees and receives specific assurances from the Quality and Safety Committee relating to the management of incidents, including those requiring Patient Safety Incident Investigation (PSIIs) and Never Events.

There are established governance arrangements provided through the Divisions with triumvirate leadership teams of medical, nursing and operational Directors. In addition to Divisional governance meetings, the monthly Operational Management Board provides a mechanism where divisional performance is reviewed and key risks to delivery of services identified and monitored. The new Risk Management Committee is now in place to provide assurance on the effectiveness of risk management to the Quality Governance Group reporting to the Quality and Safety Committee. Divisional reviews were also re-introduced

during 2024/25.

Risk management training has been undertaken and continues as a rolling programme, to support staff to identify, assess, manage and monitor risks in line with the Risk Management Policy. This training is open to all staff and includes how to use the Datix risk module.

There are defined roles and mechanisms through which alerts and external recommendations are communicated and acted upon (for example, Central Alerting System, NHS England and the Health and Safety Executive). These are currently recorded and reported through the Datix assurance module. Work is underway to review the mechanisms through which the Trust evidences the timeliness of assurance that such alerts have been acted on, to ensure they are prompt and support maintaining safety.

The Trust transitioned to the Patient Safety Incident Response Framework (PSIRF) in 2024/25. A new PSIRF policy was implemented, training rolled out, and governance and oversight structures established.

The Risk and Control Framework

Risk Management Arrangements

The Risk Management Policy outlines the framework for managing risk across the organisation. Roles and responsibilities in relation to the identification and management of risk are identified in this policy.

The Board of Directors set the risk appetite for the Trust, with the Board Assurance framework being a key tool for the Board in identifying, assessing, managing and mitigating strategic risks.

The risk management process begins with the systematic identification of risks via structured risk assessments. These risks are documented on risk registers which are held in the Datix system – the electronic system for recording and managing risks, incidents, complaints, clinical audit and claims.

All risks are assessed and scored using an approved 5x5 scoring matrix which takes into account the potential likelihood, consequence, and overall severity of each risk. This results in each risk being awarded a score of between 1 (very low) to 25 (critical).

The effectiveness of the existing control measures is assessed, and associated gaps and action plans agreed and monitored to ensure management and mitigation of the risk.

Each risk has a risk owner. The Datix Risk Register System automatically generates a confirmation email to notify the identified risk owner about the risk. Risks are escalated and managed at an appropriate level based on the risk score.

The Board of Directors receives a high risk report on all risks with a residual score of 15 and over. The Operational Management Board also reviews risks with a residual score of 15 and over, along with Divisional risk and performance reports. The Risk Management Committee reviews risks with a residual score of 10 and over.

During 2024/25 the Trust established and delivered a risk management improvement plan to further develop processes, culture and reporting. This included refreshing the Risk

Management Policy, development of the Datix system, introducing a new Risk Management Committee, and supporting divisional risk maturity assessments. A range of governance and risk sessions were delivered to increase awareness, understanding and accountability.

The Trust ensures compliance with the NHS Foundation Trust Provider Licence including compliance with governance requirements. The Board of Directors is satisfied that the Trust has established and implemented all requirements of the licence condition with no material risks identified. The Board of Directors, Council of Governors, Audit Committee and other Board Committees all contribute ensuring the Trust has robust and effective governance structures.

The NHS England enforcement undertakings which had been in place since 2022 were lifted in January 2025 following the demonstration of sustained improvement.

The Council of Governors approved the Trust's Constitution which had been updated to reflect legislative changes and guidance.

Incident Reporting

During 2024/25, 19 incidents requiring Patient Safety Incident Investigation (PSIIs) were reported including 2 Never Events. This includes 2 Maternity diverts that we are mandated to report to StEIS. Of the 2 Never Events reported, one occurred in 2012 but was only identified in quarter 4 2024/25 as part of recent episode of care. Full investigations and learning have been completed for both Never Events.

Incident reporting is in line with the Trusts Patient Safety Incident Response Framework (PSIRF) policy. PSIRF focusses on learning and improvement through a range of responses including PSIIs, Swarms, After Action Reviews, and thematic reviews.

A positive culture of incident reporting is evident, with on average between 40-50 incidents reported daily. Being open with those involved with and affected by incidents is essential and the Trust has been working to strengthen how it communicates with patients, families and staff, in line with the Duty of Candour and to ensure their views are incorporated into incident responses. Incident response outcomes and learning statements are shared with families, commissioners, Cheshire West Place colleagues and regulatory bodies.

The Trust holds a weekly Patient Safety Learning Meeting which is dual chaired by the Deputy Director of Nursing & Governance and the Deputy Medical Director & Patient Safety Lead. Representatives from the Divisional triumvirates, Legal Department, Patient Experience and Risk Management teams are in attendance. There is a weekly Patient Safety Group jointly chaired by the Director of Nursing & Quality and Medical Director. These groups provide a governance structure for the review and management of incidents as well as decisions on the incident responses including any PSIIs (Patient Safety Incident Investigations).

The Trust cascades learning from incidents across the organisation through a variety of forums and routes to ensure organisational learning reaches all members of staff. These include:

- Patient Safety Summits that share specific learning from an incident in an open meeting forum.
- Communications are shared weekly across the Trust, based on learning arising from complaints and incidents in that week.
- Learning and Sharing Forum dedicated to sharing learning across the Trust.

- Daily Trust Safety Huddles provides a forum for issues to be raised and resolved quickly.
- Harms Reduction Programme which has continued to demonstrate measurable quality improvements in year.

Lessons learned are fed back to the nursing teams at ward managers' meetings and safety briefs to make sure relevant staff groups can act upon key learning and implement change. Learning is shared across the organisation in various formats to bring individuals together to optimise patient outcomes. The Trust produces a weekly 'Lessons Learned @COCH' update which highlights the learning from incidents, local audits and quality improvement groups. The Trust also facilitates a monthly Patient Safety Summit as a forum for all staff to explore, share and learn about all aspects of patient safety. The theme for each summit reflects issues raised and incidents reported which also links into patient safety initiatives. In addition, the Grand Round supports the delivery of ongoing education, learning and collaborative working for clinicians.

Medicines related incidents are reviewed daily by the Medicines Safety Officer (or deputy) and then at the monthly Pharmacy Quality and Safety Group. Issues of note are escalated to the multi-professional bi-monthly Medicines Safety Group with findings fed back to clinical teams at safety briefings.

There is also a Clinical Audit Programme in place which continues to develop and includes subsequent audit on identified themes from selected incidents to make sure that changes made as a result of an investigation have been effective. The Board has a view of the scope and effectiveness of the assurances that the Clinical Audit Programme achieves through the Clinical Audit Annual Report to the Quality and Safety Committee with a Chair's report to the Board of Directors.

To ensure that the patient is at the heart of everything we do, patient experiences and stories are shared across the Trust, including at meetings of the Board of Directors, Council of Governors, Operational Management Board and Patient Experience Operational Group. In 2024/25 the Trust embedded a new Patient and Family Experience Strategy, with teams empowered to develop local priorities for patient and family experience.

Learning from Patient Safety Events (LFPSE) is a new national NHS service for the recording and analysis of patient safety events that occur in healthcare. The service introduces a range of innovations to support the NHS to improve learning from the over 2.5 million patient safety events recorded each year, to help make care safer. The Trust incident reporting system – DATIX is connected to the LFPSE service and patient safety incidents are uploaded to this service.

The Board Assurance Framework

The Board Assurance Framework (BAF) sets out the key risks to delivery of the strategic priorities and objectives. The BAF was reset for 2024/25 and continued to be reviewed by the Board and updated throughout the year. The BAF:

- defines the principal risks to the achievement of the organisational objectives
- identifies the controls by which these risks can be effectively managed
- identifies any gaps in controls and any actions being taken to close these gaps
- sets out the assurances that are received in respect of each risks

The BAF extracts were reviewed at the assurance committee meetings for risks relevant to their role. In its role of reviewing the effectiveness of risk management and internal control the Audit Committee received confirmation from Internal Audit that overall, the BAF meets NHS requirements.

Key Risks

During 2024/25 the Trust has faced and continues to face a number of key risks as set out in the BAF.

- Underlying long term Trust financial sustainability

The Trust planned and reported a deficit for 2024/25. Whilst the Trust delivered a significant recurrent CIP, there is an ongoing challenge in terms of the underlying run rate. The draft financial plan for 2025/26 remains a deficit position, including a challenging savings target aligned to national and local requirements. The Cost Improvement Program (CIP) will build on the work undertaken in 2024/25 and will contribute to improving the underlying deficit over the next 3-5 years. Budgets for 2025/26 have been agreed and budget holders are developing plans to mitigate financial pressures.

- Staff Engagement

The Trust has demonstrated some improvement through visible leadership, active listening and a range of staff engagement activities. We launched the Civility Charter and zero tolerance campaigns, strengthened staff networks, and continued to grow our Freedom to Speak Up Champions network. The national staff survey evidences our improvement, but there remains work to do to further improve staff engagement and culture.

- Access, waiting times, care pathways and constitutional performance

The Trust remains focused on operational performance and monitors progress through the Strategic Oversight Framework and reporting structures.

The Trust has consistently delivered the 28 Day Faster Diagnosis Standard cancer standard all year. We have seen improved performance in 62 Day Standard and have met the planning guidance target each month. Performance against the 31 Day Standard has either met standard or been very close to meeting the standard each month. The Trust has remained under our target number of pathways over 62 days being tracked on a suspected cancer pathway. Improvements have been sustained in elective waiting times with increases in productivity and efficiency. Diagnostic waiting times continue to improve with radiology modalities overall meeting the diagnostic standard of 99% of diagnostic referrals being seen within six weeks of referral, and whilst the threshold has not yet been met for endoscopy modalities there has been significant improvement.

Our non-elective performance has been challenged throughout the year and the main effects of this are seen within Urgent and Emergency Care. Flow through our hospital wards remains a challenge due to the high number of patients that do not meet the criteria to reside, with patients remaining in our care whilst arrangements are made to discharge them to an appropriate setting for the care that they need. The lack of flow out of the hospital means that patients are waiting longer in our Emergency Department for a bed and in turn some patients then wait longer outside on ambulances. The Trust has a full action plan to drive improvements across all these areas and over this year we have opened an Urgent Treatment Centre alongside extended use of our Same Day Emergency Care

building. We have secured capital funding to increase capacity in our discharge lounge, increase capacity in our Urgent Treatment Centre, build an area in our Emergency Department for patients with additional Health needs and to increase capacity in our resus and waiting area. In addition, we have continued to work with external partners to explore solutions.

- Delivering safety and quality, and avoiding harm

The Trust has continued to progress a wide range of quality improvement and harm reduction programmes. Quality governance including incident reporting, management of complaints and concerns, claims and Coroners cases have all been strengthened with a clear focus on learning and improving the quality of care for patients. The new patient and family experience strategy has been embedded across the Trust with clear priorities identified in each area. This work will continue into 2025/26.

- Public Confidence in the Trust

There is an ongoing risk to ensuring patients and the wider public have confidence that the Trust's services are safe, effective and well led in the light of the Letby verdict, ongoing police investigations and the Public Inquiry. The Trust is working hard to demonstrate the improvements that have been made, and the work that continues to take place. Throughout 2024/25 the Trust has continued to support the ongoing Thirlwall Inquiry and police investigations.

Care Quality Commission compliance

The Countess of Chester Hospital is registered with the Care Quality Commission (CQC) and at the time of this report it is fully compliant with the registration requirements.

The improvement notice from 2023/24 regarding Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) Regulation 15 was closed in April 2024, with the CQC satisfied that the Trust had delivered the actions and was compliant with the notice.

An unannounced inspection of the core services was undertaken in October 2023 over 3 days, with a well led inspection taking place in November 2023. The report was published in February 2024 resulting in an overall rating of 'requires improvement'. Improvement was noted in the maternity core service and Trust well led domain.

In 2024/25 significant progress has been made against the comprehensive CQC and well led action plan ensuring sustainable improvements are achieved.

Following an unannounced inspection of urgent and emergency care services in February 2025, the Trust received formal notification of a warning notice and action plans are being progressed at pace to deliver the improvements needed. Immediate actions included consistency in the use of documentation, culture expectations, cleaning standards, equipment and improvements to the environment. The final CQC report is not expected to be published until July 2025 and the service is currently rated as inadequate. We remain committed to making the sustainable improvements needed to improve our services for our patients and their families.

The Director of Nursing and Quality and Deputy Directors of Nursing have a fortnightly CQC engagement meeting to discuss, respond to and address any issues or concerns. The Director of Nursing and Quality provides regular reports to the Board of Directors and Quality and Safety Committee relating to the Trusts response to the CQC recommendations and

progress against the action plan.

The Trust successfully exited the Maternity Safety and Support Programme (MSSP) during 2024/25 demonstrating sustained improvement in our services.

To assure itself of performance and the Trust CQC registration requirements, the Trusts monthly System Oversight Framework (SOF) is reviewed by all the Board sub- committees and the Board of Directors. Divisional risk and performance reports are presented monthly to the Operational Management Board. These reports provide a triangulation of quality, workforce, performance and financial indicators. The SOF is also considered alongside data from a further range of sources including:

- Progress against current Trust-wide quality improvement programmes, for example falls, hospital acquired pressure ulcers, deteriorating patient, sepsis, and acute kidney injury
- Mortality and learning from deaths
- Learning from patient safety incident responses and thematic reviews

Our workforce compliance and safeguards

The Board of Directors and People Committee receive regular reports detailing the staffing arrangements in place to provide assurance in respect of safety, sustainability and effectiveness. The reports detail areas of risk and mitigation strategies in relation to workforce. Workforce assurance is also provided through the Board and the People Committee in respect of key workforce metrics, e.g. establishment data, sickness absence and turnover and staff experience measures.

The Trust produced a People Strategy 2021/26, which aligns with the NHS People Plan 2021. In accordance with the recommendations of 'Developing Workforce Safeguards' the Trust uses a triangulated approach to maintaining assurance around workforce strategies and safe staffing systems. This approach utilises evidence-based tools, e.g. establishment reviews, and roster information together with professional judgement and patient outcome measures.

The Trust has a comprehensive dashboard that is used throughout the day to assess safe nurse staffing levels and take appropriate action.

Register of Interests

The Trust has published on its website an up-to-date register of interests for decision-making staff (as defined by the Trust in line with NHS Managing Conflicts of Interest guidance).

Employees working for the Trust and who are deemed *decision makers*, includes band 8d and above staff, all Board members, all Procurement Department staff and Pharmacy staff at band 5 and over. Decision makers are asked to complete their declarations of interest annually via the Electronic Staff Records system (ESR) including any nil returns. Any staff members who do not have access to ESR are required to complete a Conflict of Interest Declaration Form.

NHS Pension Scheme

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to meet all employer obligations contained within the Scheme regulations.

Equality, diversity, inclusion and human rights

The Trust produced an Equality, Diversity & Inclusion Strategy 2023/26 which describes the Trust's commitment to embed equality, diversity and inclusion best practice into our workforce and into the services we provide to our patients and our communities. This strategy set out three strategic aims:

1. To create an inclusive workforce free from discrimination
2. To communicate more effectively to tackle health inequalities
3. To improve overall satisfaction across all patient communities.

The Trust has control measures in place to ensure that it complies with all of its obligations in respect of equality, diversity and human rights legislation.

Equality Impact Assessments are integrated into core business. All Trust-wide policies and procedures must be subject to the equality analysis prior to approval, publication and implementation and for any service implementation and re-design. Work is underway to further strengthen and integrate the Trust's EDI governance framework to embed equality considerations.

The Trust is committed to 'co-creating' a fairer and more inclusive Trust for all our people. One of the ways we wish to achieve our ambition is through our staff networks. The Trust currently has six staff networks and is preparing to launch a seventh and these help to:

- create a safe space which enables colleagues to share their lived experiences and concerns
- promote learning and insights into protected characteristics, intersectionality and how they impact individual outcomes
- inform and shape our organisational culture based on our inclusive values

Sustainability and climate change

The Trust is undertaking risk assessments and has plans in place which take account of the Delivering a Net Zero Health Service report under the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

The Trust is collaborating with other trusts to provide competence and strategy to develop capabilities for climate adaptation and any necessary response as part of an NHS England northern pilot. This pilot will enable the Trust to produce comprehensive risk assessments and mitigation strategies that further protect our Trust from extreme weather events. The Trust's Sustainability Lead is the representative as part of this pilot and will report through the Sustainability Strategy Group progress, risks and mitigation strategies.

This approach assists greatly in the development of the management plan which takes account of UK Climate Projections 2018 (UKCP18), and in turn will ensure its obligations

under the Climate Change Act and the Adaptation Reporting requirements will be complied with.

The Trust has undertaken risk assessments on the effects of climate change and severe weather and has developed a Green Plan following the guidance of the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of economy, efficiency and effectiveness of the use of resources

Resources are managed within a financial governance framework defined in the Corporate Governance Manual and Standing Financial Instructions.

The Trust's financial regime is based on Integrated Care System allocations and the NHS Payment System. NHS provider contracts are primarily based on an aligned payment and incentive (API) mechanism, comprising a fixed element for an agreed level of activity other than for elective activity and a variable element for elective activity. Elective Recovery funding is also available to support elective recovery operational requirements.

This funding is available if organisations deliver activity above agreed levels (nationally 107% of 2019/20 levels of value-weighted activity). The Trust's activity over performance in 24/25 primarily relates to day case activity.

Overall financial performance is monitored by the Board of Directors, supported by the Finance and Performance Committee and other committees. A finance report summarising the latest financial performance and financial risk is presented to the Board of Directors and the Finance & Performance Committee, together with regular updates on capital expenditure. Strategic Oversight Framework performance reports, which provide data in respect of quality, constitutional targets and key operational risks are regularly presented and discussed.

The Trust recognises it has a significant underlying financial deficit. Work has been undertaken on improving financial governance and focusing on financial sustainability. The Trust has adapted its approach to delivery of Cost Improvement programmes, focusing on identifying variation, productivity opportunities and reduction of waste in addition to strengthening governance and reporting arrangements. The Trust received a report from PwC in July 2024, offering insights into further actions available to the Trust to improve financial governance and assurance on delivery of financial plans. The Trust reviewed recommendations made by PwC and created an action plan. Management action has been taken for all 57 recommendations, with 52 being completed. The 5 outstanding recommendations will be completed in 25/26 financial year. The Trust is an active member of the Cheshire & Mersey Integrated Care System and contributes to a number of system/ regional workstreams working to improve the economic, efficient and effectiveness of resources across a wider footprint.

Internal and external auditors provide assurance in respect of the environment and the use of the organisation's resources. Audit report recommendations result in the development of a management action plan with an agreed timescale for improvement, and progress is monitored via the Audit Committee and other relevant sub-committees of the Board. The Audit Committee receives assurance on progress through the internal audit progress reports. The Executive Directors attend Audit Committee meetings as required to account for progress against internal audit reviews where

limited assurance has been given.

The Head of Internal Audit Opinion

The purpose of the Head of Internal Audit Opinion is to contribute to the assurances available to the Accounting Officer and the Board which underpin the Board's own assessment of the effectiveness of the organisation's system of internal control. The Opinion has assisted in the preparation of the Annual Governance Statement.

The Head of Internal Audit Opinion for the year 2024/25 is as follows:

The overall opinion for the period 1st April 2024 to 31st March 2025 provides substantial assurance, that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.

A summary of the reviews performed in the year is provided below:

Review	Assurance opinion
Cerner Review - Lessons Learnt	Moderate
Data Security and Protection Toolkit (2023/24) <ul style="list-style-type: none"> Assessment of self-assessment Assessment against National Data Guardian Standards – 	Substantial Moderate
Key Financial Transactional Processing Controls	Substantial
Legal Fees	Limited
Discharge Planning	Limited
Medical Staffing	Not applicable
Divisional Governance / Risk Management – Facilitation of Risk Maturity Sessions	Not applicable
Patient Safety Incident Response Framework (PSIRF)	Moderate
IPR Data Quality – Emergency Department	Substantial
ESR HR/Payroll Controls	Substantial
HR & Wellbeing Shared Service Payroll review	Substantial
Cost Improvement Programme	Substantial

Information Governance and Data Quality

Information Governance

The Trust is required to undertake a mandatory annual Data Security and Protection Toolkit (DSPT) self-assessment. The DSPT draws together legislation and relevant guidance and presents them in a single standard as a set of requirements. The assessment enables the Trust to measure its compliance against National Data Guardian Data Security Standards, cyber security and data protection regulation to provide assurance to the organisation, patients, and staff that information is handled correctly and protected from unauthorised access, loss, damage, and destruction.

The Data Security and Protection Toolkit (DSPT) assessment provides an overall compliance score. The Trust's most recent DSPT submission to NHS Digital in June 2024 returned a *Standards Met* result.

An improvement plan is in place which is monitored by the Information Governance and Information Security Committee and the Trust has maintained training compliance at 87%. Training has been provided for our Information Asset Owners (IAOs) on their accountability, but formalisation of processes is required.

Information Governance Incident Reporting

The Trust has a comprehensive approach to the requirements of the UK General Data Protection Regulation (GDPR). We have continued to update existing Data Sharing Agreements (DSA) and complete Data Privacy Impact Assessments (DPIA) as required. All new agreements are validated with full reference to UK GDPR and the Data Protection Act 2018 before being approved. DPIAs are regularly created for all new projects and any changes to the way in which information is processed. Ward spot checks are undertaken and have proved to be very positive. Contributions are made to staff newsletters for areas like nursing and facilities, which is seen to be a very positive contribution for awareness and prevention of incidents.

24 information governance incidents have occurred that were notified to the Information Commissioner's Office (ICO) / Department of Health and Social Care in the Data Security Incident Reporting Tool in 2024/25. Four follow up investigations have been requested by the ICO at this time.

Regular communication is shared on themes and trends regarding incidents and training is targeted to reflect this. Learning is fed into the training, and a programme of audit is in place to monitor compliance, which takes place across all areas of the Trust. We also audit user's access to their own data which constitutes a breach of Trust regulations and also GDPR. This means that when anyone accesses their own records appropriate action in line with the Trust disciplinary policy can be taken.

Data Quality

The key principle of the Trust's Data Quality Policy is to improve and maintain the quality of patient-related data. This is underpinned by a range of regular audit reports and initiatives such as regular validation of clinical and administrative data, in particular inpatient and outpatient waiting lists and the production of regular data quality reports to identify and collect missing data items and errors. Routine elective waiting time data (both inpatient and

outpatient) is produced, which is subject to review and analysis in-line with good standards of corporate governance. An operational management tool is in place to better support the management and analysis of patients on an elective pathway.

To assure the data used in the Quality Account, the Trust has a Data Quality Group that is chaired by the Chief Digital & Data Officer and meets fortnightly. The group reviews data quality and associated workflows to ensure that NHS data standards are adhered to. A Data Quality action plan is in place to monitor progress and ensure that appropriate governance is in place. This provides assurance to the Board via the Finance & Performance Committee.

The Trust's Access Policy also provides the operational framework for the management of patients who are waiting for elective treatment. The policy reflects national guidance and is reviewed annually and updated. The Data Quality and Patient Pathway teams were established after the implementation of the electronic patient record system and there is now proactive daily validation in place. An intensive Referral to Treatment (RTT) training programme was put in place to ensure all current staff, and new starters have an understanding in the application of RTT.

The Trust produces routine data which is subject to review and analysis in-line with good standards of corporate governance. The further development of the Microsoft Power BI reporting platform is being used as an operational management tool to support the management and analysis of patients, and to identify data quality errors.

The Trust completed a successful upgrade to Cerner, the Trust's Electronic Patient Records system during 2024/25 and continues to optimize the use of this system through a prioritised improvement programme.

Data quality will continue to remain a high priority focus for the Trust to ensure accurate, timely data to support the effective running of the Trust.

Review of Effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit, and the Executive Directors and Senior Leaders within the Countess of Chester Hospital NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me.

My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee, and other Board committees.

Progress against the CQC and Well Led action plans including committee effectiveness demonstrate the sustainable improvements made in 2024/25.

The Trust is committed to an improvement journey to outstanding underpinned by strong leadership and effective internal control, governance and risk management.

My review is also informed by:

- the Head of Internal Audit's opinion and reports by Internal Audit, who work to a risk-based annual plan with topics that cover governance and risk management, service delivery and performance, financial management and control, human resources, operational and other reviews
- opinion and reports from our external auditors
- financial accounts and financial framework
- in-year submissions to NHS England and Cheshire and Merseyside ICB
- performance against national and regional requirements, indicators and benchmarking
- information governance assurance framework including the Data Security and Protection Toolkit
- results of national patient and staff surveys
- incident responses reports, action plans and learning from incidents
- the work of the Trust's Anti-Fraud Specialist
- reports from the Council of Governors

The Trust continues to focus on the improvements that will strengthen the effectiveness of the system of internal control.

Conclusion

The Trust has not identified any significant internal control issues. The Trust faces a number of significant risks and challenges, with improvement plans focused on delivering high quality patient care, supporting our staff, financial stability, along with our risk management and governance frameworks.

We are also ensuring that we listen to and act on feedback from our staff and our patients and their families.

We continue to work with NHS England (NHSE), Cheshire & Merseyside Integrated Commissioning Board (ICB) and other partners. We have supported the Thirlwall Public Inquiry through full and transparent disclosure of information.



Ms Jane Tomkinson OBE

Chief Executive Officer

24th June 2025

The Countess of Chester Hospital NHS Foundation Trust

Annual Accounts for the year ended 31 March 2025

Presented to Parliament pursuant to Schedule 7, paragraph 25(4) of the National Health Service Act 2006.