

Patient Feedback: Complaints Open At Month End



Patient Feedback: Complaints Opened In Month



Patient Feedback: Concerns Open At Month End



Patient Feedback: Concerns Opened In Month



Complaints & Concerns Narrative

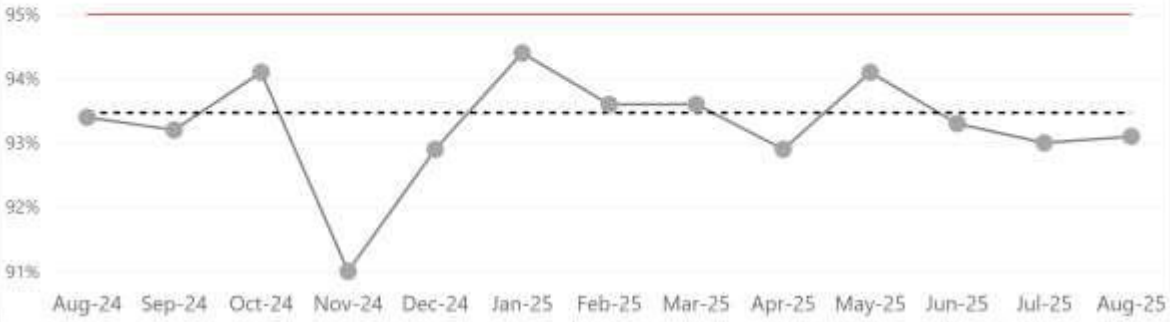
The Trust continues to see stability in the number of Open Complaints in recent months, we have been below the target of 40 for the majority of the reporting period. We have added additional metrics to support patient feedback, the number of complaints per month, as well as the number of concerns and total open concerns snapshot as of the 1st of the month have been added for more clarity on patient experience. We can see our complaints open remains stable, but we are seeing more concerns in recent months albeit the Trust is still closing them in good time.

Metric	Period	Value	Variation	Assurance	Target	Benchmark
Patient Feedback: Complaints Open At Month End	Aug-25	32	🟡🟡		7	
Patient Feedback: Complaints Opened In Month	Aug-25	17	🟢🟢		40	
Patient Feedback: Concerns Open At Month End	Aug-25	95	🟢			
Patient Feedback: Concerns Opened In Month	Aug-25	346	🟡🟡		229	

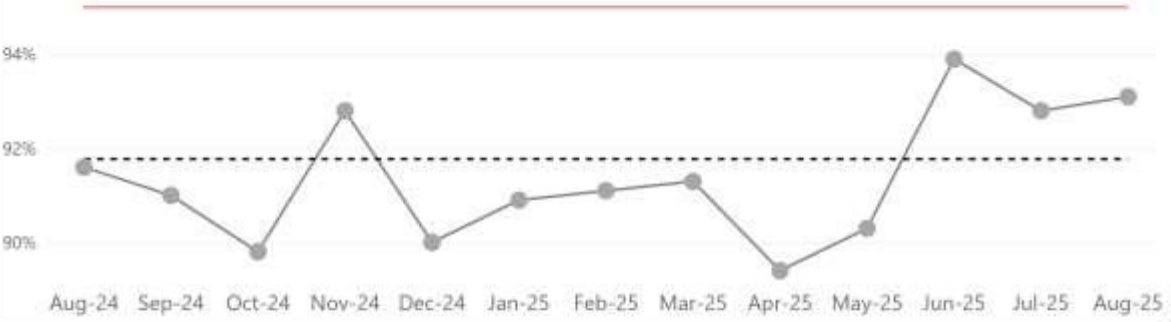
FFT: A&E Positive Rate



FFT: OP Positive Rate



FFT: IP Positive Rate



Metric	Period	Value	Variation	Assurance	Target	Benchmark
FFT: A&E Positive Rate	Aug-25	81.6%	🟡		95%	
FFT: IP Positive Rate	Aug-25	93.1%	🟡		95%	
FFT: OP Positive Rate	Aug-25	93.1%	🟡		95%	

FFT: A&E Response Rate



FFT: OP Response Rate



FFT: IP Response Rate



Metric	Period	Value	Variation	Assurance	Target	Benchmark
FFT: A&E Response Rate	Aug-25	11.9%	🟡🟢	🟢	13%	
FFT: IP Response Rate	Aug-25	22.8%	🟡🟢	🟢	23%	
FFT: OP Response Rate	Aug-25	9.2%	🟡🟢	🟢	12%	

Maternity Metrics	Period	Value	Variation	Assurance	Target	Benchmark
Women Delivered	Aug-25	152				
Live Births	Aug-25	153				
Births in Co-located MLU	Aug-25	3				
Neonatal Admissions of Term Babies	Aug-25	7			7	
Term Admission Rate	Aug-25	4.57%			4.8%	
Deliveries by Caesarean Section	Aug-25	65			70	
Sections Rate	Aug-25	42.7%			45%	
Number of Haemorrhages ≥1500 ml	Aug-25	11				
PPH rate per 1000 births	Aug-25	72.3			30	
Number of 3rd/4th Degree Tears in Vaginal Births	Aug-25	5				
Tears rate per 1000 births	Aug-25	32.8			28	
ITU Admissions	Aug-25	0			0	
Room 15 Emergency Theatre Use	Aug-25	0				
Obstetric Unit - number of days the service has diverted on in reporting period	Aug-25	0			0	
Eclampsia	Aug-25	0			0	
Maternal Deaths	Aug-25	0			0	
Stillbirths	Aug-25	0			0	
Stillbirths rate per 1000 births	Aug-25	0			4	
Rolling 12 Month Stillbirths per 1000 births	Aug-25	1.8				
Neonatal Deaths	Aug-25	0			0	
Neonatal Deaths born after 24 weeks	Aug-25	0			0	
Neonatal Deaths born before 24 weeks	Aug-25	0			0	
All Neonatal Deaths (%)	Aug-25	0%			0%	
Coroner Reg 28 made directly to Trust	Aug-25	0			0	
Number of consultant non-attendance to must attend clinical situations	Aug-25	0%			0%	
NN middle grade rota gaps (SHO)	Aug-25	0%			0%	
Frontline Staff Feedback from champions and walkabouts (Number of Themes)	Aug-25	0			0	
Service User Feedback: Number of Formal Complaints	Aug-25	0			1	
Progress in achievement of CNST (out of 10)	Aug-25	10			10	

Maternity narrative

Highlights

- Maternity performance in August remained stable, with both activity and safety in line with expectations.
- There were no maternal deaths, stillbirths, or neonatal deaths reported for the period.
- No immediate risks identified.
- Key metrics such as live births, women delivered, and neonatal admissions of term babies are being monitored and remain below expected ranges.

Areas of Concern

- No immediate risks to escalate identified in the narrative for August.
- Ongoing vigilance regarding admissions and outcomes, especially for term babies, PPH (postpartum haemorrhage), and tears per 1000 births.

Forward look (with actions)

- Continue robust monitoring of third- and fourth-degree perineal tear rates, benchmarking against national averages (current local rate: 1.88%, below the UK average of 2.9%)
- Sustain and audit compliance with the OASI (Obstetric Anal Sphincter Injury) Care Bundle
- Share the learning from incidents and audits with teams via safety huddles, rolling half day teaching, topic of the month and governance meetings
- Monitoring Impact of Drug Management Changes on PPH Rates and track the rates closely following the recent change using thematic analysis and regular audits to identify any trends or concerns
- Continue to review all moderate and above PPH incidents through after-action reviews and share learning points with the team for continuous improvement

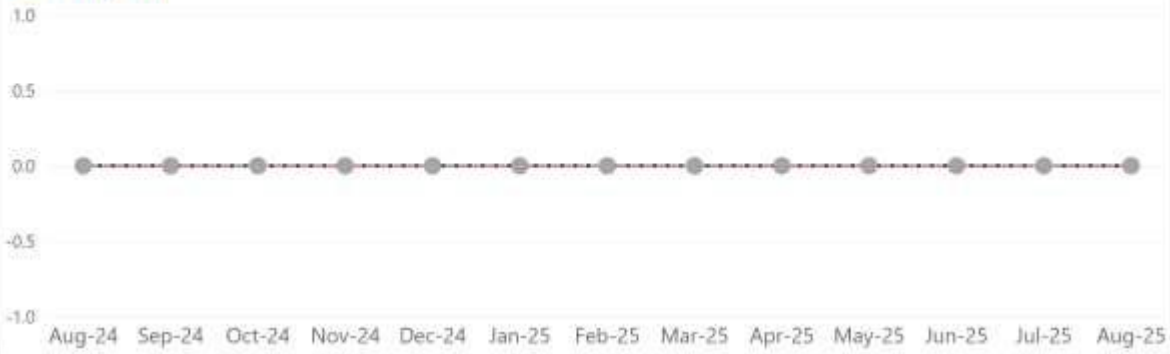


Metric	Period	Value	Variation	Assurance	Target	Benchmark
Women Delivered	Aug-25	152	🟡			
Term Admission Rate	Aug-25	4.57%	🟡🟡		4.8%	
Neonatal Admissions of Term Babies	Aug-25	7	🟡🟡		7	
Live Births	Aug-25	153	🟡			

Sections Rate



Eclampsia



PPH rate per 1000 births

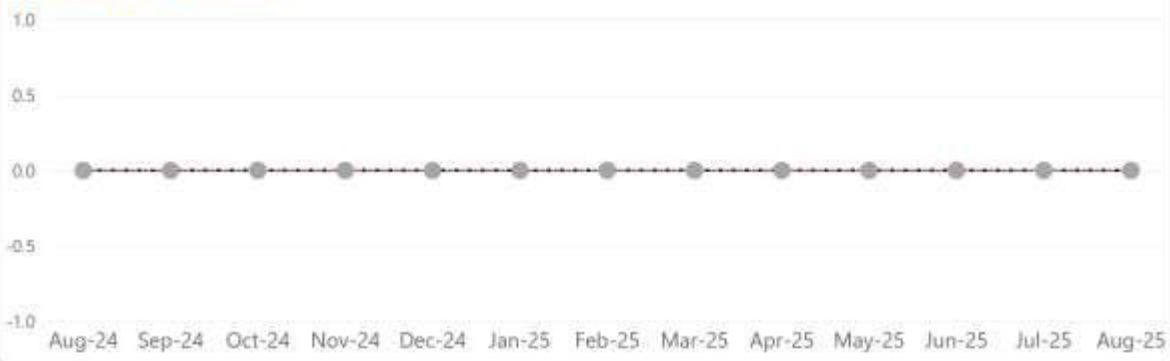


Tears rate per 1000 births



Metric	Period	Value	Variation	Assurance	Target	Benchmark
Eclampsia	Aug-25	0			0	
PPH rate per 1000 births	Aug-25	72.3			30	
Sections Rate	Aug-25	42.7%			45%	
Tears rate per 1000 births	Aug-25	32.8			28	

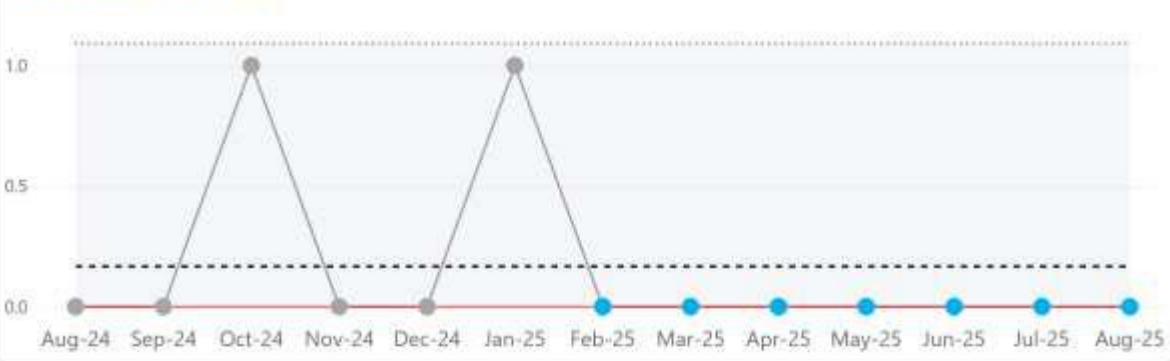
Maternal Deaths



Stillbirths



Neonatal Deaths



Rolling 12 Month Stillbirths per 1000 births



Metric	Period	Value	Variation	Assurance	Target	Benchmark
Maternal Deaths	Aug-25	0			0	
Neonatal Deaths	Aug-25	0			0	
Rolling 12 Month Stillbirths per 1000 births	Aug-25	1.8				
Stillbirths	Aug-25	0			0	
Stillbirths rate per 1000 births	Aug-25	0			4	

Highlights:

Turnover continues to be below the 10% target at 9.52%.
Sickness absence in August fell to 4.89% - Stress and Anxiety continues to remain the highest reason.
Mandatory training compliance decreased to 90.99%.
Appraisal compliance maintained target compliance at 83.45% in August but, further analysis is underway to identify non-compliance.
Agency shifts for Nursing decreased from last month with 16 shifts in August, with a large decrease of 114 compared with August 2024 – spend at 0.7% of the total nursing pay bill.
Agency shifts for Medical & Dental increased from last month to 128 and it was 65 less than the previous year – spend at 2.0% of the total medical pay bill.
Agency spend for YTD is £1.066K which is £1,152k less than the same period last year.

Areas Of Concern:

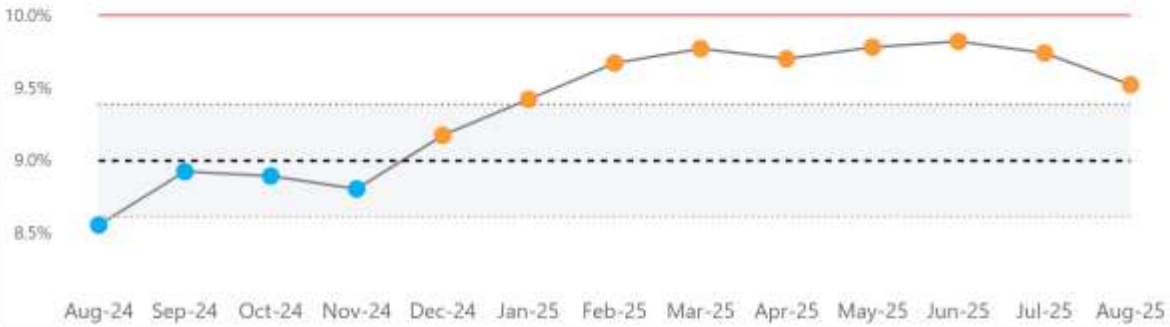
Forward Look (With Actions):

Increased monitoring of sickness and establishment of clear plans to improve attendance.
CIP and variable pay controls in progress to reduce pay costs.

Sickness Absence Rate



Staff Turnover Percentage



Metric	Period	Value	Variation	Assurance	Target	Benchmark
Sickness Absence Rate	Aug-25	4.89%			5%	
Staff Turnover Percentage	Aug-25	9.52%			10%	

Sickness Narrative

Sickness absence decreased in August to 4.89%, down from 5.01% in July. The top 3 reasons for absence were: Stress & Anxiety, Other musculoskeletal problems and Gastrointestinal problems. This equates to 3,639 FTE days lost which is 54% of all Trust sickness absence. Stress and Anxiety absence accounts for 36% of all sickness absence

Short Term Absence

•Short term absence accounts for 1.80% in August, up from 1.77% in July.

Long Term Absence

- At 3.09% Long Term absence remains high
- Stress and Anxiety continues to be the highest reason

Long term absence (28 days+) remains a persistent issue with People Services involved supported by the new Absence Management policy with the aim to reduce and conclude cases timely.

Proposed Actions:

Work continues to continue to improved sickness absence position. The HR teams continue to work with managers, ensuring sickness absence cases are managed proactively inline with trust policy, support colleagues through the process. The trusts downward trajectory since Jan 2025 is inline with expected seasonal variation, however, this has been accelerated during 2025 with the support of positive interventions.

Staff Turnover Narrative

At 9.52% for August the Trust Turnover rate has decreased but continues to trend below target since July 2023. The rate based on FTE is below target at 9.20%. Showing the workforce is remaining more stable, retaining employees, skills, and knowledge.

There are 3 staff groups remaining above target: Add Prof Scientific (11.39%), Additional Clinical Services (11.92%) and Admin & Clerical (13.96%).

Planned Remedial Actions:

Turnover performance is being monitored by the People Committee and sub-groups providing assurance around the challenge to reduce turnover and initiatives in place to improve staff retention.

Staff Group (excludes Fixed Term Temporary Staff)	Turnover Headcount %
Add Prof Scientific and Technic	11.39%
Additional Clinical Services	11.92%
Administrative and Clerical	13.96%
Allied Health Professionals	7.96%
Estates and Ancillary	8.75%
Healthcare Scientists	9.38%
Medical and Dental	8.73%
Nursing and Midwifery Registered	5.38%
Trust Rate	9.52%

Annual Appraisal Compliance



Mandatory Training Compliance



Metric	Period	Value	Variation	Assurance	Target	Benchmark
Annual Appraisal Compliance	Aug-25	83.5%			80%	
Mandatory Training Compliance	Aug-25	91.0%			90%	

Appraisals Narrative

Performance Issue: Appraisals on target (83.45%)

Appraisal compliance in August rose to 83.45%, and has reached compliance target.

Further improvement will focus now on increasing compliance above 90%.

Planned Remedial Actions:

A new appraisal form has been designed and launched, aimed at being more user friendly and appropriate, to increase compliance. The impact of this new approach is being monitored by People Committee.

Analysis on appraisal compliance is underway to establish areas of improvement, this will be provided to People Committee in December.

Division	Appraisals	Local Induction	Mandatory Training
Corporate Non-Clinical	75.5%	90.0%	92.8%
Diagnostics & Clinical Support	88.4%	90.0%	92.8%
Estates & Facilities	79.0%	94.1%	82.4%
Finance & Performance	79.3%	66.7%	96.5%
IMT	88.6%	100.0%	95.0%
Nurse Management	61.3%	40.0%	90.5%
People Services	82.4%	70.0%	92.9%
Planned Care	80.8%	74.1%	88.9%
Therapies & Integrated Community Care	87.8%	98.0%	93.6%
Urgent Care	82.9%	80.3%	91.0%
Women & Children's	88.2%	90.0%	94.6%
Trust Total	83.5%	84.2%	91.0%

Mandatory Training Narrative

Performance issue:

This report covers the 11 subjects mandated by NHSE in the CSTF and monitored by the trusts newly established Mandatory Training Oversight Group, any subject with separate governance arrangements is reported separately.

Trust compliance has decreased slightly in August, down from 91.6% in July to 90.99% and remains above our 90% target.

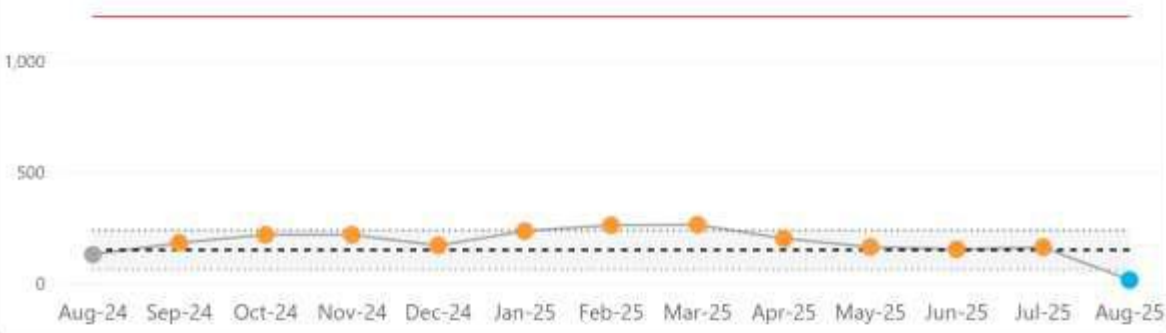
Attendance at training continues to be monitored. The average non-attendance rate has seen a slight reduction but remains challenging at around 20% on pre booked courses. F2F training continues to be supported by E-learning where acceptable within the CSTF.

Planned Remedial Actions:

The trust is aligned with a National programme review of the CSTF and continues to review the training needs analysis for each CSTF subject.

Targeted work is in place to increase compliance with specific subject areas that show compliance at under 90%.

Reduction in Agency Shifts over Cap Rates: Nursing & Midwifery



Reduction in Agency Shifts over Cap Rates: Other



Cap Rates Narrative

Medical & Dental - Month 5 shows 128 Medical shifts. A difference of -65 from the previous year. 124 were above cap rates and 0 were Off Framework

Nursing & Midwifery - In relation to Nursing shifts, 16 shifts were approved in month 5 and 0 were above cap. A difference of -65 from the previous year.

Other reduction in Agency - In month 5, 116 'Other' agency shifts were approved a decrease of 84 on the previous year. 8 were above cap. Of these, 72 were admin and 29 were ST&T shifts.

Reduction in Agency Shifts over Cap Rates: Medical & Dental



Metric	Period	Value	Variation	Assurance	Target	Benchmark
Reduction in Agency Shifts over Cap Rates: Medical & Dental	Aug-25	128	😊 😊		120	
Reduction in Agency Shifts over Cap Rates: Nursing & Midwifery	Aug-25	16	😊 😊		1200	
Reduction in Agency Shifts over Cap Rates: Other	Aug-25	116	😊			

Medical Agency Spend



Table with 7 columns: Metric, Period, Value, Variation, Assurance, Target, Benchmark. It lists Medical Agency Spend and Nursing Agency Spend for Aug-25.

Agency Spend Narrative

Medical Agency Spend - M5 is £114k, which is 2.0% of the total medical spend.

Agency nursing expenditure for M5 is £6k and £318k spent ytd, which is 0.7% of total nursing spend

Table showing financial data across various categories (Medical, Nursing, etc.) for years 19/20 to 25/26, including a straight line projection for year 26.

Table comparing Agency Spend YTD to M5 and Total Pay Group Spend YTD to M5 for different staff groups, showing agency spend as a percentage of total pay.

Nursing Agency Spend



Table listing various vacancy types and their corresponding WTE (Whole Time Equivalent) values, such as Total Registered Nursing, Midwifery and Health Visiting Staff Vacancy WTE.



Performance Issue

To not exceed £4.576m agency expenditure ceiling.

Total Agency spend at M05 is £1,066k, which is 0.9% of total pay spend. £2,219k was spent in same period last year.

Table showing Vacancy FTE and Vacancy Rate for different staff groups, including Add Prof Scientific and Technic, Additional Clinical Services, etc.

KPI	RAG Rating	Comments
I&E distance from target (cumulative)	●	The Trust reported a £14.3m YTD deficit against a planned deficit of £10.8m – an adverse variance of £3.5m due to central withholding of deficit support funding and costs associated with resident doctor industrial action
CIP	●	CIP is £4.3 million behind plan at Month 5 Only recurrent savings are being actioned
Capital Expenditure	●	Operational capital is in line with plan at month 5
Cash in bank - £'000	●	The Month 5 cash position is £17.3 million, a decrease of £1.1m from July 2025
Liquidity (days)	●	The Trust had the equivalent of 16 days cash in the bank
Better Payment Practice Code (number)	●	90.0% of invoices (Year to Date) were paid within 30 days (compared to 95% national target).
Better Payment Practice Code (value)	●	93.3% of invoices (Year to Date) were paid within 30 days (compared to 95% national target).

Highlights:

At month 5, the Trust reported a year to date deficit of £14.3m against a planned £10.8m deficit an adverse variance to plan of £3.5m. The adverse variance is driven by central withholding of deficit support funding (£3.3m) and costs associated with resident doctor industrial action (£0.2m). This position was achieved as a result of a number of non-recurrent benefits in month 5, including the release of an annual leave accrual (created in 2024/25), VAT benefit, vacancies across a number of areas and higher than expected interest receivable income which offset under delivery against CIP targets. The month 5 position included £4.3m undelivered CIP, which was mitigated with non-recurrent benefits in the month (e.g. vacancies).

Areas of concern:

Non delivery of CIP equates to £4.3m at month 5, which is a key driver of the Trusts underlying adverse financial performance.

Better Payment Practice Code (BPPC) performance in August was 90.0% (volume) and 93.3% (value) against a target of 95% across both metrics. This is driven by staffing capacity issues within the accounts payable team as well as continuing issues with uploading and scanning invoices into the system to facilitate payment. Although these issues have been resolved, moving forward cash preservation actions are expected which will impact the BPPC.

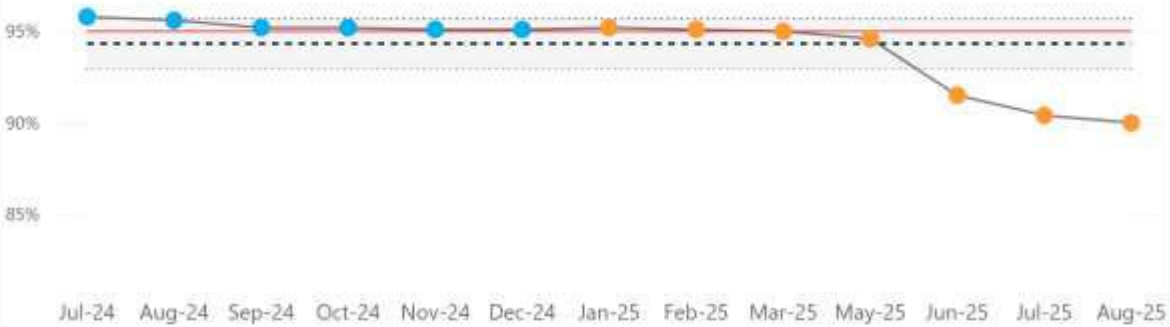
Forward look:

Without further intervention, the Trust is currently forecasting a deficit of £39.8m, excluding deficit support funding, and adverse variance against plan of £6.0m. The main driver of this position is under delivery of in year CIP, partially mitigated by non-recurrent in year benefits (e.g. vacancies. VAT rebate). Actions are being taken to improve the forecast, including the formal standing up of a PMO/ PDO function, secondment of a senior manager (band 9) as Director of Delivery to lead and accelerate implementation and delivery of CIP, identification of additional CIP schemes for mitigation and additional grip and control measures to reduce pay and non-pay run rates.

The Trust is facing an extremely challenging financial position in 2025/26, meaning that the grip and control measures introduced in 2024/25 are being reviewed and enhanced to ensure that they remain fit for purpose. These measures include a weekly pay control panel (Executive attendance only) for recruitment to substantive posts as well as variable pay requests. A monthly variable pay group also meets to review and challenge levels of variable pay spend within divisions/ departments and to discuss whether alternative, more cost effective, arrangements could be put in place. A non-pay control panel (chaired by the DOF) has also been established to review all non-clinical spend requests prior to any orders being placed.

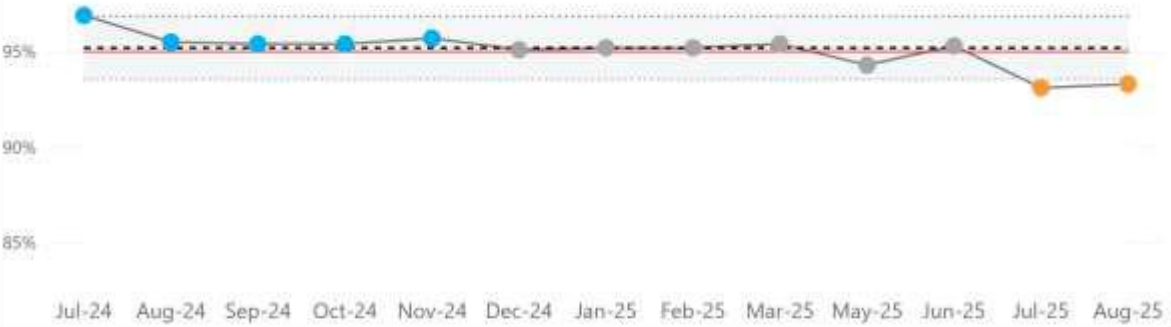
A weekly CIP delivery group is in place, which is chaired by the CEO with Executive Directors being leads for cross-cutting CIP schemes who provide updates on progress at the delivery group. Weekly updates on CIP progress are provided to NHS England, alongside weekly updates provided to Executive Directors and CIP delivery group. Fortnightly Financial Control and Oversight Meetings (FCOG) meetings are held with the ICB to review and monitor progress of CIP against a number of key themes.

Better Payment Practice Code (number)



Metric	Period	Value	Variation	Assurance	Target	Benchmark
Better Payment Practice Code (number)	Aug-25	90%			95%	
Better Payment Practice Code (value)	Aug-25	93.3%			95%	

Better Payment Practice Code (value)



Committee Chair's Report
Thursday 24th July 2025, 8.00am – 1.00pm
Boardroom, 1829 Building

Committee	Operational Management Board (OMB)
Chair	Ms Jane Tomkinson, Chief Executive Officer

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

Alert (<i>matters that the Committee wishes to bring to the Board's attention</i>)	
<ul style="list-style-type: none"> Finance and CIP position (M3), forecasts, gap and recovery plan including Executive leads and actions. Update provided on PWC work, risk assessment and actions including CIP Maturity to move to 75% fully developed by end July 2025; PMO/PDO support options; reconciliation of WTE and finance; PWC grip and control review; and move to monthly Finance & Performance Committee. Leadership ask is clear and was reiterated to OMB. 	
Assure (<i>matters in relation to which the Committee received assurance</i>)	
<ul style="list-style-type: none"> Q&S metrics and performance, recognising focus needed on pressure ulcers; Infection prevention and control; complaints and concerns; estimated date for discharge (EDD). Discussion took place specifically on understanding the requirement and criteria for EDD and the implications for NOF which is more about the medically fit to discharge and NC2R. People metrics and performance showing some improvements and work ongoing to meet KPIs. RTT update on the plan and progress being made, which is also provided externally to weekly tiering meetings. Insourcing and validation work is commencing. Trajectories show that significant improvement is expected in September 2025 (noting the impact of industrial action needs to be understood). Divisional performance and risk updates were provided. <ul style="list-style-type: none"> Therapies and Integrated Community Care Division update included discharge delays, rapid response and collaboration with CWP. Women and Children's Division update referred to learning and response to incidents and concerns. Diagnostics and Clinical Support Services Division update included discussion on bank and overtime, and some challenges within the pharmacy services which were being reviewed. Urgent Care Division update included significant challenges in meeting ED standards, and financial risk with action plans being continually monitored. Planned Care Division included review of the high risks and request to ensure appropriate scoring to enable prioritisation and escalation. The financial risk was also discussed with significant progress required on the identification and transaction of CIP. 	
Advise (<i>items presented for the Board's information</i>)	

- Approved the revised TOR which including amends to performance to explicitly include quality, people and finance alongside operational; and additions to membership.
- Resident doctor strikes update in terms of national perspective and local plans.
- CEO report including national, regional and system updates. Context to 10 year plan; Cheshire, Warrington and Wirral discussions; and Trust achievements.
- UEC combined plan and priorities to be further reviewed to ensure clarity, ownership and outcomes of the key actions.
- Approved University of Chester business case to expand medical school student numbers at CoCH.

Risks discussed and new risks identified

- Reviewed the high risk report including summary of Divisional risks, mitigations and items for escalation.
- Risk management improvement plan progress continues to be a key focus and we need to ensure risk registers reflect our risks.

Public Board of Directors
30th September 2025

Report	Agenda Item 19.	Winter Planning and Board Assurance Statement						
Purpose of the Report	Decision	X	Ratification		Assurance		Information	
Accountable Executive	Cathy Chadwick			Chief Operating Officer				
Author(s)	Cathy Chadwick Shaun Brown			Chief Operating Officer Deputy Chief Operating Officer				
Board Assurance Framework	BAF 1 Quality BAF 2 Safety BAF 3 Operational BAF 4 People BAF 5 Finance BAF 6 Capital BAF 7 Digital BAF 8 Governance BAF 9 Partnerships BAF 10 Research			X X X X X X X	This report covers 7 areas of the BAF and therefore changes in performance in any of the areas can affect risk scores on the BAF.			
Strategic goals	Patient and Family Experience People and Culture Purposeful Leadership Adding Value Partnerships Population Health							X X X X X X
CQC Domains	Safe Effective Caring Responsive Well led							X X X X X
Previous considerations	None							
Executive summary	<p>The purpose of this report is two-fold. Firstly, it is to share Trust specific plans and improvements to generate additional capacity, ensure strict IPC compliance and offer vaccines to get our people protected for during the winter months.</p> <p>As well as the Trust's plans there is information contained within the report which outlines plans from our local system, Chester West and Chester.</p> <p>Each Trust Board has been asked by NHS England (NHSE) to fill in a number of statements which form the Winter Planning Board Assurance Statement. This is to confirm they are sighted and confident in winter plans and the second aim of the report is to methodically give all Board members the required evidence for each part of the Winter Planning Board Assurance Statement, so it can be signed off and returned to NHSE</p>							

	Following approval, the Trust will submit confirmation of Board Assurance against these standards to NHSE
Recommendations	The Board is asked to note the report and confirm they are in agreement to sign off the Winter Planning Board Assurance Statement.

Corporate Impact Assessment	
Statutory/regulatory requirements	CQC/ NHSE
Risk	Effects 7 BAF risks.
Equality & Diversity	Meets Equality Act 2010 duties & PSED 2 aims and does not directly discriminate against protected characteristics
Communication	None



Winter Planning September 2025

Background and Context

- ICB requested providers to complete a Winter Planning template outlining responses to a number of KLOEs related to systems/processes/policies in place to support against Winter pressures and mitigate risk.
- Submission of final winter planning template to ICB to enable them to submit by 26th September.
- Trust response provided by Divisional leadership teams, IPC, HR and Occupational Health Manager.
- Providers not asked to contribute to an overall CW system winter plan.
- COCH participated in the NW Winter Plan - Exercise Aegis on 08/09/25. Outcomes shared with COO and Deputy COO, actions incorporated with COCH Winter Plan.
- The Board is asked to consider and subsequently approve the Winter Plan against a number of 'assurance statements' which have been drafted and at least one slide in the pack offers evidence for each statement

Background and context

NHS operational planning guidance 25/26:

Priority	Success measure
Reduce the time people wait for elective care	Improve the percentage of patients waiting no longer than 18 weeks for treatment to 65% nationally by March 2026, with every trust expected to deliver a minimum 5% point improvement*
	Improve the percentage of patients waiting no longer than 18 weeks for a first appointment to 72% nationally by March 2026, with every trust expected to deliver a minimum 5% point improvement*
	Reduce the proportion of people waiting over 52 weeks for treatment to less than 1% of the total waiting list by March 2026
	Improve performance against the headline 62-day cancer standard to 75% by March 2026
	Improve performance against the 28-day cancer Faster Diagnosis Standard to 80% by March 2026
Improve A&E waiting times and ambulance response times	Improve A&E waiting times, with a minimum of 78% of patients admitted, discharged and transferred from ED within 4 hours in March 2026 and a higher proportion of patients admitted, discharged and transferred from ED within 12 hours across 2025/26 compared to 2024/25
	Improve Category 2 ambulance response times to an average of 30 minutes across 2025/26

Focus on improving:

- 4-hour performance >78%,
- Category 2 ambulance TAT to average of 30 mins,
- RTT 18-week compliance to 60% (ICB agreed target for COCH) and <1% >52 weeks,
- Cancer 28-day and 62-day target threshold.
- Delivery plans against all the above targets approved by Board (March 25 as part of Trust Operational Plan submission.

Prevention

Assurance required: There is a plan in place to achieve at least a 5-percentage point improvement on last year's flu vaccination rate for frontline staff by the start of flu season.

Trust response (provided by Samantha Fawcett, Occupational Health manager):

- Accountable executive: Vicki Wilson, CPO.
- The Occupational Health Nurse Led Service has responsibility for delivering the staff vaccination programme utilising substantive headcount within the OH team.
- 2025-26 vaccination programme is based on vaccinations being made available to 100% of eligible staff.
- Sufficient vaccine (2700 doses) have been ordered to achieve at least last years uptake plus 5%.
- 1 WTE nurse is allocated throughout October and November to administer flu vaccinations, offer will continue December into early 2026 with less hours allocated but availability will remain flexible according to demand.
- A flexible delivery model will be operated across multiple locations and where possible, taking vaccinations to areas of practice.
- Staff will be provided with access to a vaccinator to explore any individual concerns.
- Communications plan will focus on promoting vaccine awareness and the primary objective of protecting NHS staff and services using blogs, team brief, intranet page and screen savers and visibility of vaccinators across the sites.
- Uptake rates will be regularly monitored via Trust governance structures.
- 50% Target for Flu Vaccination of HCW (against a 24/25 C&M average of 50% and NW Average of 38%).
- Flu Planning Vaccination paper approved at EDG.

Bed /Temporary Escalation Spaces Capacity

Assurance required: The profile of likely winter-related patient demand is modelled and understood, and plans are in place to respond to base, moderate, and extreme surges in demand.

Current G&A bed/TES capacity (Sept):

Adult G&A	COCH	EPH	Total
Core	450	60	510
ICU	15	0	15
Escalation	41	2	43
ICU escalation	6	0	6
TES	5	0	5
Total	517	62	579

Winter G&A bed/TES capacity (Dec-Mar):

Adult G&A	COCH	EPH	Total
Core	443	60	503
ICU	15	0	15
Escalation	41	2	43
ICU Escalation	6	0	6
SDEC TES	14	0	14
Total	519	62	581

- G&A /TES overall bed capacity will increase by 2 spaces once ward reconfiguration moves enacted and TES spaces opened.
- Lack of ward G&A bed capacity represents biggest risk to the Trust during Winter, consequently relevant teams reviewing cost and operational requirements to keep ward 33 open for Winter and utilise 6 further spaces in ESSU.
- This would increase G&A bed capacity by another 39 beds.²⁷²

UEC Flow Improvements

Assurance required: The profile of likely winter-related patient demand is modelled and understood, and plans are in place to respond to base, moderate, and extreme surges in demand.

Improvement Initiatives:

- West Cheshire UEC Improvement Programme in place with assurance provided via Patient Flow Steering Group.
- The improvement programme focuses on 5 workstreams; - Admission avoidance, - ED, - Wards- NCTR, - Escalation and flow management.
- In addition, the following improvement initiatives will be incorporated within the plan:
 - i. ECIST support for AMU
 - ii. Roll-out of board round best practice across all wards.
 - iii. Daily 'golden patient' list to expedite morning discharges/flow.
 - iv. Revamp of continuous flow model.
 - v. Ward reconfiguration enables creation of further NCTR ward, this will release medical capacity to support overall flow.
 - vi. Improved weekend offer- consultant/IDT/therapies/pharmacy and imaging.
 - vii. ANP workforce review to support increased decision-making resource on wards.

Additional Winter Capacity Options

Assurance required: The profile of likely winter-related patient demand is modelled and understood, and plans are in place to respond to base, moderate, and extreme surges in demand.

Given the risk of lack of bed spaces to open within the current financial spend the trust needs to consider:

- Cost and operational requirements to keep ward 33 open for Winter and utilise 6 further spaces in ESSU. This would increase G&A bed capacity by 39 beds.
- Review of the elective programme for January to March 2025, opportunities to use the C&M surgical hubs, whilst not impacting compliance with the activity plan (potential loss of income)
- Options to increase UTC opening hours until midnight for both illnesses and injuries

The Chief Operating Officer has discussed these options with an NHSE colleague, and we have been asked to present back the costs and benefits at the Tier One meeting as there may be external funds. Other providers were given support²⁷⁴ for additional beds last winter

Capacity

Assurance required: Seven-day discharge profiles have been reviewed, and, where relevant, standards set and agreed with local authorities for the number of P0, P1, P2 and P3 discharges.

- Cross system agreed year-end targets in place for P0-3 Monthly trajectories in place; performance against monitored discharges: 88% P0, 9% P1, 3-4% P2, 1-2% P3.
- Monitored via C&M ICB Business Intelligence Performance (BIP) system.
- Daily NCTR meetings in place M-F with COCH and system partners with ICB support.
- System 'reset' event to take place in October- senior leaders across West Cheshire focus on.
- West Cheshire 'admission avoidance' and 'discharge initiatives':



Maximise avoiding ambulance conveyance to ED through Urgent Community 2hr response
Increased Combined Hospital at Home and SPA response through single phone number and team response
Direct access to NWAS STAC for Cat3 and 4 patients for Hospital at Home to respond.



Virtual ward expansion from 60 to 70 beds



Additional staff recruitment in Rapid Response Team to achieve consistent 50 P1 patients supported in Community



Reduce LOS in P2 beds at EPH and Pinetum



With support from ICB increase P2 beds for patients with delirium, amalgamate the health and LA P1 teams into community locality hubs to reduce assessment delays and maximise capacity



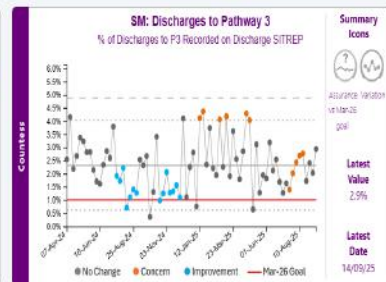
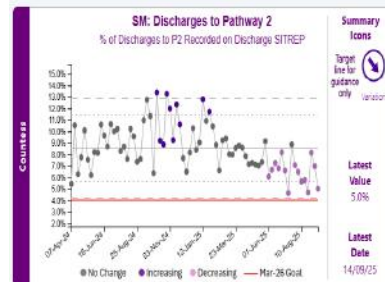
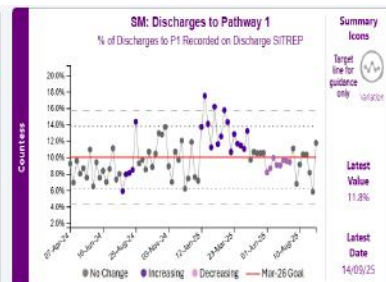
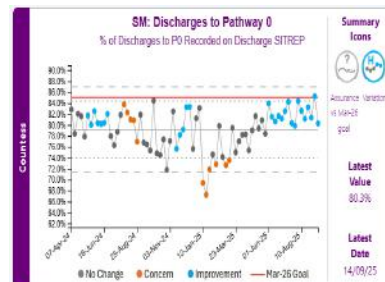
Continued closer working with BCUHB and Flintshire LA, improved access to rehab beds and reduce social care assessment delays.

Capacity

Assurance required: Seven-day discharge profiles have been reviewed, and, where relevant, standards set and agreed with local authorities for the number of P0, P1, P2 and P3 discharges.

Datasets for monitoring compliance via BIP:

DISCHARGE*		Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
SM: DRD** - Average Days Between DRD and Discharge	Plan	18.0	17.0	16.0	15.0	14.7	14.4
	Actual	23.2	18.7	11.3	10.7	8.3	11.1
	Var to Plan	5.2	1.7	-4.7	-4.3	-6.4	-3.3
SM: Discharges - % Discharged to Pathway 0 (SITREP)	Plan	79.0%	80.0%	80.5%	81.0%	81.5%	82.0%
	Actual	78.5%	80.3%	81.3%	81.9%	82.6%	82.8%
	Var to Plan (% Point)	-0.5%	0.3%	0.8%	0.9%	1.1%	0.8%
SM: Discharges - % Discharged to Pathway 1 (SITREP)	Plan	12.0%	12.0%	12.0%	11.5%	11.0%	11.0%
	Actual	11.0%	10.1%	9.2%	9.6%	9.2%	8.8%
	Var to Plan (% Point)	-1.0%	-1.9%	-2.8%	-1.9%	-1.8%	-2.2%
SM: Discharges - % Discharged to Pathway 2 (SITREP)	Plan	8.0%	7.0%	6.5%	6.0%	5.5%	5.0%
	Actual	7.5%	7.7%	7.2%	6.7%	6.0%	6.0%
	Var to Plan (% Point)	-0.5%	0.7%	0.7%	0.7%	0.5%	1.0%
SM: Discharges - % Discharged to Pathway 3 (SITREP)	Plan	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
	Actual	2.9%	1.8%	2.3%	1.9%	2.2%	2.5%
	Var to Plan (% Point)	1.9%	0.8%	1.3%	0.9%	1.2%	1.5%



Capacity

Assurance required: Rotas have been reviewed to ensure there is maximum decision-making capacity at times of peak pressure, including weekends.

Evidence:

Nursing

- Robust processes in place for daily monitoring of staffing levels by senior nursing team.
- The Trust utilises an internal bank which staff are able to work additional hours.
- Bank escalation process in place to increase pay (in line with C&M agreement).
- Matron for staffing in place 12pm-8pm M-F, 8am-4pm weekends.
- Newly registered nurses have been recruited and will drop into numbers October/November – this will reduce the bank demand significantly and make escalation shifts more attractive in advance.

Medics

- Medical rotas provide daily ward round cover M-F on all G&A wards.
- Ward round cover at the weekend
- Additional resources in place to support Acute take PTWR
- OOH on-call rotas well established for all bed holding specialties
- Weekend cover combines job planned, weekend ward rounds for specialty wards with 'Discharge' and 'Day 2' teams covering non specialty wards and day 2 patients on SDEC.

Operational

- Managers of the Day rotas in place for Planned and Urgent Care, with bronze and silver on call out of hours and at weekends.
- Exec on-call rotas in place 24/7.

Capacity

Assurance required: Elective and cancer delivery plans create sufficient headroom in Quarters 2 and 3 to mitigate the impacts of likely winter demand – including on diagnostic services.

Evidence:

- Delivery plans for RTT and Cancer access standards approved by Board March 25.
- monitored via IPR and ODG, OPELG, OMB, F&P and Board.
- Diagnostic performance (DM01) plans and escalation monitored via ODG, OPELG, OMB, F&P and Board.
- Joints: developed SOP for Ultra-Clean Beds for the Joint Arthroplasty Unit to support ring fencing of ESSU over Winter.
- In the event of Winter surges impact on ability to ring-fence ESSU. Clatterbridge Elective Centre (CEC) provides option for joints to be delivered by WUTH.

Infection Prevention and Control

Assurance required: IPC colleagues have been engaged in the development of the plan and are confident in the planned actions

Trust response (provided by Michael Woodward, Head of Nursing- IPC lead):

- Established policies/quick reference guides to support with patient pathways relating to pathogens commonly associated with winter bed pressures (e.g. influenza, COVID-19, measles, norovirus).
- Guidance includes clear instructions on diagnostics with rapid (PCR) testing established for respiratory viruses and enteric infections.
- Procurement and supplies have established processes for monitoring stock level of key provisions (e.g. PPE, hand hygiene products, decontamination materials and microbiology testing supplies) and ensuring escalation requirements are actioned within supply chain and the procurement network.
- Occupational Health maintain the established programme of staff vaccination of influenza and assessing routine vaccination status (e.g. MMR) of key staff groups. Assessment includes consideration of staff potentially identified as vulnerable with risk assessment tools in place.
- Established processes in place for environmental decontamination (including enhanced decontamination using HPV), led by facilities (rapid response service and bed turnaround team) and equipment decontamination at ward level and utilisation of the Equipment Library and Decontamination Unit.
- Outbreak management - established and updated policy in place to provide framework for outbreak management process.
- Existing surge escalation pathway relating to management of seasonal respiratory viruses.
- Impact on workforce due to staff absence - mitigation plans detailed within divisional business continuity planning.

Infection Prevention and Control

Assurance required: Fit testing has taken place for all relevant staff groups with the outcome recorded on ESR, and all relevant PPE stock and flow is in place for periods of high demand

Trust response (provided by Michael Woodward, Head of Nursing- IPC lead):

- Centralised coordination of fit testing overseen by the Respiratory Protective Equipment coordinator
- Prioritisation of relevant staff groups aligned with the NHSE national priority risk categorisation for fit testing with FFP3 respirators
- Compliance by individual staff, staff group, department and division recorded on ESRT with monthly reports circulated
- Accessibility to powered respirators (if required) in designated locations across the Trust.
- Compliance with mask fit testing now at 78% against a target of 80% (September 2025), previously at 45% in August 2024.
- Procurement and supplies have established processes for monitoring stock level of PPE and ensuring escalation requirements are actioned within supply chain and the procurement network.

Infection Prevention and Control

Assurance required: A patient cohorting plan including risk-based escalation is in place and understood by site management teams, ready to be activated as needed.

Trust response (provided by Michael Woodward, Head of Nursing- IPC lead):

- Existing surge escalation pathway relating to management of seasonal respiratory viruses, providing the framework if patient cohorting is indicated.
- Clear and real time visibility of side room utilisation through the Teletracking IPC dashboard
- 7-day on site IPC service to provide operational support and risk assess if cohorting is indicated
- Pathogen specific guidance on cohorting also included in the following policies –
 - *CPE*
 - *C.difficile*
 - Norovirus

Leadership

Assurance required: On-call arrangements are in place, including medical and nurse leaders, and have been tested.

- COCH run an Exec and General Manager on-call rota from 5pm Mon-Fri and all-day Sat-Sun.
- Participants in the EOC rota include all Execs plus Divisional Directors, Divisional Directors of Nursing and other senior managers (i.e. above grade 8d).
- Participants in the GMOC rota include all operational and nursing managers grades 8b-8c.
- On-call execs and managers undergo incident management training prior to starting the on-call. Those who started on rota prior to training being developed are now attending this regular course run by the EPRR manager.
- All bed meeting to be moved to face-to-face for Winter.

Assurance required: Plans are in place to monitor and report real-time pressures utilising the OPEL framework.

Daily flow management 'battle rhythm':

- 8am Exec and snr management team daily meeting reviewing site position and risks.
- 3 * daily bed meetings.
- ED huddles.
- Operating Performance Escalation Level (OPEL) Policy in place detailing:
 - capacity meeting structure.
 - action cards in for key stakeholders based on OPEL score.
 - additional escalation levels beyond OPEL 4 agreed in OPEL policy to support management of extreme surges in demand: 'Full Capacity Protocol' and 'Critical Incident Due to Severe Operational Pressures'.
- Cheshire West Bronze-Silver-Gold Command structure infrastructure in place.
- Ambulance handover SOP and ED LLOS SOP in place and operational.

Risks

Board Assurance Framework Principal Risks linked to UEC Improvement Plans

Risk ID	Status	Title	Current Score	Target Score	Assurance Level	Key Actions Progressing
BAF1		Failure to maintain quality of care would result in poorer patient & family experience	16	9	Partial	<ul style="list-style-type: none"> Continued focus on consistency of application of standards IPC compliance UEC CQC response and action plans
BAF2		Failure to maintain safety and prevent harm would result in poorer patient care and outcomes	16	9	Partial	<ul style="list-style-type: none"> Harms improvement programme outcomes Sepsis compliance Organisation learning policy Clinical Strategy engagement events Mental health provision
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	12	Partial	<ul style="list-style-type: none"> Integrated flow and UEC improvement plans Non RTT validation (including use of AI)

Divisional Risks linked to UEC Improvement Plans

Risk ID	Status	Title	Score	Owner	Due date	Management Plan
3120		Risk to patient safety due to excessive waits to offload ambulances.	12	TJ		Daily Executive performance review, Tier 1 NHSE support & ECIST presence. Increase in activity to SDEC and UTC (business case to extend UTC to 10pm). Oversight via capacity call, System calls and close liaison with ambulance services.
3260		Lack of adherence to NHSE 4-hour emergency department standard	15	TJ		Key priorities for:- Overnight deflection- Clinician led streaming and triage (dr and ACP)- Review of capacity and demand model, noting additional ED demand in March, April and May - Trial UTC extension of hours in September for a 22.00 for minor illnesses - Review of SDEC missed opportunities (patients held in ED or UTC under a specialty) Performance remains challenged at 60%, in the lower quartile of trusts nationally. And patients remain in department on average for 22-hours awaiting admission. Compliance against 72-hour clock remains in place, 48-hour LoS compliance challenged with 19x patients breaching in May due to limited discharge profile for consecutive days.
3257		Lack of adherence with the 15-minute triage standard.	9	283GL	15/04/25	Accessing additional MTS instructor course places. Implemented new triage and streaming SOP. Recruitment to full establishment. Mitigated through the support of ACP's. Risk closed due to 4-months of average triage times of less than 15-mins. There is further work required to improve percentage compliance of standard triage within 15 minutes. Streaming trial 2/7 continues and the leadership team are working towards increasing streaming model due to the positive impact on triage times and quality.

Risks

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3257		Lack of adherence with the 15-minute triage standard.	9	284 ^{GL}	15/04/25	Accessing additional MTS instructor course places. Implemented new triage and streaming SOP. Recruitment to full establishment. Mitigated through the support of ACP's. Risk closed due to 4-months of average triage times of less than 15-mins. There is further work required to improve percentage compliance of standard triage within 15 minutes. Streaming trial 2/7 continues and the leadership team are working towards increasing streaming model due to the positive impact on triage times and quality.

Next Steps

Next Steps:

- Winter Delivery meeting commence 07/10.
- Deputy COO and Medical director working with W&C triumvirate to finalise paediatric surge plan.
- Cost associated with ward 33 and 6 trauma beds to be worked up and presented at EDG 08/10.
- **Board Assurance Statements** Completed Board Assurance Statements should be submitted to the national UEC team via england.eecpmo@nhs.net by **30 September 2025** and copied to england.nw-roc@nhs.net.



Winter Planning 25/26

Board Assurance Statement (BAS)

NHS Trust





Introduction

1. Purpose

The purpose of the Board Assurance Statement is to ensure the Trust's Board has oversight that all key considerations have been met. It should be signed off by both the CEO and Chair.

2. Guidance on completing the Board Assurance Statement (BAS)

Section A: Board Assurance Statement

Please double-click on the template header and add the Trust's name.

This section gives Trusts the opportunity to describe the approach to creating the winter plan, and demonstrate how links with other aspects of planning have been considered.

Section B: 25/26 Winter Plan checklist

This section provides a checklist on what Boards should assure themselves is covered by 25/26 Winter Plans.

3. Submission process and contacts

Completed Board Assurance Statements should be submitted to the national UEC team via england.eecpmo@nhs.net by **30 September 2025**.

Provider:	Countess of Chester Hospital NHS Foundation Trust
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Section A: Board Assurance Statement

Assurance statement	Confirmed (Yes / No)	Additional comments or qualifications (optional)
Governance		
The Board has assured the Trust Winter Plan for 2025/26.	Yes	Noting risks and opportunities
A robust quality and equality impact assessment (QEIA) informed development of the Trust's plan and has been reviewed by the Board.	Yes	
The Trust's plan was developed with appropriate input from and engagement with all system partners.	Yes	COCH participated in the NW Winter Plan - Exercise Aegis on 08/09/25
The Board has tested the plan during a regionally-led winter exercise, reviewed the outcome, and incorporated lessons learned.	Yes	COCH participated in the NW Winter Plan - Exercise Aegis on 08/09/25
The Board has identified an Executive accountable for the winter period, and ensured mechanisms are in place to keep the Board informed on the response to pressures.	Yes	Cathy Chadwick Chief Operating Officer
Plan content and delivery		
The Board is assured that the Trust's plan addresses the key actions outlined in Section B.	Yes	Presentation given to guide the trust Board through plans
The Board has considered key risks to quality and is assured that appropriate mitigations are in place for base, moderate, and extreme escalations of winter pressures.	Yes	All TES spaces fully risk assessed
The Board has reviewed its 4 and 12 hour, and RTT, trajectories, and is assured the Winter Plan will mitigate any risks to ensure delivery against the trajectories already signed off and returned to NHS England in April 2025.	Yes	Reviewed and report to Board, at planning, first draft and final sign off

Provider CEO name	Date	Provider Chair name	Date
Jane Tomkinson OBE	30/09/2025	Neil Large	30/09/2025

Section B: 25/26 Winter Plan checklist

Checklist	Confirmed (Yes / No)	Additional comments or qualifications (optional)
Prevention		
1. There is a plan in place to achieve at least a 5 percentage point improvement on last year's flu vaccination rate for frontline staff by the start of flu season.	Yes	Sufficient vaccine (2700 doses) have been ordered to achieve at least last years uptake plus 5%.
Capacity		
2. The profile of likely winter-related patient demand is modelled and understood, and plans are in place to respond to base, moderate, and extreme surges in demand.	Yes	Plans are in place for new ways of working to enable better flow, plans for reductions in NCTR with system partners and finally options to increase bed base capacity by up to 39 spaces
3. Rotas have been reviewed to ensure there is maximum decision-making capacity at times of peak pressure, including weekends.	Yes	There are monitored through bed meetings and assurance given from the divisions
4. Seven-day discharge profiles have been reviewed, and, where relevant, standards set and agreed with local authorities for the number of P0, P1, P2 and P3 discharges.	Yes	Targets of the split of discharges per day: P0 = 86% P1 = 9% P2 = 3-4% P1 = 1-2%
5. Elective and cancer delivery plans create sufficient headroom in Quarters 2 and 3 to mitigate the impacts of likely winter demand – including on diagnostic services.	Yes	Plans can include additional surgical capacity at Clatterbridge Hospital. Teams are already clearing their longest waiting patients before we head into winter
Infection Prevention and Control (IPC)		
6. IPC colleagues have been engaged in the development of the plan and are confident in the planned actions.	Yes	All submitted plans of the ICB template were completed by the Head of Nursing for IPC

7.	Fit testing has taken place for all relevant staff groups with the outcome recorded on ESR, and all relevant PPE stock and flow is in place for periods of high demand.	Yes	Monitored and reported in many forums
8.	A patient cohorting plan including risk-based escalation is in place and understood by site management teams, ready to be activated as needed.	Yes	Within the OPEL and escalation policies
Leadership			
9.	On-call arrangements are in place, including medical and nurse leaders, and have been tested.	Yes	Robust plans
10.	Plans are in place to monitor and report real-time pressures utilising the OPEL framework.	Yes	Reported externally and daily through bed meeting. All bed meetings moving back to F2F.
Specific actions for Mental Health Trusts			
11.	A plan is in place to ensure operational resilience of all-age urgent mental health helplines accessible via 111, local crisis alternatives, crisis and home treatment teams, and liaison psychiatry services, including senior decision-makers.	N/A	
12.	Any patients who frequently access urgent care services and all high-risk patients have a tailored crisis and relapse plan in place ahead of winter.	N/A	

Committee Chair's Report

Wednesday 27th August 2025 13.30-17.00

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

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

Alert (<i>matters that the Committee wishes to bring to the Board's attention</i>)	
<ul style="list-style-type: none"> The Month 4 Financial Position is reporting an £11.3m deficit against a planned deficit of £9.5m, an adverse variance of £1.8 million. Of this, £1.6m relates to the non-receipt of Deficit Support Funding for Quarter 2 and £200k is associated with resident doctor industrial action. Excluding these items, the Trust is delivering to plan, however non-recurrent funding is being used to support the position. There is an under delivery of Cost Improvement Programme (CIP) of £3.3m, with under delivery being mitigated by non-recurrent benefits (e.g., vacancies) 	
Assure (<i>matters in relation to which the Committee received assurance</i>)	
<ul style="list-style-type: none"> Countess of Chester Green Plan-a new refreshed plan for the period 2025-2028 was received. Radiology Services Oversight report for the period 1st April to 31st July 2025, showing good performance despite staffing challenges. Integrated Performance Report July 2025. Progress is being made in Emergency Department (ED) performance, but this needs continuing oversight to ensure embeddedness, sustainability, and further improvement, particularly as we head towards winter. Digital and Data Strategic Programme report, including updates on Electronic Patient Record (EPR), prioritisation of workplans, CIP plans, AI developments, and data governance Senior Information Risk Owner report, including updates on cyber alerts, cyber security, Data Security and Protection Toolkit, Information Asset Owners, cyber risks, and information governance. Audit Tracker update July 2025 National Cost Collection post submission assurance report. Pricewaterhouse Coopers Financial Review Quarter 1 Waiver Report Chair reports from Commercial Procurement Group, Women and Children's New Building Project Group, Estates and Facilities Divisional Group, Information Governance and Information Security Committee, Digital Transformation Group, OPELG, Anchor Institution Steering Group, EPR Group, Capital Management Group. 	
Advise (<i>items presented for the Board's information</i>)	
<ul style="list-style-type: none"> Benchmarking Framework Update Revised Terms of Reference for Commercial Procurement Income Group, Information Governance and Cyber Security Committee, Electronic Patient Record Programme Board, and Capital Management Group 	
Risks discussed and new risks identified	
<ul style="list-style-type: none"> * Extracts from the Board Assurance Framework (BAF) and high risks register were reviewed, with updates provided. * Delivery of the 2025/26 plan * Continuing high levels of Non-Criteria to Reside patients. 	

Committee Chair's Report

Tuesday 23rd September 2025 16.00-17.00

Committee	Finance and Performance Committee Interim Committee Finance Update Meeting
Chair	Non-Executive Director, Mrs. P Williams

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

Alert (<i>matters that the Committee wishes to bring to the Board's attention</i>)	
<ul style="list-style-type: none"> The month 5 (August) planned year to date deficit is £10.8 million against which the Trust reported a £14.3 million deficit, a £3.5m adverse variance to plan. This is due to not receiving deficit support funding (DSF) of £3.3m for July & August and resident doctor industrial action costs of £0.2m Excluding both the loss of DSF and costs associated with industrial action, the Trust is delivering its month 5 financial plan. To do this a number of non-recurrent benefits have been utilised to support the Trust financial position. Year to date CIP delivery is £4.3 million behind plan at month 5, with under delivery being mitigated by non-recurrent benefits (including vacancies, higher than planned interest receivable and VAT rebate plus the release of the annual leave accrual). There are particular challenges in Urgent and Planned Care, and the Committee requested an update on these at the next meeting. At month 5, the Trust had £17.3million cash, including £6.9 million capital cash. The level of cash is higher than planned due to delays in paying capital invoices, and higher than anticipated VAT rebate. 	
Assure (<i>matters in relation to which the Committee received assurance</i>)	
N/A	
Advise (<i>items presented for the Board's information</i>)	
N/A	
Risks discussed and new risks identified	
<ul style="list-style-type: none"> Delivery of the 2025/26 finance plan 	

PUBLIC – Board of Directors
30th September 2025

Report	Agenda Item 22.	Countess of Chester Green Plan 2025-2028						
Purpose of the Report	Decision		Ratification	X	Assurance		Information	
Accountable Executive	Jon Develing			Director of Strategy and Partnerships				
Author(s)	Jon Develing Russ Morrow			Director of Strategy and Partnerships Head of Facilities				
Board Assurance Framework (BAF)	BAF 1 Quality BAF 2 Safety BAF 3 Operational BAF 4 People BAF 5 Finance BAF 6 Capital BAF 7 Digital BAF 8 Governance BAF 9 Partnerships BAF 10 Research			X X X X X X X X X X	Linked to all risk areas of the BAF.			
Strategic goals	Patient and Family Experience People and Culture Purposeful Leadership Adding Value Partnerships Population Health							X X X X X X
CQC Domains	Safe Effective Caring Responsive Well led							X X X X X
Previous considerations	Anchor Institution Group – June 2025 Quality and Safety Committee – September 2025							
Executive summary	<p>The first ever mandatory Countess of Chester (COCH) Trust Green Plan (2022 – 2025) has reached the end of its valid period. Hence a new refreshed, robust plan has been developed with the aim of improving health outcomes, reducing costs, and minimising waste.</p> <p>We at COCH have already charged key individuals with strategic leadership positions to tackle head on our impact to the global emergency, not just to our planet, but to our health, wealth and wellbeing of all in our region.</p> <p>Despite the challenges and pressures faced, we remain committed to providing, Safe, Kind and Effective care within the Trust and recognise our wider responsibility within the community as an Anchor Institution. That is a hospital rooted in `place` strategically and intentionally managing our</p>							

	<p>resources and operations to help and support local social, economic and environmental priorities to reduce health inequalities.</p> <p>Hence our refreshed plan holds the following principles in mind:</p> <ol style="list-style-type: none"> 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
Recommendations	The Board is asked to ratify the refreshed Green `Plan` Strategy for 2025 – 2028 following approval at the Quality and Safety Committee.

Corporate Impact Assessment	
Statutory/regulatory requirements	Legislative and regulatory requirements.
Risk	Linked to all risk areas of the BAF.
Equality & Diversity	Meets Equality Act 2010 duties & PSED 2 aims and does not directly discriminate against protected characteristics
Communication	Document to be published as part of the agenda pack.



**Countess of Chester Hospital
NHS Foundation Trust**

Green Plan

2025 - 2028

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Foreword

In 2020, the NHS became the world's first health system to commit to reaching net zero emissions. The Delivering a Net Zero National Health Service report set out the scale of ambition. The Health and Care Act 2022 reinforced this commitment, placing new duties on integrated care boards (ICBs), NHS trusts and foundation trusts (referred to collectively as Trusts) to consider statutory emissions and environmental targets in their decisions.

“Sustainability is about meeting our needs today without compromising the ability of others to meet their needs tomorrow”



On 25 September 2015, the 193 Members of The United Nations General Assembly formally adopted the 2030 Agenda for Sustainable Development, along with a set of bold new Global Goals, which the then Secretary-General Ban Ki-moon, hailed as a universal, integrated and transformative vision for a better world.

The five agreed elements are: People, Planet, Prosperity, Peace and Partnership.

The three pillars within the five sustainability elements: environmental, social, and economic are also known informally as **Planet**, **People** and **Profits** - the three P's.

Our National Health Service, and by default, our Trust needs to be resilient and consistently capable of delivering quality care both today and tomorrow.

Sustainability is about using our resources sensibly and striking the right balance between ‘Environmental’, ‘Social’ and ‘Economic’ considerations.

The previous three years have given us good reason to re-evaluate much as we consider our position and tenure as human beings on our planet, and how we can adjust and repair what has been broken to make better our planet in order that it can continue to breathe life and sustain us as a race.

Most of the people within the UK understand what sustainability is, but opinions can vary on its definition. This definition below talks about ‘needs’, not about “the environment”, “being green” or “saving the planet”:

Sustainable development is a dynamic process, which enables people to realise their potential and improve their quality of life in ways that simultaneously protect and enhance the earth's life support systems.

We cannot just add sustainable development to our current list of things to do but must learn to integrate the concepts of sustainability into everything that we do.

Cheshire West as a borough pumps out four million tonnes of carbon a year – making it the fourth largest carbon footprint of any UK borough – and much of that comes from heavy industry, particularly near Ellesmere Port. The current target from Cheshire West & Chester (CWAC) is to reduce carbon emissions by 80% (compared to 1990 levels) by 2050. The location of our Trust within this borough and our charge in reducing emissions has made that more difficult, yet that more urgent if we are to consider ourselves a truly sustainable organisation.

Sustainability for us in the NHS is much broader than this; amongst other things it is about how we deliver care, our part in creating a healthier, happier population and how we ensure we can afford to continue delivering care in the future. This will, of course, include ensuring our plans enable us to develop a sustainable workforce for the long term.

Sustainability and our move to NHS Net Zero is our new challenge, our Trust and its carbon emissions, our Trust and its ability to become more Sustainable.

Introduction

The first ever mandatory Countess of Chester (COCH) Trust Green Plan (2022 – 2025) has reached the end of its valid period. Hence a new refreshed, robust plan has been developed with the aim of improving health outcomes, reducing costs, and minimising waste.

We at COCH have already charged key individuals with strategic leadership positions to tackle head on our impact to the global emergency, not just to our planet, but to our health, wealth and wellbeing of all in our region.

Despite the challenges and pressures faced, we remain committed to providing, Safe, Kind and Effective care within the Trust and recognise our wider responsibility within the community as an Anchor Institution. That is a hospital rooted in `place` strategically and intentionally managing our resources and operations to help and support local social, economic and environmental priorities to reduce health inequalities.

Hence our refreshed plan holds the following principle in mind.

- 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*

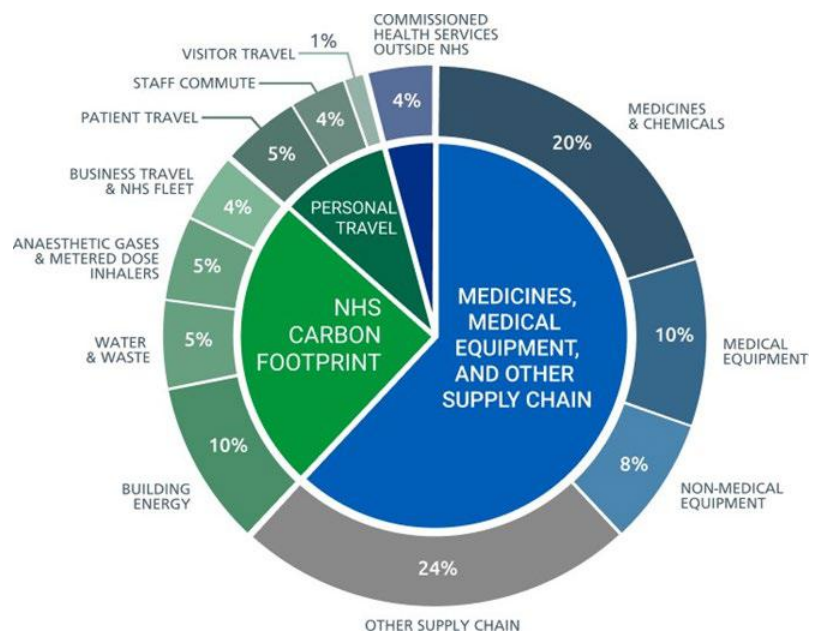
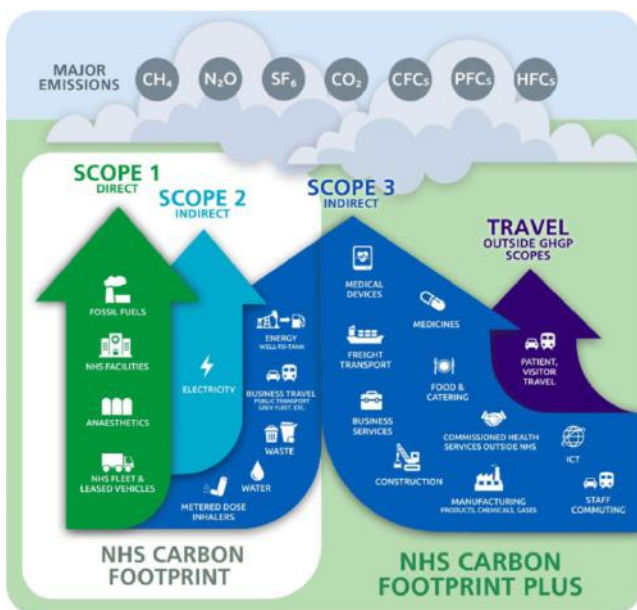
Lord Darzi highlighted the urgency of this agenda during November 2024,

‘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.’

Our plan is ambitious in what it sets out to achieve, it is deliberate in its ambition because the Net Zero carbon reduction aspect is a huge challenge and only those with a matched level of ambition can hope to achieve this target.

Whilst our efforts outlined within this plan will see much focus on carbon reduction, the Planet element of the 3 x P's, we do not lose sight of the other two key elements within Sustainability, our People and Profits. If we in the future do not have 'People', trained, competent, wanting to be here to deliver all aspects of healthcare, we are not sustainable. If we can't fund and finance our healthcare operation consistently and within budget, equally, it is not sustainable.

This then, is our combined challenge, this is our refreshed 'Green Plan'.



Sources of carbon emissions by proportion of the NHS Carbon Footprint Plus

Building on our Progress

Whilst we have faced unprecedented demand from patients during the whole of the 24/25 period, along with sustained financial pressure to reduce costs, we have made progress in our Sustainability journey during the period of the 2022-2025 Green Plan.

During 2024/25, there has been progress in Sustainability projects across the Trust that has and will have a substantial impact on our patients, staff, and visitors:

- The formal publishing of the Trust Travel & Transport Strategy which became a key document in securing the approvals for our new Women & Children's building project. As part of the same strategy, we successfully launched our own COCH Active & Alternative Travel initiative during September 2022, together with the opening of secure and sheltered cycle storage and staff changing rooms to support active travel. Chris Boardman CBE formally opened the well-attended event. Chris Boardman is a former **Olympic and World Champion** and cycling and walking advocate and was **appointed as National Active Travel Commissioner in June 2022** by the Transport Secretary. It was a very successful event, and Chris was very generous with his time and expertise in cycling and Active Travel for all attending participants.
- The creation and opening of our very first 'Going Greener Retail unit providing healthy food products and increase options for staff, patients, and visitors to access a variety of food options that support sustainability and health. This closely matches the NHSE Prevention Pledge.
- The approach of 'sustainability by design' focusing on 'reduced energy consumption' in the Women & Children's building has continued fully in the build process for this exciting new Healthcare facility. The installation of air 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.

- Secured e-vehicles for the Trust Hospital @ Home as part of the Integrated Discharge Team who now only use the fully electrically powered e-vehicles.
- Secured reduced fares for bus journeys to and from Park and Ride at Chester Zoo to reduce the impact of car parking on site for Trust Staff
- Complete removal of desflurane as an anesthetic gas within the theatre environment
- The final push toward the completion of the Women & Children's building that will open during summer of 2025. While not yet confirmed, this new healthcare facility is anticipated to become the first within the NHS to attain accreditation under the Net Zero Building Standard.
- The recruitment and appointment of Trust Sustainability Ambassadors continues with pace and enthusiasm from Trust members who have actively demonstrated the same enthusiasm and commitment to join up.
- The Trust has maintained its positive collaboration with other Trusts to identify initiatives that benefit COCH and other Trusts within our ICS.
- The Sustainability Lead also represents the Trust at:
 - Cheshire & Merseyside Sustainability Board that meets monthly. This Board is chaired by the C&M Regional Director for Sustainability
 - Cheshire West Place Sustainability Committee
 - Cheshire West and Chester Council Travel and transport Collaborative (membership consists of CWaC, COCH, Chester University and Chester Zoo)
 - Ad hoc NHSE events directly connected to Sustainability
 - Submitting progress data to Greener NHS (OKTA) quarterly submissions on four separate 'Green' themes

The Trust can be proud of its progress, considering the national challenge around available funding and regional funding pressures in maintaining and prioritising health services.

This new refreshed Green Plan sets out a vision and strategy for the Trust:

Our target is to reduce our carbon emissions and make the principles of sustainability a natural part of our workforce and health care activities in the delivery of patient-centred care.

Our combined objective as part of the original NHS/E mandate for Carbon Net Zero is to reduce carbon emissions as follows:

- By 2040 for the NHS Carbon Footprint, with an ambition for an 80% reduction (compared with a 1990 baseline) by 2028 to 2032, everything directly in our control
- By 2045 for the NHS Carbon Footprint Plus, with an ambition for an 80% reduction (compared with a 1990 baseline) by 2036 to 2039, including supply chain, travel, construction etc

Refreshing our Green Plan

Our Green Plan sets out the key actions the Trust will take to deliver emissions reductions and support resilience to climate impacts over the next three years. This timeframe is considered a minimum and allows our Green Plan to strike an appropriate balance between immediate emissions reductions in some areas, alongside strategic development of capability in others.

Our Trust through its Green Plan will and continue to:

- review progress to date and engage with key stakeholders about refreshing priorities; in particular, clinical and staff groups who underpin green plan delivery
- consider the national targets (and interim 80% emissions reduction goals) for the NHS carbon footprint and carbon footprint plus
- set out SMART (specific, measurable, achievable, relevant and time-bound) actions and associated key performance indicators (KPIs) for each area of focus
- ensure recommended governance arrangements and processes to measure and report on progress are in place

- comply with any applicable legal duties, including the duty to reduce inequalities, the Public Sector Equality Duty and the duty to have regard to all likely wider effect of decisions

In addition, as a Trust, we will consider:

- the role of the local system and provider collaboration in supporting delivery, such as through the spread and standardisation of best practice
- opportunities for collaboration with wider system partners to reduce emissions
- engagement with research and innovation activities to support the transition to a net zero NHS

The NHS/E Green Plan refresh guidance document sets out the actions required from Trusts as well as the areas of focus for our refreshed Green Plan.

The guidance documents set out the national objectives against each specific focus area. Focus area priority actions and objectives lead each area heading in this document followed by how our Trust will work toward the achievement of such priority actions and objectives or has previously met the action/objective.

Areas of Focus

Workforce & Leadership –

Key actions for Trusts

- **appoint a designated board-level net zero lead, generally an existing executive director, to oversee green plan delivery with clearly identified operational support**
- **assess workforce capacity and skill requirements for delivering the green plan, considering good practice examples such as hybrid roles, apprenticeships, fellowships and NHS estates sustainability career pathways**

- **promote, and consider setting uptake targets for, core training offers set out on the Greener NHS Training Hub**
- **promote specialist training for staff groups who underpin the delivery of green plans, such as board members, procurement, finance, estates and facilities staff and clinicians**

The Trust has a named designated Board level Net Zero Lead that will continue to oversee the Green Plan Delivery.

A named Trust Sustainability Lead is responsible for the writing of the Green Plan, periodic subsequent refresh and the delivery of the Green Plan, as well as monitoring and recording progress.

There is clear strong support for a greener future, with evidence that shows, nationally, 9 in 10 staff support the NHS Net Zero ambition and 6 in 10 staff say they are more likely to stay in an organisation that is taking decisive climate action (YouGov 2023).

The support for a greener future is just as strong at COCH, made even clearer during the very recent Cost Improvement Programme (CIP) Idea – Feedback initiative. An extremely high number of ideas and initiatives, whilst linked to cost saving, are strongly linked and beneficial to our Green Agenda.

Our new approach needs to assess workforce capability, and the skill requirements required to harness this energy and commitment to a Net Zero environment.

The promotion of specialist training for staff group who underpin the delivery of specific green plan initiatives is being investigated through The Sustainable Healthcare Academy.

The Sustainable Healthcare Academy is a new green skills initiative built specifically for those working in health and care. It is delivered by Ofsted Outstanding LDN Apprenticeships and has been built in partnership with the Centre for Sustainable Healthcare.

The new learning programme is underpinned by the Level 4 Corporate Responsibility & Sustainability Practitioner Standard – representing a levy-

funded route to professionalisation for those who have an interest and passion for sustainability.

The development of the Academy has been supported by a steering group of 30+ advisers from across a range of NHS organisations, including Greener NHS. The strategic objectives of the Academy are:

- To embed skills that support the successful delivery and evolution of Green Plans
- To build a network of net zero advocates and critical thinkers that drive cultural and operational change
- To develop and embed self-sustaining sustainability initiatives
- To professionalise sustainability skills within the NHS workforce
- To deliver triple-bottom-line sustainability projects across a range of functions and departments (both clinical and non-clinical)

This new programme is open to all roles operating within healthcare and represents an excellent platform to embed the principles of a greener future and the ambition for NHS Net Zero in their role and task.

Net Zero Clinical Transformation –

The NHS is committed to moving to out-of-hospital and digitally enabled care where clinically appropriate, improving prevention of ill health and reducing health inequalities. These changes also underpin our commitment to net zero. Net zero clinical transformation should ensure high-quality, preventative, low-carbon care is provided to patients at every stage.

Key actions for our Trust:

- **identify a clinical lead with oversight of net zero clinical transformation, with formal links into board-level leadership and governance**
- **focus on reducing emissions and improving quality of care for at least one clinical area (see suggested areas below), for example by:**

- **establishing a clinical lead and multidisciplinary working group responsible for reducing emissions in the clinical area(s)**
- **completing quality improvement project(s) in the clinical area(s) that focus on a measurable reduction in emissions, with co-benefits for outcomes and quality of care, efficiency and reducing healthcare inequalities**
- **Sharing learning and outcomes, for example, through clinical networks, the ICB and NHS England**

We shall identify a senior clinical lead with oversight of net zero clinical transformation, with formal links into board-level leadership and governance. The designated Board level Net Zero Exec Lead is finalising the named clinical lead in response to this specific objective.

The named Clinical Lead will further,

- Establish a multidisciplinary working group responsible for reducing emissions in the clinical area(s)
- Identify the most appropriate and complete a quality improvement project in the selected clinical area that will focus on a measurable reduction in emissions, with co-benefits for outcomes and quality of care, efficiency and reducing healthcare inequalities
- Share the learning and outcomes, through clinical networks, the ICB and NHS England
- Consider net zero principles in all service change, reconfiguration programmes and pathway redesign

The four clinical areas suggested due to their high carbon intensity or volume as part of the national objective are:

1. Critical and Perioperative Care
2. Urgent and Emergency care
3. Diagnostic Tests and Procedures
4. Medical Pathways, with a focus on acute or long-term conditions such as renal disease, diabetes or cardiovascular disease

The named Clinical Lead will advise of which high carbon intensity or volume area is selected, and specific metrics will be produced to monitor progress, carbon reduction and wider improvement in patient care.

We will become a health promoting hospital, working in new ways with community partnerships to individualise care and empower communities in creating greater social value. We want to move away from over prescribed / hospital-based care and support communities in their own management in living healthier and longer lives.

We are supporting patients with chronic illnesses through education and management strategies can lead to improved quality of life and reduced hospital readmission rates. We partner with local organisations to address broader health issues that can strengthen community ties and health outcomes.

We are focusing on sustainability, reducing the environmental impact of the hospital, and implementing policies like smoke-free environments, healthy food options, and physical prehabilitation activity in the promotion and adoption of a holistic approach to health.

We will lead on educational events promoting preventative opportunities, increase our outreach for antenatal education and frailty classes. We will collaborate with Cheshire Wirral Partnership Trust in areas such as health checks, vaccinations, and work with local industry. We will work with local schools providing education, health awareness and career opportunities as well as early diagnosis and audiology services.

Digital Transformation –

Strong digital foundations are essential for transforming care by improving access, quality, productivity and reducing emissions. However, digital services can also increase emissions.

NHS England's through the launch of its 'What good looks like' framework encourages NHS organisations to prioritise sustainability in the procurement, design and management of digital services to meet the objectives of the Greening Government: ICT and Digital Services Strategy.

Key actions for our Trust:

- **Maximise the benefits of digital transformation to reduce emissions and improve patient care, for example, by reducing the use of paper and providing virtual pathways where clinically appropriate**
- **Supported by the 'Digital Maturity Assessment, we shall consider opportunities to embed sustainability in digital services, such as:**
 - **using circular and low-carbon approaches to IT hardware management, which may include longer device lifetimes, leasing models, buying refurbished or remanufactured equipment and PC power down configuration**
 - **considering low carbon hosting, promoting good data hygiene (such as, deduplication and archiving) and engaging digital suppliers**

The Trust has an Electronic Patient Record (EPR) which enables digital processes and workflows. There is an ongoing programme of work, to further develop the EPR and reduce the use of paper across the trust. This work includes a focused reduction of printing and postage. The EPR development work is overseen by the trusts Chief Clinical Information Officer who works alongside the Digital and Data team.

The Trust is investing in its Virtual Desktop Infrastructure (VDI) platform, which will increase device usable lifetimes and reduce device energy consumption.

Last year a programme of work was completed to reduce the energy utilisation of monitors when not in use. Phase 2 of this programme will take place this year to reduce energy utilisation of desktop PC's and laptops when not in use.

In 24/25 the Trust invested in a new Storage Area Network, which allows for a high level of duplication and reduced power utilisation.

Digital and Data teams are continuing to work with suppliers, to find digital alternative solutions to current manual or physical processes.

Medicines –

Medicines account for around 25% of all NHS emissions. A few medicines account for a large portion of these emissions, for example, anaesthetic gases (2% of NHS emissions) and inhalers (3%). As a Trust, we shall continue to build on progress in reducing these “point of use” emissions, while improving patient care and reducing waste.

Actions to reduce emissions from the medicines supply chain are set out under Supply chain and procurement.

Key actions for our Trust:

- **reduce nitrous oxide waste from medical gas pipeline systems (MGPS) by progressing the actions outlined in the updated nitrous oxide waste mitigation toolkit**
- **cease use of the volatile anaesthetic agent desflurane in line with national guidance, allowing exceptional use only as published by the Neuro Anaesthesia and Critical Care Society**

In addition, trusts may wish to:

- **support high-quality, lower-carbon respiratory care in secondary care, including supporting patients to choose the most appropriate inhaler(s) in alignment with clinical guidelines, performing inhaler technique checks with patients and promoting the appropriate disposal of inhalers**

As a Trust we aim to reduce the environmental impact of the medicines we use by, the type of products we procure, minimising medicines waste, reducing overprescribing and supply, and using best practice to dispose of any waste.

We have focussed on some key areas to meet the National Objective:

Anaesthetic gases:

Anaesthetic gases contribute about 2% of the NHS's carbon footprint. Nitrous oxide makes up approximately 75% of this. The Trust is currently working towards minimising our nitrous oxide waste across the site and has applied for NHS England funding to support this work further.

Desflurane, another anaesthetic gas, which has a much higher environmental impact with a global warming potential of 2,500 times greater than carbon dioxide. Our Trust ceased the use of the volatile anaesthetic agent Desflurane in line with national guidance during 2021.

Reducing these emissions helps tackle climate change, lowers air pollution and supports NHS net zero goals.

Inhalers:

A review of inhaler prescribing is currently being undertaken by the pharmacy team to look at our adherence with the local formulary. One of the aims of this work is to improve our use of inhalers with a lower carbon footprint e.g. dry powder inhalers, where these are clinically appropriate for our patients.

Deprescribing:

Our pharmacists support our prescribers to reduce doses or discontinue medicines that may be causing patient harm or are no longer of benefit or required by the patient. As well as improving patient outcomes by reducing risks such as falls or cognitive impairment, this also prevents the environmental and economic costs of overprescribing. We are currently auditing the impact of this in our acute frailty unit.

Medicines waste:

Reducing medicines waste has both a positive environmental and financial impact. We have robust systems to minimise stocks expiring and we return and reuse items where possible. We encourage patients to bring their medicines to hospital with them via the green bag scheme and use these medications during their inpatient stay, supplying only what is needed on discharge.

Homecare:

The pharmacy homecare team facilitate the delivery of hospital only medicines directly to over 2400 patients within their own homes, supporting the green agenda by reducing the number of patients that travel to site to collect their prescriptions and decreasing the demand on the hospital infrastructure. Homecare often reduces overprescribing and therefore lessens waste.

Travel and Transport –

The NHS fleet is the second largest in the country, consisting of over 20,000 vehicles. It directly contributes to harmful air pollution. The NHS Net zero travel and transport strategy outlines a roadmap to decarbonise NHS travel and transport, while also providing cost-saving and health benefits.

Key actions for Systems and Trusts:

- **develop a sustainable travel plan by December 2026, to be incorporated into the green plan (for example, as an annex), focusing on active travel, public transport and zero-emission vehicles, supported by a clear understanding of staff commuting (NHS England guidance will be available in 2025)**
- **offer only zero-emission vehicles through vehicle salary sacrifice schemes from December 2026 onwards (for new lease agreements)**
- **plan to purchase, or enter new lease arrangements for, zero-emission vehicles only from December 2027 onwards (excluding ambulances)**

Travel and transport remain a key objective at our Trust, in providing improved options for travel as well as plans to improve the car parking infrastructure at both of our sites. We have made progress in this area against incredibly 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.

- Our original Travel & Transport Strategy is due for refresh and is timely in line with the national NHS objective (***develop a sustainable travel plan by December 2026, to be incorporated into the green plan (for example, as an annex), focusing on active travel, public transport and zero-emission vehicles, supported by a clear understanding of staff commuting***) will take into account the results of the Trust staff Travel & Transport survey as well as meeting the NHS national objectives. This specific document has proved essential in the future planning of the Health Park in applying for any planning/building approvals from local authority. In terms of positioning the Trust for any such future planning applications, it is critical that this document can demonstrate progress and ambition in how it is managing travel and car parking demand at our sites.
- Work is already underway both nationally and at a regional level to secure the objective (***offer only zero-emission vehicles through vehicle salary sacrifice schemes from December 2026 onwards (for new lease agreements)***). NHS/E Transport as part of National Operations have confirmed that all vehicles offered through the NHS salary sacrifice scheme will be electric by the end of 2026 and all new vehicles owned or leased by the NHS will be zero emission by the end of 2027 (excluding ambulances).
- We shall work with our Executive Team and Finance colleagues to secure the offer of only zero-emission vehicles through vehicle salary sacrifice schemes from December 2026 onwards (for new lease agreements). The previous twelve months show that our staff (116 staff members from a total of 124 staff members) have elected to acquire e-vehicles through the Trust vehicle lease scheme. The transition to e-vehicles rather than fossil fuel vehicles has very much begun and making huge progress within our own staff base.
- During April 2025, we collectively secured a full fleet replacement (7 x vehicles) for our Trust which consists of 3 x e-vehicles and 4 x hybrid vehicles. The new vehicles are due for delivery in May 2025

The Transport Services fleet collect samples from across the region from GP practices and transport to either our own blood sciences Trust unit or

our partner laboratory in Bromborough.

The annual milage for this combined fleet is approx. 177,000 miles. The mix of fully electric and hybrid vehicles will make a substantial contribution to cost savings in the huge reduction in diesel costs associated with operating this size of fleet as well as a carbon emissions reduction. 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. The new fully electric variants will now no longer use revenue budget to purchase fossil fuel, good for cost saving and excellent toward Net Zero.

This achievement, whilst important to our own Net Zero ambition, is 1.5 years ahead of the national objective (***decide to purchase, or enter new lease arrangements for, zero-emission vehicles only from December 2027 onwards***)

A further NHS/E objective is - ***form partnerships with local authorities and local transport authorities to maximise funding and infrastructure opportunities on behalf of the ICS member organisations.***

Our Trust has operated within a collaborative group for the previous two years, membership consisting of the four biggest employers in the city (COCH, Local authority, Chester University, Chester Zoo) with membership extended to 'McArthurGlen' who manage and operate the Cheshire Oaks retail outlet centre at Ellesmere Port. The focus of this group is Travel Demand Management and working together with local bus operators including CWAC to improve the travel options to users and reduce congestion from the main Liverpool Road which connects the attending group of organisations.

The third Trust staff Travel & Transport Survey (mandated as part of NHS Net Zero) went live at the beginning of April 2025 and will remain open for comments etc for a calendar month. The feedback from Trust staff helps understand the steps we shall take to resolve travel & transport and car parking concerns at our 3 Trust sites.

Estates and Facilities –

There are significant opportunities across the NHS estate to reduce emissions and lower costs, while improving energy resilience and patient care.

Organisations should focus on:

- **improving energy efficiency by installing measures such as LED lighting, insulation and double-glazed windows**
- **replacing fossil fuel heating systems with lower carbon alternatives, such as heat pumps or connecting to a heat network system**
- **increasing use of renewable energy by investing in on- or near-site renewable energy generation to meet NHS energy demand**

Key actions for Trusts:

- **develop a heat decarbonisation plan (HDP), which includes:**
 - **identifying and prioritising the phasing out of all existing fossil-fuel primary heating systems by 2032 and seeking to remove all oil primary heating systems by 2028**
 - **considering Local Area Energy Plans and opportunities from heat networks and other low-carbon solutions**
 - **identifying any installations in scope of the UK Emissions Trading Scheme and outline plans to reduce emissions in line with allocated targets**
- **develop business cases to deliver the measures outlined in the HDP, as well as accompanying energy efficiency and renewable energy interventions, with a view to submitting a funding application through the PSDS if projects cannot be financed through internal budgets**

- **ensure all applicable new building and major refurbishment projects are compliant with the NHS Net Zero Building Standard**

Our Trust has made huge strides in achieving these key objectives around energy. The trust formally commissioned a nationally reputable organisation to undertake a full assessment of the heating and energy infrastructure across the site and produce a full documented HDP. This document outlined the steps the Trust shall take in achieving full heat decarbonisation. The full plan requires substantial investment over the next 8 years to achieve its heat decarbonisation objective, which against other conflicting financial priorities, makes the objective of a full heat decarbonisation achievement even more challenging.

Replacement LED lighting has previously been achieved in full throughout the Trust and has made a significant contribution in energy usage.

Our Trust has three hospitals within its portfolio and LED replacement work is required further at Ellesmere Port Hospital and Tarporley War Memorial Hospital.

All new build projects and refurbishment projects within the portfolio of COCH will include provision for insulation and double-glazed windows as part of the scheme, further impacting our capacity to conserve heat and reduce energy costs.

The new Women & Children's building in its initial design phase was set to achieve a 'BREEM Excellent rating. *(BREEAM (Building Research Establishment Environmental Assessment Method) is a widely recognized sustainability assessment method used for buildings, particularly in the UK and internationally. It assesses the environmental, social, and economic performance of buildings throughout their lifecycle, from design and construction to operation and refurbishment*

The ongoing success of this project and not without its challenges, is now set to become the first building within the NHS to achieve full compliance with the new NHS Net Zero Building Standard.

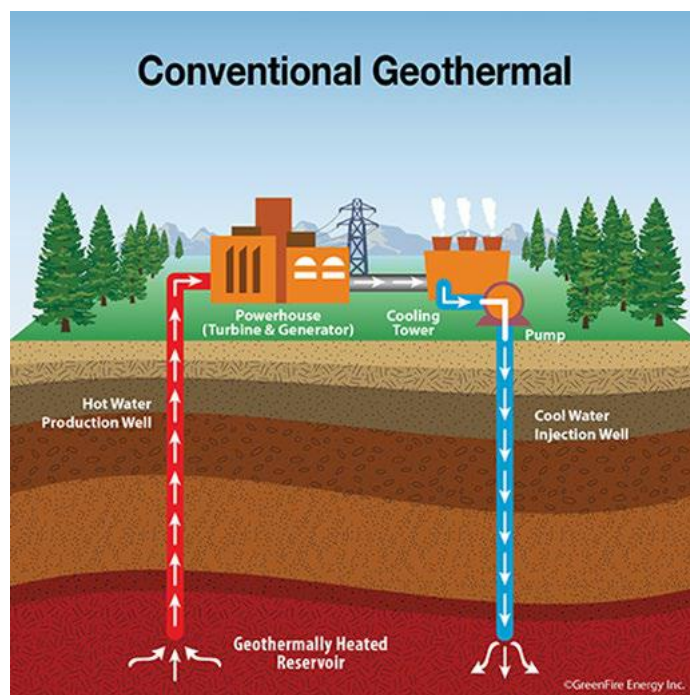
Achieving the position of first in NHS UK is absolute testament to this project and how it has been managed and built throughout, up to its

handover to the Trust in summer 2025. The NHS has been and is still, facing some of its biggest challenges in its history, this achievement of ‘first in NHS UK’ is significant for our Trust considering such wider challenges.

Continuing with the theme of ‘first’, the Trust is seriously exploring the possibility of extracting geothermal energy from deep within the earth.

Geothermal extraction is the process of harnessing heat from the Earth's interior for various uses, including heating, cooling, and electricity generation. It involves extracting thermal energy from hot rocks or underground fluids and converting it into usable forms of energy. This process can be achieved through different methods depending on the geothermal resource and its location

Deep geothermal systems involve drilling deep wells to reach hot rocks or underground fluids at depths of 500 meters to 1.5 kilometres down within the earth.



The extracted heat can be used for direct heating applications like district heating networks for domestic or commercial space heating, or in some cases, for power generation. The approach our Trust is taking makes a huge impact in the National objectives placed up on us (Heat networks, low carbon energy alternative and renewable energy use).

The project is planned to run over the next three years and formally commenced in early 2025.

This project if successful, cannot be understated in its capacity to substantially reduce energy costs, help us become more energy efficient at the Trust and achieve NET Zero in one single project.

If successful and on completion, our Trust will be the first Trust within NHS/E to have achieved this type of energy extraction and use.

Sustainability is also about sustaining our finances. Maintaining a close eye on how we use the public purse has supported and guided us in how we maintain Trust furniture. In collaboration with our procurement colleagues, we have sourced the services of an external organisation that will repair and re-upholster damaged furniture rather than a direct purchased replacement.

A standard 3-seater set of waiting area chairs cost approx. £680 to renew. We can repair re-upholster the damaged seats and back rests for less than £75 inc vat. The other obvious positive with this approach is that of less waste and less cost in the disposal of such waste.

The same rationale can and will be applied to examination couches and benches as part of maintaining our assets and extending the life of such for our patients and visitors. Whilst this approach can be classified as value added, there is an important reputational aspect to this project. We must consider how our patients and visitors feel and probably perceive how their own health care service will be if we are not seen to be maintaining our environment and ensuring all assets are fit for purpose.

Supply Chain & Procurement –

The NHS net zero supplier roadmap outlines steps suppliers must follow to align with the NHS net zero ambition between now and 2030. Roadmap implementation is a shared responsibility across trusts, systems, regional procurement hubs and nationally. Organisations should also seek to embed circular solutions, such as using reusable, remanufactured or recycled solutions when clinically appropriate, which are often cost saving.

Key actions for systems and trusts:

- **embed NHS net zero supplier roadmap requirements into all relevant procurements and ensure they are monitored via KPIs**
- **encourage suppliers to go beyond minimum requirements and engage with the Evergreen Sustainable Supplier Assessment to**

support a single conversation between the NHS and its suppliers on sustainability priorities

In addition, trusts should:

- **reduce reliance on single-use products, considering how to safely build this work into clinical improvement projects**

The national roadmap to net zero for suppliers was detailed by NHE/I in September 2021 with the key objectives set out below.

- From April 2023, we will require suppliers to publish carbon reduction plans from 2023 for contracts over £5m and for contracts of any value from 2024.
- From April 2027, suppliers will have to account for their direct and indirect emissions in published carbon reduction plans.
- From April 2028, new requirements will be introduced overseeing the provision of carbon foot printing for individual products supplied to the NHS.

From 2030, suppliers will only be able to qualify for NHS contracts if they can demonstrate their progress through published progress reports and continued carbon emissions reporting through the supplier framework. A Supplier Framework for benchmarking and reporting progress against these requirements was made available in 2022. The Trust has developed tender documentation to reflect the ability of suppliers to meet the Net Zero carbon requirements

The Countess of Chester Hospital NHS Foundation Trust Procurement have introduced the below to meet the above objectives so far:

- Procurement have now embedded the requests for Carbon Reduction Plans (CRP) / Net Zero Commitments (NZC) into all Tenders.
- Each Supplier used by the Trust have provided their CRP / NZC Plans, and these are stored electronically within the Procurement Department - no matter the spend.

- The revised new supplier forms incorporate the requirement for these plans before suppliers are set up on the Trust Purchase Order System.
- The Trust encourages suppliers to go beyond minimum requirements and engage with the Evergreen Sustainable Supplier Assessment
- Social Value of 10% is embedded into all Tenders when evaluating
- Working with suppliers to reduce their carbon footprint – for Example NHS Supply Chain who are part of the NHS Family, are committed to meeting the NHS net zero carbon targets: Aiming for Net Zero for the NHS Footprint by 2040.
- Reduce, Reuse and Recycle to reduce waste going to landfill – for Example recycling / reusing furniture that is surplus
- Ensuring Procurement staff have undertaken Carbon Literacy Training

Additional work that has been undertaken between Procurement and stakeholders include the reduction of single-use products as per legislation. In addition, changing clinical products which have reduced plastic i.e. Suction Liners and Sharps Bins

Food & Nutrition –

Organisations should continue implementing the National standards for healthcare food and drink, requiring NHS organisations to deliver high-quality, healthy and sustainable food and minimise waste.

Key action for trusts:

- **measure food waste in line with the Estates Returns Information Collection (ERIC) and set reduction targets**
- **consider opportunities to make menus healthier and lower carbon by supporting the provision of seasonal menus high in fruits and vegetables and low in heavily processed foods**

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 our meals are prepared from fresh produce and ingredients and changed daily to provide variety of options.

Our in-patient meals are produced to the exact 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, further providing excellent fiscal use of our allocated budget. 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, through Catering Services 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.

Adaptation –

Climate change threatens the ability of the NHS to deliver its essential services in both the near and longer term. Resilience and adaptation should be built into business continuity and longer-term planning to avoid climate-related service disruptions. Partnership working between sustainability leads, public health, emergency response teams and estates leads at trust and system level is crucial.

Key actions for systems and trusts:

- **all providers and commissioners of NHS-funded services must comply with the adaptation provisions within the NHS Core Standards for emergency preparedness, resilience and response**

(EPRR) and the NHS Standard Contract to support business continuity during adverse weather events

- **set out actions to prepare for severe weather events and improve climate resilience of local sites and services, including digital services (see Annex B: selected resources for a supporting Climate Change Risk Assessment Tool)**

In addition, trusts should:

- **factor in the effects of climate change when making infrastructure decisions and designing new facilities, including enhancements like improved green spaces, drainage systems and passive cooling solutions**
- **ensure adequate cascading of weather health alerts and relevant messaging across the organisation, in line with the government's Adverse Weather and Health Plan**

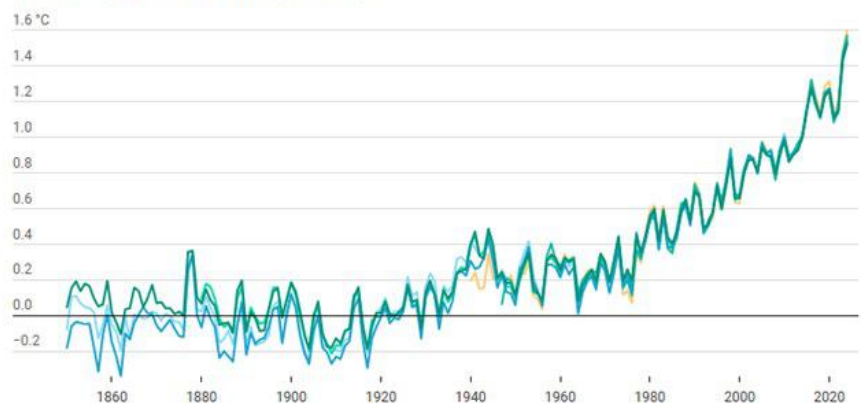
Our climate is rapidly changing. With 6 of the last 10 years (2014-2023) ranking among the warmest on record since 1884, the impacts are already proving costly to both society and the NHS, with future costs expected to rise. While estimating the full extent is challenging, heat-related mortality in England 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

Global mean temperature 1850-2024

Difference from 1850-1900 average

— Berkeley Earth (1850-2024.12) — ERA5 (1940-2024.12) — GISTEMP (1880-2024.12) — HadCRUT5 (1850-2024.12) — JRA-3Q (1947-2024.12) — NOAA GlobalTemp v6 (1850-2024.12)



Annual global mean temperature anomalies relative to a pre-industrial (1850-1900) baseline shown from 1850 to 2024

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

State of the Climate Report 2024

The World Meteorological Organization (WMO) have published the latest State of the Global Climate Report, looking back at 2024. This report confirmed that 2024 was the warmest on record globally, and likely the first calendar year to be more than 1.5°C above the pre-industrial era, with a global mean near-surface temperature of 1.55 ± 0.13 .

Met Office chief scientist, Professor Stephen Belcher said:

“The latest planetary health check tells us that earth is profoundly ill. Many of the vital signs are sounding alarms. Without serious efforts to heed the warnings, extreme weather events - such as drought, heatwaves and flooding - will continue to worsen.”

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 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 because 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.

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.

As a Trust, the Climate Change Risk Assessment Tool will be used to assess our current position.

The positional status will then determine our approach as part of a formal Trust Climate Adaptation Plan which will identify our key priorities in how we adapt to such changes.

Adaptation does not just consider our current buildings and infrastructure but shall assess:

- our population and the potential impact to health from climate change,
- our staff and where they are populated/reside and their route of travel to the workplace
- and the utility and service companies that provide energy, water and daily supplies to our Trust.

Green Plan Governance –

Delivery of green plans should be overseen by a designated board-level net zero lead, generally an existing executive director, with clearly identified operational support.

The plan will also require senior leadership and oversight of delivery from a range of functions, which may include:

- **chief medical, chief nursing, chief allied health professional officers and chief pharmacists**
- **directors of estates and facilities**
- **directors of procurement**
- **chief information officers**
- **directors of finance**

Organisations should put in place governance arrangements to co-ordinate delivery, such as a regular green plan delivery board chaired by the organisation's board-level net zero lead and attended by relevant directors.

Each organisation should review and update its plans annually to consider progress made and any new priorities, guidance, technology and other enablers.

The delivery of the Trust Green Plan is overseen by a designated board-level net zero lead, as well as with clearly identified operational support.

To oversee the full range of workstreams within the Trust we have now established a strategic delivery oversight group (Anchor Institution Group) bringing together the following interdependent workstreams provides cohesion and coordination of our combined efforts to become an Anchor Institution.



As a Trust, we have formally signed the Cheshire and Merseyside Anchor Institute Framework. The Framework was co-produced throughout 2020 and 2021, working with colleagues across the Integrated Care Partnership, those from other systems and members of the public. It was officially launched by the Integrated Care Board Chair, Raj Jain, and Chief Executive, Graham Urwin, on 12th July 2022. It has defined Cheshire and Merseyside Integrated Care Partnership as an anchor system.

This Framework builds on work that has taken place across Cheshire and Merseyside, since becoming an NHS England Social Value Accelerator site in 2018. The purpose is to provide a framework that organisations who deliver services in Cheshire and Merseyside, can sign up to publicly demonstrate their commitment. The Framework aligns with existing work programmes, such as the Marmot Programme, and is intended to be a process to pull together all the great examples of delivering social value across Cheshire and Merseyside, in one place.

By signing the document, the Trust will be required to deliver on all the priorities and be able to demonstrate this at the Anchor Assembly, which is made up of senior system leaders and will take place within a 12-month period of the Trust becoming a signatory.

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

Green Plan – Summary of indicators used.

1. Governance - Board updates and reporting.
2. Workforce - staff awareness and training
3. Clinical leadership - considerations of carbon impact of care delivery through a clinical lens
4. Digital transformation - Use of cloud solutions and repurpose of hardware.
5. Digital strategy - Commitment to meeting net zero ambitions as per National digital strategy.
6. Travel and Transport - Move to Electric Vehicles (EV) within Trust fleet, travel incentive schemes, transport partnership and active travel.
7. Estates and facilities
 - a. Move to 100% renewable Rego, certified electricity.
 - b. Energy meterage
 - c. LED lighting replacement
 - d. Use of building management systems to monitor and manage energy use.
 - e. Local energy management solutions.
 - f. Off-site renewables.
 - g. Proportion of decarbonization of heating across all sites.

h. Waste segregation.

8. Medicines Management

- a. Audit of waste generated from piped nitrous oxide and decommissioning as required.
- b. Move toward the use of dry powder inhalers.
- c. Removal of harmful anesthetic gases (Desflurane)
- d. Reduction in medicine management waste.
- e. Net zero impact on supply chain management

9. Supply chain - Inclusion of carbon reduction weighting in all procurement.

10. Food and nutrition

- a. Meal ordering systems
- b. Seasonal products
- c. Monitoring of waste produced.
- d. Proportion of fruit and vegetables, pulses, and other low carbon ingredients

11. Climate changes adaptations

NHS Prevention Pledge – Summary of indicators used.

- 1. Embedding prevention within our governance structures
- 2. Quality improvement for prevention
- 3. Using Marmot principles in service design
- 4. Lifestyle approaches to CVD and stroke prevention and rehabilitation
- 5. Establish key anchor practices.
- 6. Systematically adopting and embedding a 'Making Every Contact Count approach

7. Work with primary care, local authorities and VCSO's to systematically refer to sources of non-clinical support through social prescribing.
8. Support workforce development, providing training and/or resources to frontline staff to offer brief advice and/or referral in supporting patients to eat well, be physically active, reduce harm from tobacco and alcohol and promote mental well-being.
9. Ensure a smoke-free environment, linked to support to stop smoking for patients and staff who need it.
10. Foster an organisational culture that promotes workplace resilience and creates opportunities for staff to eat well, be active, reduce harm from tobacco and alcohol and promote mental well-being.
11. Review food and drink provision across all our NHS buildings.
12. Increase public access to fresh drinking water on NHS sites.
13. Support the sub-regional physical activity strategy.
14. Sign up to the 'Prevention Concordat for Better Mental Health for All
15. Monitor the progress of the pledge against all commitments.

Social Value Pledges – Summary of indicators used.

1. Health and Wellbeing
2. Education and Skills
3. Employment and Volunteering
4. Environmental (Cross over with Green Plan)
5. Economic Social and Community

6. Crime and Justice

7. Housing

8. Leadership

Conclusion

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

The Trust will use its systems leadership role to deliver those pledges within our direct control and to facilitate those pledges which require new ways of working in partnership with other NHS Providers, Place, Local authorities, and the voluntary and charitable sector.

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

The Green Plan is further supported in oversight of delivery from a range of functions which are represented through the Anchor Institute Steering Group, as follows:

- Designated Non-Executive Director
- Leaders from Estates and Facilities Services
- Leaders from Procurement/Supply Chain
- Leaders from Communications/Information officers
- Leaders from Capital projects
- Leaders from Pharmacy/Medicines
- Leaders from Digital Transformation & Digital Strategy
- Leaders from Travel and Transport

- Leaders from Food & Nutrition
- Leaders from Social Value
- Leaders from NHS Prevention Pledge/Quality Improvement
- Leaders from Adaptation

Supporting metrics – Our Target Condition

The table below sets out our metrics for tracking progress against our Green Plan delivery. The list is not exhaustive and may be updated as new data streams become available.

Progress against each metric as well as the recording within the OKTA platform for Greener NHS dashboard and ERIC, will be cascaded and discussed at the Anchor Institute Steering Group.

Focus area	Metric	For use by	Data source
Workforce	Named board-level lead for green plan delivery	Trusts and systems	Greener NHS dashboard (from Q1 25/26)
Medicines	Emissions (tCO ₂ e) and volume (litres) of nitrous oxide by trust	Trusts and systems (aggregate of trust data)	Greener NHS dashboard
Medicines	Emissions (tCO ₂ e) and volume (litres) of nitrous oxide and oxygen (gas and air) by trust	Trusts and systems (aggregate of trust data)	Greener NHS dashboard

Focus area	Metric	For use by	Data source
Medicines	Average inhaler emissions per 1,000 patients	Systems (aggregate of primary care data)	Greener NHS dashboard (from Q1 25/26)

Focus Area	Metric	For Use By	Data Source
Medicines	Mean emissions of Short-acting beta-2 agonists (SABAs) inhalers prescribed	Systems (aggregate of primary care data)	Greener NHS dashboard
Medicines	% of non-SABA inhalers that are MDIs	Systems (aggregate of primary care data)	Greener NHS dashboard
Travel and transport	% of owned and leased fleet that is ultra-low emission vehicle (ULEV) or zero-emission vehicle (ZEV)	Trusts and systems (aggregate of trust data)	Greener NHS dashboard
Travel and transport	Total fleet emissions	Trusts and systems (aggregate of trust data)	Greener NHS dashboard
Travel and transport	Does the organisation offer only ZEVs	Trusts and systems (aggregate of trust data)	Greener NHS dashboard

	in its salary sacrifice scheme		
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Focus Area	Metric	For Use By	Data Source
Travel and transport	Does the organisation operate sustainable travel-related schemes for staff (for example, salary sacrifice cycle-to-work)	Trusts and systems (aggregate of trust data)	Greener NHS dashboard
Estates and facilities	Emissions from fossil-fuel-led heating sources	Trusts and systems (aggregate of trust data)	Greener NHS dashboard
Estates and facilities	Number of oil-led heating systems	Trusts & systems (aggregate of trust data)	Estates Return Information Collection/Greener NHS dashboard (from Q4 24/25)
Estates and facilities	% of gross internal area covered by LED lighting	Trusts and systems (aggregate of trust data)	Estates Return Information Collection/Greener

			NHS dashboard (from Q4 24/25)
Estates and facilities	% of sites with a heat decarbonisation plan	Trusts and systems (aggregate of trust data)	Estates Return Information Collection/Greener NHS dashboard (from Q4 24/25)

Focus Area	Metric	For Use By	Data Source
Supply chain and procurement	Inclusion of Carbon Reduction Plan and Net Zero Commitment requirements in all relevant procurements	Trusts and systems	Greener NHS dashboard
Supply chain and procurement	Inclusion of requirements for a minimum 10% net zero and social value weighting in procurements, including defined KPIs	Trusts and systems	Greener NHS dashboard
Food and nutrition	Weight (tonnes) of food waste, with further	Trusts and systems (aggregate of trust data)	Estates Return Information Collection

	break down by spoilage, production, unserved and plate waste		
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Focus Area	Metric	For Use By	Data Source
Food and nutrition	Weight (tonnes) of food waste, with further break down by spoilage, production, unserved and plate waste	Trusts and systems (aggregate of trust data)	Estates Return Information Collection
Adaptation	Number of overheating occurrences triggering a risk assessment (in line with trust's "heatwave" plan)	Trusts and systems (aggregate of trust data)	Estates Return Information Collection
Adaptation	Number of flood occurrences triggering a risk assessment	Trusts and systems (aggregate of trust data)	Estates Return Information Collection

PUBLIC – Board of Directors
30th September 2025

Report	Agenda Item 23.	Communities and Partnerships						
Purpose of the Report	Decision		Ratification		Assurance	X	Information	
Accountable Executive	Jonathan Develing			Director of Strategic Partnerships				
Author(s)	Jonathan Develing			Director of Strategic Partnerships				
Board Assurance Framework	BAF 1 Quality BAF 2 Safety BAF 3 Operational BAF 4 People BAF 5 Finance BAF 6 Capital BAF 7 Digital BAF 8 Governance BAF 9 Partnerships BAF 10 Research			X X X X X X X X X	This new mandatory guidance forms part of the Trust quality account.			
Strategic goals	Patient and Family Experience People and Culture Purposeful Leadership Adding Value Partnerships Population Health							X X X X X X
CQC Domains	Safe Effective Caring Responsive Well led							X X X X X
Previous considerations	Executive Directors Group Anchor Institution Group Quality and Safety Committee							
Executive summary	The purpose of this report is to provide assurance to the Committee regarding the activities being undertaken when mapped against the Ten domains within this statutory guidance							
Recommendations	The Board is asked, for assurance purposes, to note the activities of the Trust as described.							

Corporate Impact Assessment	
Statutory/regulatory requirements	CQC/Constitution/other regulation/legislation
Risk	Not applicable
Equality & Diversity	Meets Equality Act 2010 duties & PSED 2 aims and does not directly discriminate against protected characteristics
Communication	Document to be published as part of the agenda pack

Communities and Partnerships

1. Introduction

Working in partnerships with People and Communities

This new statutory guidance sets the ambition and expectations for how Integrated Care Boards (ICBs), NHS trusts and foundation trusts should work in partnership with people and communities in this new collaborative environment.

The guidance aims to spread effective practice across all systems by building on the expertise and experience that exists (and approaches already being applied). It provides practical advice and signposts to further information including training and resources. It also shares learning from areas where partnership is already making the vision a reality and makes clear the difference that working with people and communities makes.

The guidance is based on ten principles that will help health and care organisations develop their ways of working with people and communities. These principles are intended to act as golden threads running throughout systems, whether activity takes place within neighbourhoods, in places, across system geographies or nationally.

2. Background

The new duty obliges organisations to consider the interests of the broader system and establishes collective, system-wide objectives to be achieved through collaborative efforts with the voluntary, community and social enterprise (VCSE) sector, local authorities, Healthwatch, and their respective communities.

Additionally, the Act imposes a further requirement on NHS organisations to give due consideration to the impact of their decisions in relation to the 'Triple Aim': advancing health and wellbeing for the population of England.

Accordingly, these entities must evaluate all the likely consequences of their decisions across three domains:

- The health and wellbeing of individuals, including the implications for health inequalities
- The quality of health services available to all, accounting for disparities in access and outcomes
- The sustainable allocation and utilisation of NHS resources

Statutory duties regarding public involvement mandate that organisations meaningfully engage people in the planning, development, and decision-making processes concerning NHS services. Core responsibilities for Integrated Care Boards (ICBs), trusts, and NHS England encompass:

- Assessing requirements for public engagement and designing appropriate involvement activities.
- Systematically documenting the influence of engagement activities on decision making, including providing clear rationales for decisions.
- Implementing mechanisms to ensure compliance with statutory engagement obligations and reporting on performance in annual statements.

While these legal requirements for public involvement remain largely consistent with previous obligations outlined in the NHS Standard Contract, it is essential for organisations to remain mindful of current guidance, particularly regarding the Triple Aim and the ten foundational principles. This guidance is especially pertinent when addressing initiatives at both ICB and local levels, as well as when considering future service reconfigurations.

The Ten key principles that underpin the guidance are described in the graphic below



Ten Key Principles: Mapped against Delivery

The Trust has adopted the Ten key principles and developed a response for each domain in conjunction with our Anchor Institutions Group and with a range of internal and external stakeholders.

This approach reflects the good practice within the Trust and aspirational / intended work that we would wish, with partners, to develop in the future.

1. Ensure people and communities have an active role in decision making and governance

Strengths

- The Trust has an active Council of Governors and encourages public membership, enabling community voices in strategic decisions. Our Governors hold engagement sessions throughout the year both inside and outside the hospital to collect feedback from patients and visitors about their experiences of accessing our services.
- Governors are elected by members, ensuring democratic representation.
- Use of staff networks to listen to and empower staff groups such as Black, Asian and Minority Ethnic groups (BAME), Women's, LGBTQ+, Enabled (Enhancing Abilities and Leveraging Disabilities), Carers, Faith and Belief, Armed Forces
- In addition, we will utilize our Patient engagement groups and Equality, Diversity and Inclusion (EDI) groups, these groups of patients and their families and representatives who have specialist knowledge who engage with us in how we may better shape and deliver our current and future services, this includes engagement with service re-design and co-design a recent example has been our work on the new women's and children's building due to open in the Autumn of 2025.

Development Opportunities

- As the development of neighbourhood care matures the Trust will seek to support the left shift of activity from hospital to home. This is supported by our clinical strategy - 'Transforming Care Together'
- Development of local provider collaboratives to drive the integration of acute, community and primary care services in line with the Ten-Year Plan.
- Targeted intervention in areas of higher inequality
- Using population health data, we will work with primary care and neighbourhoods to support the management of long-term conditions and comorbidities to supporting local populations and deliver care closer to home. This is being piloted in several areas across Cheshire West and supported through local community partnerships.

2. Involve people and communities at every stage and give feedback to them about how it has influenced activities and decisions

Strengths

- The Patient and Family Experience Strategy is informed by feedback and focuses on dignity, safety, and compassion.
- Initiatives such as hospital tours for patients with learning disabilities help reduce anxiety and improve access.
- Project team led the engagement for new women's and children's building

- The Trust has mature Patient Adversity Liaison (PALS) services which is purposely located at the front entrance of the hospital
- The Trust provides Education, engagement events and listening groups
- Patient and family support and follow up calls post discharge,
- The Trust works with local schools and skills networks.
- The Trust has listening rooms for patient and family feedback.
- Multifaith chapel for staff and visitors to access

Development Opportunities

- Patient involvement/ ambassador in research
- Stakeholder mapping
- Communications strategy, corporate calendar and corporate communications including stakeholder briefing.
- The Trust is a leader on the use of intelligence tools for prioritising waiting list based upon health inequality and comorbidity. Known as C2AI this has been piloted in orthopaedics with positive feedback from patients and we would like to roll this into other surgical specialties.

3. Understand your community needs, experiences, ideas and aspirations for health and care, using engagement to find out if change is working

Strengths

- The Community Home First program including Virtual Wards / Rapid response Teams / High acuity supports safe discharge and recovery at home. This is a multidisciplinary team that involves local charities and care connectors to ensure safe discharge homes and the readiness of homes with suitable equipment or remedial works.
- The Trust is implementing a digital patient record system to enhance care coordination and patient empowerment.
- The Trusts Director of Strategy and Partnerships has recently held several public engagement / workshop events outside of the hospital to engage local people in the future of healthcare.
- The Trust has access to several population health tools and uses these in developing service specific approaches that enables more local delivery of services. Informed by patient experience this is supporting the transformation of outpatient and patient initiated follow up services.
- The Trust has contributed to the development of the joint strategic needs assessment of the local authority

Development Opportunities

- Cheshire West has recently developed a joint intelligence group to commission bespoke analysis of population health need for Children and Young People, People with mental health challenges.
- Working with Cheshire West Council as part of its stakeholder group to develop a health weight strategy for Cheshire West

4. Build relationships based on trust, especially with marginalized groups and those affected by inequalities

Strengths

- The Trust People Strategy 2021–2026 includes wellbeing hubs, training, and Continuous Improvement (CI) programs.
- Staff are supported through wellness spaces and leadership development
- There is access to our multifaith chapel with pastoral outreach on to all wards
- The Trust operates staff networks to listen to and empower staff groups including
- BAME, Women's, LGBTQ+, Enabled (Enhancing Abilities and Leveraging Disabilities), Carers, Faith and Belief, Armed Forces
- In addition, we will utilize our Patient engagement groups and EDI groups, these groups of patients and their families and representatives who have specialist knowledge who engage with us in how we may better shape and deliver our current and future services, this includes engagement with service re-design and co-design a recent example has been our work on the new women's and children's building due to open in the Autumn of 2025.

Development Opportunities

- The Trust has developed a health inequalities framework which we will further develop.



5. Work with Healthwatch and the voluntary, community and social enterprise sector as key partners

Strengths

- The Trust is an active member of the Cheshire West Partnership Group and works with community partnerships and neighborhoods.
- The Trust runs a structured volunteering program across Countess and Ellesmere Port Hospitals.
- Volunteers provide added value patient experience such as Therapy Dogs in our reception welcoming people and exemplifying community spirit and engagement.
- The Trust has a volunteer recognition program and celebrates this with an annual award.
- The Community Home First initiative is a model of collaboration with VCSE partners including Age UK and Snow Angels.
- The Trust also works with community health teams to support frailty and memory services.
- Health watch cheshire provides an independent voice for the people of west cheshire to help shape and improve local health services.
- North Wales Patient Forums – we will engage similar with the North Wales patient forums to ensure their voices are heard and listened to appropriately.

Development Opportunities

- The Trust has built in social value within its procurement process with a specific intent of securing products and supplies from local enterprises.
- The Trust wish to build upon our Anchor Institution status and Strategy by further developing.
- Green Plan
- Social Value Approach
- NHS Prevention Pledge

6. Provide clear and accessible public information

Strengths

- The Trust ensures that our patients and communities have the most effective information at every stage of their journey.
- The Trust engages with patients and communities via our Patient engagement group and ISIP forums to ensure that information leaflets and publicly accessible information contains information that is relevant to them and is explained in a way that is easily understood.

- The Trust has a comprehensive Equality, Diversity and Inclusion strategy, annual reporting, and peer reviews.
- The Trust is a leader in the application of the patient portal.
- The Trust has promoted a series of well-being initiatives as part of the NHS Prevention Pledge. This includes Mental Health Awareness Week, Mental Health training, Kind to mind website Launch, Alcohol, Support pilot, Heart Health checks, and NHS Veterans Aware Accreditation

Development Opportunities

- Trust has an intention to refresh the public facing website
- The Trust has an intention to develop an improved social media profile.
- The Trust's Facebook page regularly celebrates community contributions such as the Launch of new services supporting discharge and recovery at home.
- Recognition of volunteers and staff involved in community health initiatives.
- Updates on sustainability and virtual reality training in emergency departments.
- These posts reflect a commitment to transparency and community celebration, though more structured storytelling around impact and co-production would enhance visibility.

7. Use Community Centre approaches that empower people and communities making connections to what works already

- The Trust has an engagement group that has been a critical element in developing the new with Women and Children building.
- Trust recently took its Mobile Research Unit into Chester to engage with communities around Diabetes awareness week, the diabetes team also went to North Gate Village and the Elms Practices to raise awareness of diabetes as part of diabetes week.
- The Trust chairs the Countess of Chester Country Park management group. This award-winning country park is managed through this group and brings together NHS and Land Trust property owners with country park volunteers, Chester Zoo, local artists and Mid Cheshire Community Rail Partnership.
- The Country Park also hosts circa 400+ runners in a weekly park run at weekends.
- The Patient Experience Operations Group (PEOG) explores live experience of patients as a means of service improvement.
- Inclusive Service Improvement Group (ISIP)

Development Opportunities

- As the development of neighbourhood care matures the Trust will seek to support the left shift of activity from hospital to home. This is supported by our clinical strategy - 'Transforming Care Together'

- The Trust has an intent to maximise the impact of the park run and country park success to offer opportune screening for cardiovascular disease and as part of a preoperative referral pathways.
- Review the terms of reference of PEOH and ISIP meetings to be more externally focussed.

8. Have a range of ways for people and communities to take part in health and care services

Strengths

- The Trust has recently been able to secure research funding which is now providing opportune screening for cardiovascular disease and community-based screening using technologies such as DEXA scanning. This Mobile Research Unit takes research out into under-represented communities.
- The Trust is rolling out 3 primary care research hubs in Tarporley Hospital, Ellesmere Port and Winsford. These hubs will provide access for local communities and primary care to partake in community-based research.
- Ellesmere Port Hospital is a diagnostic Hub with the full range of early intervention tests now being offered through CT, MRI and Abdominal Aorta Aneurysm Screening. This is also offered at Tarporley Hospital.
- The Director of Strategy and Partnerships has recently held several public engagement / workshop events, outside of the hospital to engage local people in the future of healthcare.
- Service change consultations, in addition to work established range of meetings to engage with and put our communities at the heart of decision making we will also stand up a range of service change consultations to ensure patients are at the centre of every change we make to improve services

Development Opportunities

- Increasing the number of volunteers in the hospital
- Increase the preventative and opportune screening through our mobile research facility.
- Expand the use of new technologies as a means of remotely monitoring patient's conditions. This has been supported with feedback from engagement events.
- NHS App presents significant opportunity for patient to become more empowered in managing their own health conditions.
- Through the Cheshire West Place Digital Leadership Group, we are reviewing approaches to avoid "digital poverty". We should know more in September.

9. Tackle system priorities and service reconfiguration in partnership with people and communities.

Strengths

- The Trust is a member of the Cheshire West partnership committee, Health and Wellbeing Board and Transformation Groups.
- Jointly these groups operate under the `Place plan` with a shared vision jointly develops by all partner and communities.
- The Trust has not undertaken any service reconfigurations; however, the development of the new Women's and Children's has had significant input from patients and families in its design and development of the care model.
- The Trust has received reports from Healthwatch with feedback on local pharmacy and Dentistry services.
- The Trust has received reports and feedback from Healthwatch on Accident and Emergency services and uses these as a means of identifying areas of service improvement.
- The Trust has the largest human Milk Bank services providing donated Breast milk to over 70 hospital Trust in England, Wales and Ireland.

Development Opportunities

- Integration of community services with Cheshire West Partnerships trust and further development of community and primary care services.
- The Trust are working with British Interactive Media Association to develop guidelines for Muslim families who wish to receive donor milk.

10. Learn from what works and build on the assets of all health and care partners – networks, relationships and activity in local places

Strengths

- Working with Cheshire West Council as part of its stakeholder group to develop a health weight strategy for Cheshire West
- Working with CWP as part of the Countess of Chester Health Park to develop a hospital at home program and to develop sustainable solutions for mental health psychiatry liaison
- The Trust has led on a series of education events (5) in total for Cardiovascular and Cardiometabolic disease so to enhance care pathways more effectively and in managing complex patients better in the community.
- The Trust is working closely with Chester University in the development of the new medical school and in leveraging this as a means of attaining teaching hospital and in the future university hospital status.
- The Trust is an active member of the health and wellbeing strategy group as part of the Cheshire and Wirral Business Advisory Group. This is helping to develop children and young people enter the workplace.

- Mobile research unit has been used for Liver Screening in local retail parks, offering scans for patients at risk.

Development Opportunities

- Development of neighbourhoods
- Adoption of the Ten-Year Plan
- Shifting Care from the hospital into the community
- Adoption of innovative technologies and integrated digital solutions
- Prevention and early intervention
- Trust is working with Chester University to develop a diploma in cardiovascular disease management that will support primary care continual education and multidisciplinary clinics within neighbourhoods.
- Stakeholder management and engagement

11. Conclusion

This report focuses on the extensive activities of the Trust when mapped against the ten domains within this new guidance. The report does indicate future opportunities which the Trust would wish to embrace in partnership with other key stakeholders within the Cheshire West place system.

12. Recommendation

The Board is asked, for assurance purposes, to note the activities of the Trust as described.

Committee Chair's Report

12th August 2025

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

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

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

The Committee staff story described challenging and isolating experiences during and following an incident of racism whilst working at the Trust (in 2024). This highlighted:

- negative and inappropriate responses of other colleagues present
- negative reactions and responses of the wider team

Action that had been taken in relation to those involved:

- action in relation to those involved
- education and learning sessions which had been provided including bystander training and civility workshops
- further work ongoing with medical leaders regarding actively tackling racism.
- The Trust's 2025/26 workforce annual plan showed a variation of circa 87 WTEs above Plan, despite a previous positive downward trend, as a result of some schemes on the CIP tracker not performing. Committee members discussed monitoring mechanisms, financial impacts, and the need for detailed reporting. To gain a better understanding underlying factors affecting workforce metrics, it was agreed that a more detailed and comprehensive document was required to give assurance.
- Culture & Leadership discussion reflected on the Trust's recent history and the deep-rooted impact it has on culture. To achieve significant, meaningful and sustained change will occur only over a period of time. There was consensus that accountability was central to cultural change, setting clear standards and supporting people to meet those standards. It was proposed that the King's Fund framework could be used to structure the organisation's approach to culture and that a Board Development Session be used for culture and leadership to allow for deeper discussion and the setting of clear expectations.

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

- The Committee received an update regarding the current status of all open People related Mersey Internal Audit Agency (MIAA) internal audit recommendations and noted recommendations in relation to ESR/HR payroll areas have been confirmed as implemented and closed: • ESR/HR Payroll • HRWBS ESR Payroll • Bank and Agency

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

- The Committee received an update on the ten-year health plan, as it relates to workforce, noting the government's intention to publish a new 10 Year Workforce Plan later this year. (this replaces the 2023 long-term workforce plan). It is expected to have less emphasis on growing the workforce and more on shifting staff skill mix and harnessing technology to free up staff time to care.

- The Committee received an update on the planned introduction of the new Regulation for NHS Managers, which will be a statutory barring scheme and the Health and Care Professions Council (HCPC) will hold responsibility for the scheme. There will be a formal consultation on the method of regulation which is likely to happen in late 2026.
- The Committee received an update from the FTSU Guardian and outlined a number of case studies from speak-up concerns received. There had been a reduction in concerns relating to bullying and harassment but there were still examples of poor attitude and behaviors. There was no information on whether managers had demonstrated any steps they had taken to avoid repetition of concerns raised. The FTSUG was unclear whether all nine actions on the FTSU Action Plan were being achieved, and Ms C Chadwick agreed to support in reviewing the Action Plan.
- The Committee received a presentation of the workforce metrics dashboard and noted positive movements in compliance and performance including remaining on target for appraisal, mandatory and trust specific training and an improving sickness position under target in month for May and June.
- The Committee received an update on Apprenticeship Levy which demonstrates that the Trust is making year on year improvements in usage with forecasts to improve further as a result of focused work to increase apprenticeships across the organisations with all areas given a 4% target and a specific focus on entry level routes.
- The Committee received an update with regard to Medical Appraisal, Revalidation and oversight of medical governance activity. 365 appraisals have been completed (91.2%) with 95 recommendations made, 77 of which were positive. There were no referrals made for non-engagement.
- The Committee were notified that the Trust had now agreed a proposed framework agreement with UNISON which UNISON has put to consultation with its HCSW members, with a recommendation that they accept the proposal. Subject to acceptance, work will then progress to implement the changes including back pay however it was recognised this would need to take place over a number of months given the complexities of the change.

Risks discussed and new risks identified

- Two high risks remain (as at 1 July), insufficient staffing in Microbiology and Obstetrics and Gynaecology Consultant workforce.
- The Committee noted that the one re microbiology was added in 2019 and felt it was considerable time to be carrying a risk of that level. NS advised that a solution was anticipated.
- It was again noted that there is a need to ensure appropriate and consistent scoring of risks, particularly in light of the duration of some of the risks as recorded.

PUBLIC Board of Directors meeting

Date of meeting: 30/09/2025

Report	Agenda Item 25.	Annual submission to NHS England North West: Framework for Quality Assurance and Improvement						
Purpose of the Report	Decision	X	Ratification		Assurance	X	Information	
Accountable Executive	Dr. Nigel Scawn			Medical Director & Responsible Officer				
Author(s)	Lesley Spruce Lyndsay Cheater			Appraisal & Revalidation Manager Appraisal Lead				
Board Assurance Framework	BAF 1 Quality BAF 2 Safety BAF 3 Operational BAF 4 People BAF 5 Finance BAF 6 Capital BAF 7 Digital BAF 8 Governance BAF 9 Partnerships BAF 10 Research			x x x	Covers a range of BAF areas, specifically contributing to BAF 1, BAF 2 and BAF 4 assurance			
Strategic goals	Patient and Family Experience People and Culture Purposeful Leadership Adding Value Partnerships Population Health							x x x
CQC Domains	Safe Effective Caring Responsive Well led							x x x x x
Previous considerations	People Committee – 12 th August 2025							
Executive summary	<p>The purpose of this report is to provide assurance regarding the medical appraisal and revalidation process together with medical governance activity.</p> <p>Revalidation of the organisations medical staff is a core element of how we ensure safe care. This Framework for Quality Assurance provides evidence of how we assure such care.</p>							
Recommendations	<p>The Board of Directors is asked to note the assurance provided within the report and to approve the Framework and the Statement of Compliance prior to submission.</p> <p><i>To note, this was agreed at the People Committee held on 12th August 2025.</i></p>							

Corporate Impact Assessment	
Statutory/regulatory requirements	Meets NHS England's Framework of Quality Assurance for all Responsible Officers
Risk	N/A
Equality & Diversity	Meets Equality Act 2010 duties & PSED 2 aims and does not directly discriminate against protected characteristics
Communication	Document to be published as part of the Board papers

Annual submission to NHS England North West: Framework for Quality Assurance and Improvement

BACKGROUND

1. Each year the Trust completes this audit/report for NHS England to assure our compliance with the Responsible Officer Regulations and to show our commitment to continual quality improvement in the delivery of professional standards.

PURPOSE

2. The purpose of this report is to provide assurance to the Board of Directors and support future progress.

CURRENT POSITION

3. The completed annual submission is due to be submitted to the National Body by 31st October 2025. Prior to submission, the Board of Directors is required to review the content and the submission is required to be signed by the Chief Executive Officer or Chair, on behalf of the Trust.

RECOMMENDATIONS

4. The Board of Directors is asked to note the assurance provided within the report and to approve the Framework and the Statement of Compliance prior to submission. *To note, this was agreed at the People & Organisation Development Committee held on 12th August 2025.*

2024-2025 Annual Submission to NHS England North West: Framework for Quality Assurance and Improvement

This completed document is required to be submitted electronically to NHS England North West at england.nw.hlro@nhs.net by **31st October 2025**.

As this is a national deadline, failure to submit by this date will result in a missed submission being recorded. We are unable to grant any extensions.

2024-2025 Annual Submission to NHS England North West:

Appraisal, Revalidation and Medical Governance

Please complete the tables below:

Name of Organisation:	Countess of Chester Hospital NHS FT
What type of services does your organisation provide?	Secondary Care

	Name	Contact Information
Responsible Officer	Dr Nigel Scawn	nigel.scawn@nhs.net
Medical Director	As above	
Medical Appraisal Lead	Dr Lyndsay Cheater	lyndsay.cheater@nhs.net
Appraisal and Revalidation Manager	Mrs Lesley Spruce	lesley.spruce@nhs.net
Additional Useful Contacts	Dr Ian Benton, Deputy Medical Director	I.benton@nhs.net

Service Level Agreement

Do you have a service level agreement for Responsible Officer services? **NO**

If yes, who is this with?

Organisation: n/a
<p>Please describe arrangements for Responsible Officer to report to the Board:</p> <p>The RO is also the Executive Medical Director and therefore is a member of the Board. The MD produces and reports a monthly 'Medical Director's Update' to Board which includes any concerns regarding medical staff that need to be escalated to the Board.</p>
<p>Date of last Responsible Officer Report to the Board:</p> <p>The 2023/2024 Annual Submission was presented to the Trust Board on 24/09/2024.</p>
<p>Action from last year:</p> <p>To continue to submit the AOA for NHS England to the Board for their approval.</p>

Annex A

Illustrative Designated Body Annual Board Report and Statement of Compliance

This template sets out the information and metrics that a designated body is expected to report upwards, through their Higher Level Responsible Officer, to assure their compliance with the regulations and commitment to continual quality improvement in the delivery of professional standards.

Section 1 – Qualitative/narrative

Section 2 – Metrics

Section 3 - Summary and conclusion

Section 4 - Statement of compliance

Section 1 Qualitative/narrative

All statements in this section require yes/no answers, however the intent is to prompt a reflection of the state of the item in question, any actions by the organisation to improve it, and any further plans to move it forward. You are encouraged therefore to provide concise narrative responses

Reporting period 1 April 2024 – 31 March 2025

1A – General

The board/executive management team of: Countess of Chester Hospital NHS Foundation Trust

can confirm that:

1A(i) An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Y/N	Yes
Action from last year:	To continue to ensure that we have a trained licensed medical practitioner appointed as RO.
Comments:	The RO is the Medical Director
Action for next year:	To continue

1A(ii) Our organisation provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Y/N	Yes
Action from last year:	None
Comments:	The Trust has a ROAG (Responsible Officer Advisory Group) which meets monthly. This group comprises of the RO (MD), the DMD, Medical Appraisal and Revalidation Lead, Appraisal Manager, Medical Staffing Lead, and in 2024-2025, Trust Board representation was strengthened by the introduction of a Non-Executive Director to the group. The Trust funds 1 PA for the Medical Appraisal and Revalidation Lead who is a Consultant.
Action for next year:	To continue

1A(iii) An accurate record of all licensed medical practitioners with a prescribed connection to our responsible officer is always maintained.

Y/N	Yes
Action from last year:	To continue maintaining this process.
Comments:	The Appraisal & Revalidation Manager (ARM) maintains a record of all doctors employed by the Trust. This is updated as and when a new doctor joins the Trust. If a doctor has not made their own 'connection' to the Trust, the ARM will make the connection on their behalf. When doctors leave the Trust their connection to the Trust is removed by the ARM via the GMC Connect Website.
Action for next year:	

1A(iv) All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Y/N	Yes
Action from last year:	To review our Appraisal Policy in 2024-2025 to ensure it is up to date and effective.
Comments:	The Appraisal Policy has recently been reviewed, updated and ratified by the JLNC. The new Policy is now 'live' on Trust systems and intranet.
Action for next year	Next review date is June 2028 unless needed earlier.

1A(v) A peer review has been undertaken (where possible) of our organisation's appraisal and revalidation processes.

Y/N	Yes
Action from last year:	To progress with a peer review of our appraisal and revalidation processes in early 2025.
Comments:	A Peer Support Group has been set up with the Medical Appraisal & Revalidation Teams from two neighbouring Trusts (Wirral and Mid-Cheshire). First meeting was held on 28/02/2025 to discuss appraisal & revalidation systems. As our relations with them grows we intend to do participate in a more official peer review process. Our next meeting with them is scheduled for 22/09/2025.
Action for next year:	To strengthen the peer review process.

1A(vi) A process is in place to ensure locum or short-term placement doctors working in our organisation, including those with a prescribed connection to another organisation, are supported in their induction, continuing professional development, appraisal, revalidation, and governance.

Y/N	Yes
Action from last year:	To continue to support these doctors and run appraisal Awareness Sessions at 2-3 appropriate points in the year to capture these doctors.
Comments:	All doctors for whom CoCH is their Designated Body and main employer are supported in their appraisal & revalidation should that fall due whilst they are working at COCH. New starters are emailed a video which discusses the appraisal & revalidation processes and how they can access further help. We also hold Appraisal Awareness Session twice per year, run by the Appraisal Lead and the ARM. In this session they are introduced to the Trust's appraisal and revalidation processes and signposted to any help and guidance that they may need. They are also given an account on the L2P electronic appraisal platform when they commence employment at the Trust.
Action for next year	

1B – Appraisal

1B(i) Doctors in our organisation have an [annual appraisal](#) that covers a doctor's whole practice for which they require a GMC licence to practise, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.

Y/N	Yes
Action from last year:	None
Comments:	As part of the appraisal process, doctors provide details about and discuss their scope of practice at CoCH and in any other organisations in which they work. A scope of practice form needs to be included in their appraisal evidence from any other organisations, which incorporates information on any claims, incidents or adverse events they have been involved in. Appraisers are aware that this needs to be present.
Action for next year:	

1B(ii) Where in Question 1B(i) this does not occur, there is full understanding of the reasons why and suitable action is taken.

Y/N	n/a
Action from last year:	n/a
Comments:	n/a
Action for next year:	n/a

1B(iii) There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Y/N	Yes
Action from last year:	To update our Appraisal Policy in 2024-2025.

Comments:	There is an updated Medical Appraisal Policy in place that has been approved by the JLNC.
Action for next year:	

1B(iv) Our organisation has the necessary number of trained appraisers¹ to carry out timely annual medical appraisals for all its licensed medical practitioners.

Y/N	Yes
Action from last year:	To update the appraiser training to include guidance on L2P and to continue running regular appraisal training.
Comments:	We hold 1 or 2 Appraiser Training sessions per annum to recruit and train new appraisers, to ensure we have an adequate number of trained appraisers to each complete 5-8 appraisals a year in a timely manner and to a high standard. In the last 12 months we have developed a Job Description for Appraisers, which we circulate to interested parties.
Action for next year:	

1B(v) Medical appraisers participate in ongoing performance review and training/ development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements ([Quality Assurance of Medical Appraisers](#) or equivalent).

Y/N	Yes
Action from last year:	Continue ASG and appraiser support.
Comments:	We continue to hold bi-annual Appraiser Support Groups (ASG). At these meetings we update our appraisers on any changes or developments that we receive from NHS England Revalidation Team Meetings and provide a forum for open discussion on appraisal matters or challenges arising. ARM and Medical Lead for Appraisal and Revalidation easily available for appraisal advice. We have a quality assurance process that reviews 20% of appraisers annually.

¹ While there is no regulatory stipulation on appraiser/doctor ratios, a useful working benchmark is that an appraiser will undertake between 5 and 20 appraisals per year. This strikes a sensible balance between doing sufficient to maintain proficiency and not doing so many as to unbalance the appraiser's scope of work.

Action for next year:	
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1B(vi) The appraisal system in place for the doctors in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Y/N	Yes
Action from last year:	To continue to support and educate appraisers as needed.
Comments:	<p>The Appraisal Manager quality assures appraisals submitted to the appraisal team, and if incomplete or of a substandard quality, will discuss these with the Medical Lead for Appraisal and Revalidation. These appraisals are returned the appraiser/ appraisee with feedback on what improvements are needed to reach the standard required. Appraisals reaching the standard are then submitted to the appropriate Associate Medical Directors (AMDs) for review.</p> <p>The ASPAT tool has been in use since April 2024 to audit and quality assure the Appraisal Summary and PDP of doctors in the organisation. We will retrospectively review 20% of the appraisers summaries each year, so over a 5-year cycle, all the appraisers will have been audited and quality assured once.</p> <p>The findings will be reported to the ROAG group 6 monthly.</p>
Action for next year:	

1C – Recommendations to the GMC

1C(i) Recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to our responsible officer, in accordance with the GMC requirements and responsible officer protocol, within the expected timescales, or where this does not occur, the reasons are recorded and understood.

Y/N	Yes
Action from last year:	To continue.
Comments:	<p>All revalidation recommendations are considered by the Responsible Officer Advisory Group (ROAG) at the monthly meeting. The evidence is circulated 2 weeks in advance for review. The ROAG review appraisal and 360 MSF (Multi-Source Feedback) evidence for doctors who are due for revalidation and the RO then makes his recommendation to the GMC.</p>

Action for next year:	Continue

1C(ii) Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted, or where this does not happen, the reasons are recorded and understood.

Y/N	Yes
Action from last year:	To continue
Comments:	Doctors are informed by the ARM once the RO has submitted a recommendation for them. If the recommendation is one of deferral or non-engagement this will have been fully discussed with the doctor before the recommendation is submitted.
Action for next year:	

1D – Medical governance

1D(i) Our organisation creates an environment which delivers effective clinical governance for doctors.

Y/N	Yes
Action from last year:	To continue
Comments:	Any concerns raised about a doctor would be discussed with them at the first available opportunity, including removing them from the clinical environment if considered necessary to ensure patient safety. Each clinical division within the organisation holds a monthly governance meeting, where feedback would be given about doctors if any concerns had arisen and what plans were in place going forward. The doctor would also have a duty to inform other organisations in which they work if they are excluded from clinical practice. The Appraisal & Revalidation Manager (ARM) provides reports on claims, complaints and incidents which are uploaded into appraisal documentation in advance of their appraisal, so that they have

	time to reflect and comment upon any claims, complaints and incidents that are recorded.
Action for next year:	

1D(ii) Effective [systems](#) are in place for monitoring the conduct and performance of all doctors working in our organisation.

Y/N	Yes
Action from last year:	To continue
Comments:	All doctors employed by the Trust including Lead Employer Trainee doctors are subject to the Trusts Disciplinary and Capability procedure (see later) and the MHPS document. All conduct and performance issues are discussed and logged with NHS Resolutions (Practitioners Performance Advisor) and their advice is shared with the doctor in difficulty. Any serious conduct and performance concerns regarding senior medical staff are reported to the Trust Board through the MD's report.
Action for next year:	

1D(iii) All relevant information is provided for doctors in a convenient format to include at their appraisal.

Y/N	Yes
Action from last year:	To continue.
Comments:	Doctors are emailed any claims, complaints or incident reports one month in advance of their appraisal date. The doctor is expected to then reflect and make comment on these and they are available for the appraiser to view prior to the appraisal. They also receive their Mandatory Training Report in this way.
Action for next year:	

1D(iv) There is a process established for responding to concerns about a medical practitioner's fitness to practise, which is supported by an approved responding to concerns [policy](#) that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Y/N	Yes
Action from last year:	To update the above policy in 2024-2025, and continue to hold these updates with the GMC and PPA.
Comments:	The organisation has a policy on Sharepoint entitled: "Disciplinary and Capability procedure for medical and dental staff maintaining high professional standards". This was written in 2017 by the Medical Director at that time, and last modified in 2020. The RO holds regular informal updates with both the GMC Employment Liaison Advisor and the Practitioners Performance Advisor.
Action for next year:	Reviewing this is still outstanding and an extension has been granted by the People Committee until September 2025.

1D(v) The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors and country of primary medical qualification.

Y/N	Yes
Action from last year:	To continue
Comments:	There are regular informal updates with both the GMC Liaison Officer and the Practitioners Performance Advisor. Disciplinary matters concerning doctors is a standing agenda item for the Medical Director at every Trust Board Meeting and discussed at divisional governance meetings (see earlier). If a doctor is excluded from practice this is reported immediately to the Chief Executive and the Board and reported every 4 weeks until the exclusion is lifted, and the doctor is back in work.
Action for next year:	

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1D(vi) There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with [appropriate governance responsibility](#)) about a) doctors connected to our organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.

Y/N	Yes
Action from last year:	To continue
Comments:	We use the Transfer of Information Form (TOI) to request information from a doctors previous Trust. The information on this is cross checked with other evidence including their DBS check, GMC information and their references. We also complete TOI requests from other Trusts when a doctor has left our employment. The RO is made aware of any concerns that we may have surrounding any TOI forms received in from another Trust.
Action for next year:	

1D(vii) Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref [GMC governance handbook](#)).

Y/N	Yes
Action from last year:	To continue
Comments:	All MHPS/Disciplinary cases are 'overseen' by a Non-Executive Director. The RO is also advised by the Trust's Responsible Officer Advisory Group which has been strengthened by the addition of a Non-Executive Director and the Head of Medical Staffing. Equality and Diversity training is mandatory for all staff in the
Action for next year:	

1D(viii) Systems are in place to capture development requirements and opportunities in relation to governance from the wider system, e.g. from national reviews, reports and enquiries, and integrate these into the organisation's policies, procedures and culture. (Give example(s) where possible.)

Y/N	Yes
Action from last year:	Continue to remain up to date.
Comments:	The RO, ARM and Medical Appraisal and Revalidation Lead attend regional RO meetings each year where updates are highlighted and discussed. In between these times, the RO would bring information on any developments to the monthly ROAG meeting
Action for next year:	

1D(ix) Systems are in place to review professional standards arrangements for [all healthcare professionals](#) with actions to make these as consistent as possible (Ref [Messenger review](#)).

Action from last year:	The RO and ROAG will be advised by the GMC regarding additional appraisals that will need to be carried out going forward for non-medical practitioners – The Truist currently employs 4 Physician Assistants (PA) but no Anaesthetic Assistants (AA). The PAs are moving towards being GMC registered with an expectation that annual appraisal and a revalidation process will become mandated but process not yet clarified.
Comments:	All health care practitioners are reviewed annually as part of their own professional appraisal process, by peers in their profession
Action for next year:	

1E – Employment Checks

1E(i) A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Y/N	Yes
Action from last year:	To continue to implement and update these policies as and when necessary.
Comments:	<p>The following policies are in place to ensure the appropriate pre-employment background checks have been carried out:</p> <p>Managers Guide to Recruitment Policy for the Appointment of Consultant Medical & Dental Staff Equal Opportunities Policy Registration Authority Policy Deployment of temporary staff operational policy Recruitment and selection policy Disclosure and barring service checks policy Honorary contracts policy Staff secondment policy</p>
Action for next year:	

1F – Organisational Culture

1F(i) A system is in place to ensure that professional standards activities support an appropriate organisational culture, generating an environment in which excellence in clinical care will flourish, and be continually enhanced.

Y/N	Yes
Action from last year:	A job plan review for all senior medical staff will ensure all improvement work is appropriately reflected.
Comments:	Full job plan review for all consultants and SAS doctors has been undertaken. All doctors are given enough time to fully complete supported professional activities, and additional roles in education, research etc are supported

Action for next year:	
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1F(ii) A system is in place to ensure compassion, fairness, respect, diversity and inclusivity are proactively promoted within the organisation at all levels.

Y/N	Yes
Action from last year:	None
Comments:	The organisation has been working hard on developing a civility charter which was launched in May 2024 after a series of roadshows collecting ideas from staff groups, and short development sessions to raise awareness. A culture and civility handbook has been developed for all staff that will be available in both paper and electronic format. This will cover the importance of civility, our behavioural standards, key cultural drivers such as the Anti Racism and Sexual Safety charters and it will outline all the support mechanisms available to staff. There is also wellbeing hub that was opened in May 2024, which is a staff only space that is open 24/7. Its role is primarily a base for staff to sit away from the workplace, but is also a hub for accessing wellbeing support, staff network activities, for partner organisations to visit and for colleagues to access information as and when they need it.
Action for next year:	

1F(iii) A system is in place to ensure that the values and behaviours around openness, transparency, freedom to speak up (including safeguarding of whistleblowers) and a learning culture exist and are continually enhanced within the organisation at all levels.

Y/N	Yes
Action from last year:	Continue to promote and expand awareness of the FTSU initiative hoping the network is represented in all different clinical areas and staff groups, and other patient safety initiatives.
Comments:	There has been a drive in the organisation to promote awareness and confidence in “freedom to speak up”. (FTSU) There is a leader for this initiative, and a dedicated page on the hospital intranet with contacts and resources. There is a FTSU Champions Network which continues to grow, with 50

	colleagues currently trained, and further training dates for circulated. The training and role of a FTSU champion is open to all staff of all grades and all roles, who will need to have completed the two mandatory e-learning modules; 'speak up' and 'listen up' before attending the face-face training. There are monthly "safety summits" which have a different theme each month and act as a forum for all staff to explore, share and learn about all aspects of complex patient safety issues. There are also "weekly learning" reports circulated to all staff, where themes of learning from critical incidents are shared.
Action for next year:	

1F(iv) Mechanisms exist that support feedback about the organisation' professional standards processes by its connected doctors (including the existence of a formal complaints procedure).

Y/N	Yes
Action from last year:	None
Comments:	There is a bullying and harassment policy on Sharepoint which includes a flowchart of how the process works. Doctors can give feedback about the organisation' professional standards processes to their appraisers at their appraisal, or through the FTSU route or directly via the GMC Liaison Team.
Action for next year:	

1F(v) Our organisation assesses the level of parity between doctors involved in concerns and disciplinary processes in terms of country of primary medical qualification and protected characteristics as defined by the [Equality Act](#).

Y/N	Yes
Action from last year:	Consider an annual audit of country of primary medical qualification and protected characteristics for doctors discussed at ROAG from the previous 12-month period.
Comments:	All members of ROAG have completed Equality and Diversity mandatory training, compliance with which is reviewed at their annual appraisals. ROAG doesn't formally assess the level of parity in terms of country of primary medical qualification and protected characteristics, however it is mixed group from

	different backgrounds that works hard to deal with all cases individually. The above audit has not been completed in the last 12 months.
Action for next year:	Consider an annual audit of country of primary medical qualification and protected characteristics for doctors discussed at ROAG from the previous 12-month period.

1G – Calibration and networking

1G(i) The designated body takes steps to ensure its professional standards processes are consistent with other organisations through means such as, but not restricted to, attending network meetings, engaging with higher-level responsible officer quality review processes, engaging with peer review programmes.

Y/N	Yes
Action from last year:	Continue to attend meetings
Comments:	The RO, ARM and Medical Lead for Appraisal and Revalidation attend twice yearly regional RO meetings, and we will continue to engage with our local hospitals WUTH and Mid Cheshire Hospitals NHS Foundation Trust.
Action for next year:	

Section 2 – metrics

Year covered by this report and statement: 1 April 2024 – 31 March 2025.

All data points are in reference to this period unless stated otherwise.

The number of doctors with a prescribed connection to the designated body on the last day of the year under review	400
Total number of appraisals completed	365
Total number of appraisals approved missed	44
Total number of unapproved missed	10
The total number of revalidation recommendations submitted to the GMC (including decisions to revalidate, defer and deny revalidation) made since the start of the current appraisal cycle	95
Total number of late recommendations	0
Total number of positive recommendations	77
Total number of deferrals made	18
Total number of non-engagement referrals	0
Total number of doctors who did not revalidate	0
Total number of trained case investigators	18
Total number of trained case managers	3
Total number of concerns received by the Responsible Officer ²	
Total number of concerns processes completed	7
Longest duration of concerns process of those open on 31 March (working days)	167 days
Median duration of concerns processes closed (working days) ³	115
Total number of doctors excluded/suspended during the period	1
Total number of doctors referred to GMC	1
Total number of appeals against the designated body's professional standards processes made by doctors	1
Total number of these appeals that were upheld	0
Total number of new doctors joining the organisation	99

² Designated bodies' own policies should define a concern. It may be helpful to observe <https://www.england.nhs.uk/publication/a-practical-guide-for-responding-to-concerns-about-medical-practice/>, which states: *Where the behaviour of a doctor causes, or has the potential to cause, harm to a patient or other member of the public, staff or the organisation; or where the doctor develops a pattern of repeating mistakes, or appears to behave persistently in a manner inconsistent with the standards described in Good Medical Practice.*

³ Arrange data points from lowest to highest. If the number of data points is odd, the median is the middle number. If the number of data points is even, take an average of the two middle points.

Total number of new employment checks completed before commencement of employment	99
Total number claims made to employment tribunals by doctors	0
Total number of these claims that were not upheld ⁴	

Section 3 – Summary and overall commentary

This comments box can be used to provide detail on the headings listed and/or any other detail not included elsewhere in this report.

General review of actions since last Board report
<p>Appraisal Policy has been updated June 2025.</p> <p>Commenced Peer Review process with two neighbouring Trusts.</p> <p>Supported new starting doctors with appraisal & revalidation information</p> <p>Attended and observed Appraiser Training at a local Trust to help modernise our own appraiser training sessions.</p> <p>Another Senior Appraiser has been involved in providing support to our Medical Appraisal Lead for the quality assurance process and the Appraiser Support Groups (ASG) and Appraiser Training.</p> <p>Strengthened the ROAG with the addition of a Non-Executive Director (NED)</p> <p>We are now 18 months into using our L2P electronic appraisal platform and the organisation has now become more familiar with this.</p>
Actions still outstanding
<p>Annual Audit of country of primary medical qualification and protected characteristics for doctors discussed at ROAG for the previous 12 months for people who have been deferred</p> <p>The Disciplinary & Capability Procedure for Medical and Dental staff maintaining high professional standards still needs to be updated.</p>
Current issues

⁴ Please note that this is a change from last year's FQAI question, from number of claims upheld to number of claims not upheld".

Actions for next year (replicate list of 'Actions for next year' identified in Section 1):
Overall concluding comments (consider setting these out in the context of the organisation's achievements, challenges and aspirations for the coming year):

Section 4 – Statement of Compliance

The Board/executive management team have reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

[(Chief executive or chairman (or executive if no board exists))]

Official name of the designated body:	
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Name:	
Role:	
Signed:	
Date:	

Name of the person completing this form:	Dr Nigel Scawn
Email address:	nigel.scawn@nhs.net

PUBLIC – Board of Directors
30th September 2025

Report	Agenda Item 26.	Use of Trust Seal: Women & Children's Build – Sub-Contractor Collateral Warranties					
Purpose of the Report	Decision	X	Ratification		Assurance		Information
Accountable Executive	Karan Wheatcroft			Director of Governance, Risk & Improvement			
Author(s)	Nusaiba Cleuvenot			Head of Corporate Governance			
Board Assurance Framework	BAF 1 Quality BAF 2 Safety BAF 3 Operational BAF 4 People BAF 5 Finance BAF 6 Capital BAF 7 Digital BAF 8 Governance BAF 9 Partnerships BAF 10 Research			X	Aligned to Constitution requirements for application of the Trust Seal.		
Strategic goals	Patient and Family Experience People and Culture Purposeful Leadership Adding Value Partnerships Population Health						X
CQC Domains	Safe Effective Caring Responsive Well led						X
Previous considerations	Not applicable.						
Executive summary	To notify the Board of Directors of the use of the Trust Seal.						
Recommendations	The Board of Directors is asked to approve the use of Trust Seal in retrospect.						

Corporate Impact Assessment	
Statutory/regulatory requirements	Meets the requirements of the Health and Social Care Act 2008 and in line with the Trust's Constitution, Code of Governance and regulatory requirements.
Risk	As outlined within the risk management policy document.
Equality & Diversity	Meets Equality Act 2010 duties & PSED 2 aims and does not directly discriminate against protected characteristics
Communication	Not confidential

Use of Trust Seal

1. Executive Summary

The purpose of this paper is to notify the Board of Directors of the Use of Trust Seal.

2. Background

As per the Constitution, the use of the Trust Seal must be approved by the Director of Finance or nominated officer and authorised in writing the Chief Executive Officer (CEO) or nominated officer. The Board will receive a report of all sealings for approval.

3. Use of Trust Seal

Date Seal Applied	Document	Signatories
18/08/2025	Women & Children's Build – Sub-Contractor Collateral Warranties: Dalkia Engineering Limited, Primeseal Roofing Limited, Alliance Design UK Limited T/A Edge Consulting Engineers, Kone PLC and; Countess of Chester Hospital NHS Foundation Trust	Jane Tomkinson, Chief Executive Officer; and Karen Edge, Director of Finance
23/09/2025	Women & Children's Build – Sub-Contractor Collateral Warranties: Robertson Roofing Limited PLC and; Countess of Chester Hospital NHS Foundation Trust	Jane Tomkinson, Chief Executive Officer; and Karen Edge, Director of Finance

4. Recommendation

The Board is asked to **approve** the application of the Trust Seal in retrospect.