Countess of Chester Hospital NHS Foundation Trust

Meeting of the Council of Governors in Public

Wednesday 22nd October 2025, 13.45 – 16.00, Seminar Room, Women & Children's Building

Chair	Mr N Large, Trust Chair
Apologies	Partnership Governors, Ms K Knight & Ms K Chambers Public Governors, Dr K Chaterjee, Mr R Howe & Mr I Gibbons Staff Governor, Dr S Tueger Non-Executive Director, Prof A Hassell, Mr P Jones, Ms W Williams and Mr M Guymer
In attendance	

Time	Agenda Number	Agenda item	Lead	Page Number	Decision Required
13.45	1.	Welcome, apologies, and opening remarks (verbal)	Trust Chair		For noting
13.47	2.	Declarations of conflicts of interest with agenda items (verbal)	Trust Chair		For noting
13.50	3.	To approve the minutes of the Council of Governors held on the 17th July 2025 (attached)	Trust Chair	4 - 15	For approval
13.55	4.	To consider any matters arising and action log (attached)	Trust Chair	16	For noting
14.00	5.	Patient Story (to be presented on the day)	Director of Nursing & Quality/ Deputy Chief Executive		For noting
14.05	6.	Trust Chair's Briefing (verbal)	Interim Trust Chair		For noting
14.15	7.	Chief Executive Officer's Report (attached)	Chief Executive Officer	17 - 32	For noting
14.25	8.	Lead Governor Update – October 2025 (attached)	Lead Governor	33 - 36	For noting
14.30	9.	a) Membership & Engagement Committee Chair's Report 11th September 2025 (attached) b) Approved minutes of the Membership & Engagement Committee 3rd July 2025 (attached) c) Membership and Engagement Strategy (attached)	Committee Chair Committee Chair Director of Governance, Risk & Improvement	37 38 - 41 42 - 51	For noting For noting For ratification

	10.	To receive Board updates:			
14.40		a) Board of Directors meeting 29th July 2025 (minutes) and Board of Directors meeting 30th September 2025 (agenda) (attached)*	Interim Trust Chair & Executive Directors	52 - 77	For noting and discussion
14.45		b) The recent Chair's reports of Board Sub-Committees (attached):	Non-Executive Directors		For noting and discussion
		• Chair's report from the Chair of the People Committee – 12th August 2025		78 - 79	
		• Chair's report from the Chair of the Audit Committee – 15th July 2025		80	
		• Chair's Report Finance & Performance Committee – 27th August 2025 and 23rd September 2025		81 - 82	
		• Chair's report from the Chair of the Quality & Safety Committee – 8th September 2025		83	
14.55		c) Integrated Performance Report (IPR)** (attached)		84 - 97	For assurance
		• Operational Performance	Chief Operating Officer		
		• Quality	Director of Nursing & Quality/ Deputy Chief Executive		
		• Safety	Medical Director		
		• Finance	Chief Finance Officer		
		• People	Chief People Officer		

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15.10	11.	Proposal to Amend the Trust's Constitution (attached)	Director of Governance, Risk and Improvement	98 - 101	For approval
15.20	12.	To receive feedback from Governors (verbal)	Governors		For noting
15.25	13.	Council of Governors action plan update (attached)	Director of Governance, Risk and Improvement	102 - 105	For assurance
15.35	14.	Non-Executive Director (NED)/ Governor Walkabouts Summary Report (Quarter 2) (attached)	All Governors /Trust Chair	106 - 110	For noting
15.45	15.	Feedback from the Council of Governors Workshop – 22nd October 2025 (verbal)	Trust Chair		For noting
15.53	16.*	For noting: a) Council of Governors Workplan (attached) b) Council of Governors Photo Sheet (attached)	Director of Governance, Risk and Improvement Trust Chair	111 - 113 114	For noting For noting
15.55	17.	Any Other Business (verbal)	Trust Chair		For noting
16.00	18.	Close of meeting			

*Papers are 'for information' unless any governor's request a discussion
**Please note that the full Integrated Performance Report (IPR) – June 2025 is available within the 30th September 2025 Board of Directors papers - Board of Directors Meeting Packs | Countess of Chester Hospital

Next Meeting: Thursday 29th January 2025 2025 at 14.00 – 16.00 in the Boardroom, 1829 Building

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Minutes of the Council of Governors (in Public)

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

Members	23/04/25	17/07/25		
Trust Chair (Chair), Mr N Large	☑	☑		
Chester and Rural Cheshire				
Public Governor, Mr R Howe	☒	☒		
Public Governor, Mr J Jones (Lead Governor)	☑	☑		
Public Governor, Ms L Liang	☑	☑		
Public Governor, Mr T Wheeler	☒	N/A		
Public Governor, Ms S Dunbar	☑ (Via Microsoft Teams)	☑		
Public Governor, Ms J Chillery	☑	☑		
Public Governor, Ms L Jha	☑	☑		
Vacant position	N/A	N/A		
Vacant position	☒	N/A		
Ellesmere Port and Neston				
Public Governor, Mr B Jones	☒	☒		
Vacant position	N/A	N/A		
Vacant position	N/A	N/A		
Vacant position	N/A	N/A		
Flintshire				
Public Governor, Mrs R Overington	☑	☑		
Public Governor, Mr M Roberts	☑	☑		
Vacant position	N/A	N/A		
Remaining England and Wales				
Public Governor, Mr D Cassidy	☒	☒		
Partnership Organisations				
Partnership Governor, Mr D Foulds	☒	☑ (Via Microsoft Teams)		
Partnership Governor, Ms C Gahan	☑	☒		
Partnership Governor, Dr K Knight	☒	☒		
Staff Governor				
Staff Governor, Ms P Edwards	☒	☑		
Staff Governor, Mr S Higgitt	☑	☑		
Staff Governor, Ms A Jayne Caple	☒	☒		
Staff Governor, Ms D Kambasha	☒	☒		
Staff Governor, Ms A Lewis-Aaron	☒	☒		
Staff Governor, Mrs C Price	☒	N/A		
Staff Governor, Dr A Tueger	☒	☑		
Staff Governor, Mrs M Woodward	☒	☒		

In attendance	23/04/25	17/07/25		
Chief Executive Officer, Ms J Tomkinson OBE	☑	☑		
Director of Nursing & Quality/Deputy Chief Executive, Mrs S Pemberton	☑	☑		
Head of Quality, Ms L Kanwar	☑ (Item 14)	N/A		

Acting Chief People Officer, Ms V Wilson	☒	☑		
Deputy Chief People Officer – HR Operations, Mr P Marston	☑ (on Ms V Wilson behalf)	N/A		
Deputy Chief People Officer – Organisation Development, Ms L Pritchard	☑ (Item 15)	N/A		
Deputy Chief Operating Officer, Mr S Brown	☑ (on Ms C Chadwick behalf)	N/A		
Chief Operating Officer, Ms C Chadwick	☒	☑		
Chief Finance Officer, Mrs K Edge	☒	☒		
Deputy Director of Finance, Ms H Wells	☑ (on Ms K Edge behalf)	N/A		
Medical Director, Dr N Scawn	☒	☑		
Chief Digital Data Officer, Mr J Bradley	☑	☒		
Director of Strategic Partnerships, Mr J Develing	☒	☑		
Non-Executive Director, Mr M Guymer	☒	☒		
Non-Executive Director, Ms P Williams	☑	☑		
Non-Executive Director, Ms W Williams	☑ (Via Microsoft Teams)	☑ (Via Microsoft Teams)		
Non-Executive Director, Mr A Hassell	☑	☑ (Via Microsoft Teams)		
Non-Executive Director, Mr D Williamson	☑ (Via Microsoft Teams)	☒		
Non-Executive Director, Ms S Corcoran	☑ (Via Microsoft Teams)	☑ (Via Microsoft Teams)		
Non-Executive Director, Mr P Jones	☒	☒		
Director of Governance, Risk & Improvement, Mrs K Wheatcroft	☑	☑		
Practice Development Support Worker, Ms K Shannon	☑ (Item 5)	N/A		
Head of Corporate Governance, Mrs N Cleuvenot	☒	☑		
Early Careers Lead, Ms M Whelan	☒	☑ (Item 5)		
Committee Secretary, Mrs C Jones	☑ (minutes)	☑ (minutes)		

Formal Business		
Agenda Item Number	Item	Action
1.	**<u>Welcome, apologies, and opening remarks</u>** The Trust Chair, Mr N Large (NL) welcomed everyone to the meeting and thanked the Council of Governors (COG) for his appointment as Trust Chair. Apologies were noted from the Public Governor, Mr R Howe and Partnership Governor, Ms C Gahan; Chief Digital & Data Officer, Mr J Bradley; Non-Executive Directors (NED), Mr M Guymer, Mr P Jones and Mr D Williamson.	

	Partnership Governor, Ms K Knight and Mr D Foulds; and NEDs, Ms S Corcoran, Ms W Williams and Prof Hassell joined the meeting via Microsoft Teams. NL provided the following updates to the Council of Governors: • Public Governor, Mr T Wheeler had resigned as a Governor due to a conflict with his new Non-Executive Director (NED) position. He has been thanked for his contributions, and best wishes were extended on behalf of the COG. • NED Mr M Guymer (MG) will be resigning as a NED in October 2025, and the Governor Nominations Committee will oversee recruitment for the NED role. • Regarding Foundation Trust governance, there are indications that the current model may change within the next ten years following the publication of the 10 year plan, potentially eliminating the need for Governors. Further details will be clarified as long term plans develop. • The Director of Strategic Partnerships, Mr J Develing (JD) is holding an engagement session at the Storyhouse in Chester City centre on the 25th July 2025. This public event will focus on the clinical strategy, featuring two sessions (morning and afternoon), facilitated by JD. Discussions will centre on service delivery over the next five to ten years. Details have been shared via social media. NL requested Governors to inform the Committee Secretary, Mrs C Jones (CJ) if they wish to attend. • NL announced the opening of the new Women & Children's Unit, with dates shared with Governors by CJ for visits; all are welcome to attend. • On the 22nd July 2025, a meeting will be held with the Integrated Care Board (ICB) and NHS England (NHSE) Regional colleagues to review Month 3 Finances and progress against the cost improvement plan. This year presents significant challenges, particularly under the new National Oversight Framework (NOF). The NOF will be addressed further in the Private COG session. • There is a junior doctor strike scheduled for five days starting the 25th July 2025. Planning meetings have taken place to prepare for this period. Agreed rates have been set across the Cheshire & Merseyside (C&M) system. Public support appears lower than previous action, but planning remains robust. NL is assessing solutions at the system level and prioritising collaborative partnerships. • Partnership Governor, Mr D Foulds is scheduled to present on the voluntary sector role at the next Informal Chair and Governor meeting. • The search is underway for a Chair of the Organ Donation Committee. It was confirmed that NED, Ms S Corcoran (SC) will not be taking up the role as guidance recommends appointing a lay person as Chair. NL is seeking a Governor to take on the role, the Committee meets quarterly and will receive secretarial support. Ms J Chillery (JC) expressed interest in chairing. • In terms of ICB changes, the Chief Executive has been succeeded by Cathy Elliot, and the ICB Chair will step down in October 2025. Efforts will continue to ensure a comprehensive understanding of the evolving system moving forward. The Council of Governors **noted** the updates.	

2.	**Declarations of conflicts of interest with agenda items** There were no conflicts of interest declared in relation to the public meeting agenda items.	
3.	**To approve the minutes of the Council of Governors held on the 23rd April 2025** The minutes of the meeting held on the 23rd April 2025 were **approved** as a true and accurate record.	
4.	**To consider any matters arising and action log** The Director of Governance, Risk & Improvement, Ms K Wheatcroft (KW), noted that there is an update against each action in the log circulated and all were now closed. The Council of Governors **noted** the action log.	
5.	**Apprenticeship Service Showcase** (Early Careers Lead, Ms M Whelan in attendance for this item) The Trust Chair, Mr N Large (NL) was glad to invite Early Careers Lead, Ms M Whelan (MW) to present to the COG following himself attending the Apprenticeship Awards. MW presented on the apprenticeship services highlighting the following: • What the Trusts apprentice service is and why it matters. • The impact it has and the development to date. • The future focus. Public Governor, Mr M Roberts queried if members of staff that are developed professionally are contractually obliged to stay with the Trust. MW confirmed not contractually, but within the agreements the Trust asks apprentices for a commitment to stay at the Trust eighteen months after their apprenticeship completion. Public Governor, Ms R Overington (RO) queried if staff go on to complete degrees. MW confirmed that they can and there are a wide range of degree apprenticeships at level 6. Lead Governor, Mr J Jones (JJ) thanked MW for her presentation, congratulating her on the work taking place. The Council of Governors **noted** the Apprentice Service Showcase. (Partnership Governor, Mr D Foulds joined the meeting via Microsoft Teams)	
6.	**Patient Story** Director of Nursing & Quality/Deputy Chief Executive, Ms S Pemberton (SP) shared a positive patient story with the COG regarding a patients experience with the Gynaecology team.	

	The Council of Governors **noted** the Patient Story.	
7.	**Trust Chair's Briefing** It was noted that the Trust Chair's Briefing was shared within item 1.	
8.	**Chief Executive Officer's (CEO) Report** (NED, Ms S Corcoran joined the meeting via Microsoft Teams) The Chief Executive, Ms J Tomkinson (JT), provided an overview of the NHS ten year plan, emphasising that this is intended as a vision rather than a set of prescriptive targets. JT continued that work commenced last year on the Trust's overall strategy and highlighted that the ten year plan will refine this strategy and align to population health needs, becoming a regular feature of future COG meetings. JT noted that the Trust Chair, Mr N Large (NL) had referenced national reforms and the importance of adapting to these within the Trust's strategy. JT commented on the work within the Cheshire and Merseyside Provider Collaborative, noting that the recent collaboration with the former community services and the mental health collaborative has been beneficial. JT further updated on partnership work with Cheshire Wirral Partnership (CWP) to consolidate community services, emphasising that there is significant scope for enhanced collaboration, particularly concerning the mental health agenda, with encouraging progress underway. JT informed the COG that recognition is given to employees and teams who have been nominated for Employee or Team of the Month; these nominees will progress to the annual staff awards ceremony. Categories for the ceremony have been released, and nominations are actively being received. JT invited members of the COG to inform the Chief People Officer, Ms V Wilson (VW) should they know of potential sponsors for the event. JT highlighted recent innovations in practice, referencing work undertaken by the COCH Milk Bank, which is leading nationally as the only milk bank of its kind in the country and that Dr T Barnes is taking on a national role regarding outpatient transformation. Reference was made to the national Performance Assessment Framework, with relevant items to be addressed at the Board of Directors meeting in July 2025. NL acknowledged recent media coverage, which will be discussed in the private meeting. The Council of Governors **noted** the contents of the report.	
9.	**Governor Election Update** The Director of Governance, Risk & Improvement, Ms K Wheatcroft (KW), provided an update on the ongoing Staff and Public Governor election process. Several information sessions have been held for prospective Governors, with additional meetings offered by the Trust Chair, Mr N Large (NL) and KW to address any questions. The deadline for Governor applications is the 25th July	

	2025. Everyone is encouraged to inform and motivate people they know including any colleagues to stand for election, as their contributions would greatly benefit the COG. Public Governor, Ms R Overington (RO) noted the recent activity on social media channels, noting that these have been particularly effective in promoting the election and engagement process. The Council of Governors **noted** the verbal Governor Election Update.	
10.	**Lead Governor Update – July 2025** Lead Governor, Mr J Jones (JJ) delivered the Lead Governor Update, expressing gratitude to Governors involved in the process of appointing the Trust Chair, Mr N Large (NL) and offering a formal welcome on behalf of the Governors. The update also included plans to formally welcome Partnership Governor, Ms K Chambers (KC) through the meeting minutes. It was recognised that this is the last formal COG before the Annual Members' Meeting (AMM) in September 2025; as such, one or two Governors may be attending their final meeting, and their invaluable input and support was acknowledged. NL echoed appreciation for the Governors' work, time, and support. Public Governor, Ms L Liang (LL) reflected on her three year term, the additional roles, and expressed enjoyment and support throughout her service. The Council of Governors **noted** the contents of the report.	
11.	**Chairs report on the work of the Anchor Institution Group** Director of Strategic Partnerships, Mr J Develing (JD) provided an overview of the Anchor Institution Group's recent activities, highlighting achievements over the past six months in advancing social value and progress on the Green Plan. The Trust has received accreditation as an Anchor Institution and demonstrated compliance with Integrated Care Board (ICB) standards. Key accomplishments include successful apprenticeship initiatives and geothermal energy projects. An update on the Green Plan will be presented to the July 2025 Board of Directors. The Council of Governors **noted** the Chair's briefing from the Anchor Institution Group.	
12.	**a) Membership & Engagement Committee Chair's Report** Public Governor, Mr M Roberts (MR) updated that Lead Governor, Mr J Jones (JJ) chaired the first fifteen minutes of the meeting. The Committee is revisiting the membership base and emphasised the importance of communication with current members. Engagement from all members is needed, with MR asking for more Governors to join the Committee. JJ noted the ongoing development of a Membership Strategy, which will be presented at the September 2025 COG with efforts being made to cleanse the membership database. MR reported that there are approximately five thousand three hundred public members and five thousand staff members. The Director of	

	Nursing & Quality/Deputy Chief Executive, Ms S Pemberton (SP) suggested that individual services are holding patient engagement events, and Governors may have the opportunity to attend to support membership efforts. Public Governor, Ms J Chillery queried if when people use hospital services if they are asked if they are members. Director of Governance, Risk & Improvement, Ms K Wheatcroft (KW) noted that often at that stage, individuals are not thinking about membership. There are ongoing efforts to secure a digital membership form, as the current process relies on paper forms. The aim is to obtain the digital form, ideally at no cost, to assist with promotion and support the recruitment of new members. It was confirmed that the Committee continues to oversee these developments. SP suggested that healthcare communications, such as those used for the Friends and Family Test (FFT), could be used to promote membership with the Medical Director, Dr N Scawn (NS) also suggesting the patient portal app, which could also provide communication about becoming a member. Public Governor, Ms R Overington (RO) raised concern about individuals who do not use the internet. KW assured that a postal preference will remain available, ensuring those without digital access are included but that it is difficult to communicate regularly through this channel. The Committee is working to find the right balance between digital and non-digital options. MR emphasised the need for a positive approach to outreach, highlighting that the benefits of membership should be made clear. The benefits of becoming a member were queried with the Trust Chair, Mr N Large (NL) responding that the Membership & Engagement Committee is actively working on defining and communicating these benefits. JJ noted that the topic of membership will be discussed at the Governor Symposium in September 2025, with a focus on learning from what works well in other Trusts. RO asked whether staff are automatically enrolled as members. It was confirmed that they are. KW invited anyone interested in joining the Committee to express their interest. The Council of Governors **noted** the Membership & Engagement Committee Chair's Report. **b) <u>Approved minutes of the Membership & Engagement Committee – 14th April 2025</u>** The Council of Governors **noted** the approved minutes from the 14th April 2025 Membership Engagement Committee. **c) <u>Membership & Engagement Committee Workplan</u>** The Council of Governors **noted** the Membership & Engagement Committee workplan. **d) <u>Governor Information Pack</u>** (The Chief Executive, Ms J Tomkinson left the meeting) Governors noted positive feedback to the information pack with KW asking for any further ideas for what should be included to be shared with the Committee.	

	The Council of Governors **noted** the Governor Information Pack.	
13.	**To receive questions on:** a) **Board of Directors meeting 25th March 2025 (minutes) and Board of Directors meeting 20th May 2025 (agenda)** The Council of Governors **noted** the Board of Directors meeting 25th March 2025 (minutes) and Board of Directors meeting 20th May 2025 (agenda). **b) The recent Chair's reports of Board Sub-Committees:** Chair's report from the Chair of the People Committee – 8th April 2025 Non-Executive Director, Ms W Williams (WW) reported that there were no alerts to the Board of Directors from the People Committee, which is a positive outcome but does not exclude the existence of key concerns on the People agenda and that it is vital for the Board of Directors to remain updated. Since the April 2025 meeting, further Committee work has progressed at pace with efforts from the Human Resources department in ensuring access to accurate data, and the Committee's ongoing work to understand the current position and future direction. It was noted that several policy areas are being actively addressed, with significant policies under review to ensure they are fit for purpose. The Committee has received a number of Terms of Reference for subsidiary groups, and assurance was given that the sub-groups established under the People Committee are operating effectively and focusing on key areas, creating a coherent thread of work across the Trust. Within the risk section, it was reported that the Committee had reviewed the Board Assurance Framework (BAF) risks and identified the need to ensure certain operational risks are reflected on the operational risk register. These risks have now been confirmed, with a working group established to review them. Assurance was taken from the report on this process. Congratulations were offered to the Chief People Officer, Ms V Wilson (VW) on her substantive appointment. Chair's report from the Chair of the Audit Committee – 22nd April 2025 The Trust Chair, Mr N Large (NL) provided the update, in Non-Executive Director, Mr M Guymer (MG) absence. All is going well with audit work, the annual accounts and planning and there are no items to escalate. Chair's Report Finance & Performance Committee – 30th April 2025 Non-Executive Director, Ms P Williams (PW) reported that since the last meeting, an additional Committee was held on the 25th June 2025 focusing on Emergency Department (ED) performance. At the June 2025 Committee meeting they noted that Month 2 financial reporting was on track, yet the Cost Improvement Programme (CIP) remained £1.3 million behind target. The Committee emphasised ongoing attention to the CIP programme, which is a priority for the Executive Team.	

	The Committee was advised that the Trust is not in a position to receive deficit support funding from NHS England (NHSE), having been briefed on the anticipated impact on cash flow, particularly in September 2025. The matter remains unresolved, and the Committee agreed that continued planning with the ICB is necessary. Further updates are expected at the next meeting in August 2025. NL highlighted immediate concerns regarding cash flow, with a potential resolution anticipated. PW noted that financial pressures should not divert focus from key savings initiatives. Staff Governor, Mr S Higgitt (SH) queried progress regarding the anticipated reduction of staff headcount expected this year, with no significant update on the reductions since April 2025. VW confirmed that at the start of the year, financial targets had been set, with associated whole-time equivalent (WTE) values identified. To date, sixty three WTE positions have been removed, primarily through holding vacancies and natural wastage rather than redundancies. The Trust is also monitoring variable pay spend, with efforts focused on reducing this area before impacting substantive staff. VW further explained that the pace of workforce reduction needs to increase, noting that the Mutual Agreed Redundancy Scheme (MARS) had not yielded significant results. The Trust is continuing to assess opportunities for further reductions through natural wastage and redeployment. Any changes to the workforce will be subject to consultation, and ongoing reductions will be closely monitored for both financial value and impact. Public Governor, Ms J Chillery (JC) raised concerns that staff may not be fully informed about the reduction process, which could lead to uncertainty. VW acknowledged that communication can be improved, noting that regular updates are provided via Trust wide monthly team briefings and agreed to reflect on improving information dissemination. <u>Chair's report from the Chair of the Quality & Safety Committee – 1st May 2025</u> (Staff Governor, Ms P Ewards (PE) left the meeting) The COG received NED, Prof A Hassell (AH) report from the meeting held on the 1st May 2025. Since the May 2025 meeting, two additional meetings have taken place to seek further assurance following the Care Quality Commission (CQC) warning notice. The Committee agreed that ongoing updates would be brought forward to ensure continued assurance against the warning notice action plan. At the July 2025 Committee, the Committee received strong assurance regarding improvements in ED, while also acknowledging significant ongoing concerns related to Sepsis compliance, Portable Appliance Testing (PAT), and aspects of culture. The Committee reviewed reports on action plans to address these areas and highlighted that these would continue to be reflected in the overall highlight report. AH confirmed that the Committee has reiterated its focus on outcomes and the importance of addressing the issues raised by the CQC, noting that actions to address some of the concerns raised two years ago have not yet been fully embedded. *At this point the COG received a CQC update which is recorded within the Private COG minutes of the 17th July 2025.* The Council of Governors **noted** the Committee Chair reports.	

c) Integrated Performance Report (IPR) – May 2025

A presentation was shared with the Council of Governors to provide an overview of the key aspects of the Trust's performance.

The Chief Operating Officer, Ms C Chadwick (CC) highlighted the following to the COG:

- An update on ED performance against the four hour standard was provided. Currently, performance stands at seventy eight percent, below the national target, with bed waits being the main cause of delays.
- Clarification was given on national ED terminology: "Type 1" should aim for over seventy percent performance to then enable to the Trust to reach the seventy eight percent target. Current rankings were displayed to the COG.
- Ambulance handover delays were discussed. Figures since the CQC visit show handovers are now mostly under thirty minutes.
- Length of stay (LOS) in ED and the percentage of patients waiting over twelve hours were reviewed. The Trust is noted as one of the most challenged nationally, with the Trust ranked second to bottom for this metric.
- A decline in ED attendance and the use of corridor care was shared.
- Non criteria to reside patient benchmarking from the Model Health System was presented. National mapping indicates the Trust as an outlier and exceptionally challenged in patient flow.
- Referral to Treatment (RTT) waiting lists were discussed. The largest part of the backlog is concentrated in four specialties, with plans in place to reduce long waiters, particularly those waiting over fifty two weeks. National teams will review improvement plans in September 2025. The objective is to have no patients waiting over sixty five weeks, except for those who choose to wait or have complex needs. National targets for sixty five week waits are being closely monitored.
- Cancer waiting times were highlighted. The national standard requires at least eighty percent of patients to receive a diagnosis within twenty eight days. Skin cancer referrals have increased by approximately eighty percent, and this is leading to challenges in meeting the target.
- Diagnostic waiting times were also displayed to the COG.

NL noted a lot of information shared and that the team is working with Chief Digital Officer on how data is shared going forward.

The Director of Nursing & Quality/Deputy Chief Executive, Ms S Pemberton (SP) highlighted the following to the COG:

- Quality and safety updates.
- Improvements in compliance with the completion of risk assessment, notwithstanding this remains a focus.
- Timescales for complaints and concerns were detailed. A deep dive has been undertaken on the higher number of concerns received and divisions are looking at ways to respond to concerns before they escalate to a complaint. Concern themes were discussed.
- Falls/ pressure ulcer details were shared.

The Chief Finance Officer, Ms K Edge (KE) highlighted the following to the COG:

	• Month 2 was on plan through non-recurrent measures. • Challenges in CIP were noted with significant increase in pace to be required from July 2025. • Cash challenges were noted for quarter 2 with discussions taking place nationally and regionally with the Board to receive an update at the July 2025 Board of Directors. Governors will continue to be briefed via the Chair and Governor Informal meetings. NL confirmed that financial plans have been signed off which detailed the cash support, this has now changed, and the cash is not available as the Trust and wider system is not delivering to plan. The Chief People Officer, Ms V Wilson (VW) highlighted the following to the COG: • Staff sickness absence rates and turnover figures. • Updates on improvements in appraisal completion and mandatory training compliance were provided. • Slides displayed indicated reductions in Nursing & Midwifery and Medical & Dental agency shifts, with cap rates decreasing with positive movement noted. Projections for these metrics are trending in a favourable direction. The Council of Governors **noted** the Trust's performance updates.	
14.	**<u>Quality Account</u>** The Director of Nursing & Quality/Deputy Chief Executive Ms S Pemberton (SP) reported that the Cheshire and Merseyside Integrated Care Board (ICB) has signed off the Quality Account, following scrutiny from the Quality & Safety Committee and Board of Directors and this is being shared with the COG for information. It was noted that seven out of eight quality priorities set last year have been achieved. Staff Governor, Mr S Higgitt (SH) highlighted that the first page states six thousand staff are employed; clarification was requested on the source of this number as it was noted that the staff number may now require updating. SH added that this is the most well-presented document they have read as a Governor. The Council of Governors **noted** the Quality Account and the scrutiny that has been undertaken.	
15.	**<u>To receive feedback from Governors</u>** No feedback was received from Governors.	
16.	**<u>Council of Governors action plan update</u>** The Director of Governor, Risk & Improvement, Ms K Wheatcroft (KW) confirmed that the action plan was developed with the COG in October 2024 and updates will continue to be provided until actions are delivered. The key areas of progress	

	were the development of the Governor information pack with the Membership & Engagement Committee. The Council of Governors **noted** the progress against the action plan.	
17.	**a) <u>Feedback from Non-Executive Director/ Governor Walkabouts</u>** The Trust Chair, Mr N Large (NL) noted that the guidance has been redrafted and feedback will be collated and shared with Ms S Pemberton ensuring the appropriate Executive Director is alerted to any necessary updates. Quarterly reports will be received at the COG. The Council of Governors **noted** the feedback. **b) <u>Non-Executive Director (NED)/ Governor Walkabouts Summary Report (Quarter 1)</u>** Public Governor, Ms R Overington (RO) updated that the Cardiology walkabout was very interesting. NL noted the enthusiasm of the Endoscopy staff during their walkabout with a patient sharing their experience. It was noted that another Emergency Department walkabout was planned in September 2025. The Council of Governors **noted** the summary report from the recent NED/Governor walkabouts. **c) <u>Non-Executive Director (NED)/ Governor Walkabout Guidance</u>** The Council of Governors **noted** the revised NED/ Governor walkabout guidance.	
18.*	**<u>For noting:</u>** The Council of Governors **noted** the: a) Council of Governors Workplan. b) Council of Governors Photo Sheet.	
19.	**<u>Any Other Business</u>** No further items of business were noted.	

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

Council of Governors Action Log

2025/26 updated October 2025

Action Number	Meeting Date	Allocated to	Agenda Item Number	Issue/Action Raised	Action Details	Action Update/Outcome	Due Date	Status
5-25/26								

PUBLIC – Council of Governors
22nd October 2025

Report	**Agenda Item 7.**	**Chief Executive Officer's Report**					
Purpose of the Report	Decision		Ratification		Assurance		Information	**X**
Accountable Executive	Jane Tomkinson OBE		Chief Executive Officer				
Author(s)	Karan Wheatcroft		Director of Governance, Risk & Improvement				
Board Assurance Framework	BAF 1 Quality BAF 2 Safety BAF 3 Operational BAF 4 People BAF 5 Finance BAF 6 Capital BAF 7 Digital BAF 8 Governance BAF 9 Partnerships BAF 10 Research		**X** **X** **X** **X** **X** **X** **X** **X** **X** **X**	Relevant across all BAF areas.			
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	Board of Directors – 30th September 2025						
Executive summary	The purpose of this report is to provide an overview of the relevant local, regional, and national issues for consideration alongside the strategic objectives and wider Board agenda.						
Recommendations	The Council of Governors is asked to **note** the contents of this report.						

Corporate Impact Assessment	
Statutory/regulatory requirements	Contributes to the Trust compliance with Foundation Trust status.
Risk	Alignment with the Board Assurance Framework and Corporate Risk Register.
Equality & Diversity	Meets Equality Act 2010 duties & PSED 2 aims and does not directly discriminate against protected characteristics
Communication	Document to be published on the Trust's website as part of the agenda pack.

Chief Executive Officer's Report

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

1. National

NHS England has published the Model Region blueprint which sets out the future role that regions will play as part of a new NHS operating model, as described in the 10 Year Health Plan. The implementation of the blueprint is a starting point to inform further work to develop the NHS operating model and the design of a new integrated centre.

In summary the document describes the role, purpose and core responsibilities of the new seven regions including

- Strategic leadership and planning
- Reform, innovation and development
- People leadership and workforce
- Digital transformation
- Performance management and oversight
- Improvement support and intervention
- Professional leadership and regional enabling functions
- Future developments and transition
- Enablers and capabilities for success

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

August 2025

The CMPC Leadership Board met on Friday 1st August and discussed a number of system wide issues currently in focus. Trust Chairs were provided with an open invitation given some of the system stretch areas under discussion.

A large part of the meeting was used to explore commercial approaches and opportunities within the system drawing upon experience and lessons from within C&M, the region and progress to date through the CMPC Efficiency at Scale programme. Discussions were led by Bill Gregory, NHSE and James Thomson, UHLG Chief Commercial Officer and sought to provide a framework for response to the system's efficiency requirements but also the recent policy push from NHSE. Following discussions Trust representatives were asked to confirm their organisation's intention to participate in the next phase of the commercial opportunities programme covering the prioritised system opportunities - Pharmacy, Procurement, Estates & Facilities, and Digital - requirements for additional resource in areas including legal, tax, procurement, and PMO, will be subject to a further proposal for specific resourcing as the work develops.

Next the Leadership Board received an update on the work of the Community Services Programme which has been reviewed and reframed since becoming a CMPC programme. Its focus remains on schemes which reduce hospital admissions or enhance rates of discharge including virtual wards and urgent community response schemes. The programme's in year focus is on reducing variation and maximising consistency across C&M. Consideration was

also given the an ICB request for review of virtual ward services with a view to a circa 25% funding reduction £3m of £13m. while it is clear that a commissioning decision is required by the ICB views were put forward and explored on the least disruptive options that could be explored as a result of any such reduced funding envelope.

Finally, the Board were provided with a briefing on the work being progressed at the request of the ICB and the region to collate and prioritise schemes for Regional Transformation Bids. While no decisions had yet been made discussions were taking place on deliverability and in year benefit realisation covering NHS priorities: Analogue to Digital; Hospital to Community; Neighbourhood Healthy and other.

Update papers were also provided on the following areas:

- Update in implementation of Federated Data Platform (FDP) – this included a deployment update, consideration of enhanced governance and to build toward a system decision on use of a single PTL
- System financial report
- System performance update

<u>September 2025</u>

The CMPC Leadership Board met on Friday 5th September and discussed a number of system wide issues.

The Board noted Ann Marr's resignation from the ICB Board and her contribution to provider collaboration within C&M and took the opportunity to consider the next steps for provider collaboration within C&M while CMPC leadership choices were considered by Trusts during the early part of September. These discussions took two parts a Provider Collaborative reset and the development of a provider strategy – an NHS provider Trust blueprint.

The opportunity for a CMPC reset discussions focussed upon:

- Leadership and alignment with our Trust execs
- Alignment with the ICB and establishment of a recovery cell with the ICB
- Reset of our priorities focussing on:
    - Planned care including elective and diagnostics
    - Community services standardisation and patient flow
    - Clinical pathways and fragile services
    - Efficiency at scale including corporate services opportunities

In respect of the draft and in development NHS provider Trust blueprint opportunities discussed included:

- Fragility of clinical services – exploring creation of service chains for specialist services
- Number and scale of NHS Trust providers – development of provider groups and sub regional partnerships
- Variation in service integration across the ICS – alignment of community services with Places

- Multiple corporate and clinical support services – consolidation

Finally, the Board were provided with a brief over of the 65 week wait position and the need for individual Trust clarity in relation to these positions and expected reductions.

Update papers were also provided on the following areas:

- System financial report
- System performance update

The latest CMPC bulletin is appended to this report.

3. Cheshire, Warrington and Wirral

The NHS Trusts in Cheshire, Warrington and Wirral continue to meet to explore collaboration opportunities within Cheshire and Merseyside. These discussions centre on key principles of collaborative working including:

Key principles

Quality of care and equity of access:
Ensure the Strategy maintains and improves the quality of care and equity of access for patients and local populations

Fragility of clinical services:
Reduce the fragility of clinical services through the consolidation and joint working

Financial stability:
Reduce the operating costs of provider Trusts to support medium term financial stability of provider Trusts

Hosting and/or networking arrangements:
Promote the hosting and/or networking of identified clinical services, where there is clinical expertise and capacity

Organisational Forms:
Determine future organisational forms for Provider Trusts, aligning to patient flows and geographical locations

Place and Neighbourhoods:
The role and functions of Places and neighbourhoods will be initially excluded from the Provider and Clinical Strategy, with consideration for inclusion, at a later date

4. Cheshire West - Integrated Neighbourhood Teams

Although there was a lot of successful input from partners into the collation of an application for the national Integrated Neighbourhood Programmer, Cheshire West were unable to secure sign up from all Primary Care Networks (PCNs) in the available time period. PCNs voiced concern regarding having sufficient opportunity to discuss the commitments required and there level of readiness. Although this is disappointing, it has provided valuable learning to review our collective approach to Integrated Neighbourhoods within Cheshire West Place.

Further work is being done to review and revise the proposed governance for the Integrated Neighbourhood Programme and additional workshops held both with GP practices/PCNs in Sept and more broadly with Health and Wellbeing Board partners in October to develop a shared plan for the next 2 years.

5. Employee and Team of the Month

July

Our Employee of the Month for July was Kirsty Marie Smith, Urgent Treatment Centre**.** "Kirsty is a Emergency Nurse and consistently brings a positive attitude to every shift, showing empathy and care that patients truly appreciate. Her efficiency and dedication – including staying beyond her contracted hours and proactively managing patient flow – have played a key role in the success of the UTC. She leads by example and embodies excellence in everything she does."

Our Team of the Month for July was Ward 43. "Ward 43 secured the Macmillan Quality Cancer Environment Award for the third consecutive time – with their highest score to date. The award recognises the environment and experience of patients undergoing cancer treatment, and the assessors praised the team's kindness, dedication, and the welcoming, clean ward environment. Patient feedback highlighted the team's compassion and exceptional care, making this achievement a true reflection of their commitment to excellence".

August

Our Employee of the Month for August was Sandra Beato-Juarez, Service Manager, UC "Sandra is consistently a positive presence in the SDEC department. She is efficient in all tasks that she takes on despite pressures within the NHS. She always makes the team feel heard and supported. She has a lovely, warm and welcoming attitude that is a pleasure to work alongside. She truly cares for her colleagues and the service. She has a can-do attitude and will help support in any tasks even if they do not come under her job role but are for the benefit of the patients, team and service".

Our Team of the Month for August was the Cardio-Respiratory and Vascular (CRV) team. "The CRV team deserve recognition for their hard work, dedication and innovation during a challenging time. They show a commitment to service delivery and development and provide sometimes unseen support to multiple specialties within the Trust. They are commended for their openness to innovation and appetite for change and delivering the highest quality patient care"

6. NHS National Staff Survey launched in September

The 2025 national NHS Staff Survey launched in mid-September. The NHS Staff Survey is one of the most important ways we can hear directly from colleagues about their experiences at work. The feedback helps us understand what is working well and where we need to improve, shaping how we support our people now and in the future. Every response gives us valuable insight that drives real change – from improving workplace culture and staff wellbeing to enhancing the care we deliver for patients.

7. National recognition for Obstetrics and Gynaecology

We have been Highly Commended by the Royal College of Obstetricians and Gynaecologists, for being one of the most improved training environments for resident doctors in obstetrics and gynaecology.

This achievement reflects a significant turnaround, driven by a focused action plan, strong leadership, and a renewed commitment to structured learning, supervision, and staff development. The improvements were also reflected in the General Medical Council trainee survey.

8. Investing in lifesaving skills – and the people who use them

We are proud to announce the arrival of Sim Man, a state-of-the-art CPR training manikin funded through generous donations from The Ursula Keyes Trust Fund and the Countess of Chester Charity. This investment of nearly £100,000 enables our Resuscitation Team to deliver even more immersive and realistic training, helping staff build confidence and competence in responding to cardiac emergencies - wherever they may occur.

9. Women and Children's Building Opening

In July we got the keys to the new Women and Children's Building and in early September, after a month of final preparations, we opened to our patients.

The building has been years in the planning and is the result of hard work, clinically focused design and community collaboration which has helped to shape it into a modern healthcare facility to better meet the needs of our local community and that brings together maternity, neonatal, paediatrics and gynaecology services under one roof. It is brighter, bigger and better with more space, comfort, privacy, and support for families and staff. Pedestrian routes have been improved to ensure the accessibility of the building.

Clinical teams planned, tested and rehearsed for months ahead of the opening to ensure patients were moved seamlessly into the new facility.

Demolition of the old building, which was constructed in the 1970s, will begin in the coming weeks and be completed by the end of the current financial year.

10. Latest CQC rating for Urgent and Emergency Care Services

In August, the Care Quality Commission (CQC) published their latest report and rating for our Urgent and Emergency Care services (UEC), following their inspection in February. The CQC rated UEC as *'inadequate'.* Meaningful progress has been made but it is clear that the actions taken have not yet had the impact needed to consistently deliver the care and experience patients deserve.

The CQC recognised improvements made but also highlighted the need for consistency – getting standards right for every patient. The rating is for UEC but the service and performance is connected to every division and service across the Trust. All staff were encouraged to remain focused on strengthening the collective approach so that long-standing issues that have impacted standards can be addressed.

11. NOF

The NHS has published the latest national oversight framework (NOF) performance data for Trusts across the country. This data offers an overview of how each organisation is performing against a range of key measures, supporting the shared goal of high-quality care for patients and communities.

We recognise that our Trust currently faces significant challenges, and the published data reflects the scale of improvement needed. The Countess of Chester Hospitals NHS Foundation Trust is positioned at 133 out of 134 Trusts. While this is a disappointing outcome, we are absolutely committed to improving our performance and ensuring that our services meet the standards our patients, partners, and stakeholders expect.

The data does not capture the full dedication, professionalism, and compassion our staff demonstrate every day. We continue to take action to improve long-standing challenges and are already seeing early, positive signs of progress.

I want to reassure you that:

- Patient safety and quality of care remain our highest priorities.
- We are investing in areas that need improvement, including enhancing urgent and emergency care capacity.
- We are collaborating closely with our local Integrated Care Board, local authority, and all system partners to ensure we work together to deliver effective and sustainable change.

12. Industrial Action: Resident Doctors Strikes

The resident doctors' strike took place from 7am on 25th July until 7am on 30th July 2025. Robust plans were in place to minimise the impact on services, ensuring staff were supported and services remained safe during this period. The BMA has a six-month mandate for industrial action, covering the period from 21st July 2025 to 7th January 2026.

13. Flu Plan

The Flu Plan has been established with the Occupational Health team delivering a staff flu vaccination campaign launching 1st October 2025 and a strong focus on this campaign for the first 8 weeks. As in previous years this will be delivered with regular Trust wide communications and encouragement through the leadership structures.

14. Country Park wins two awards

In July, the Countess of Chester Country Park, received its eighth consecutive Green Flag award as well as the Land Trust's Health Park of the Year Award.

At a special celebration, representatives from COCH, CWP, Chester Zoo, the Wildlife Trust and Friends of the Country Park volunteers came together - a reminder of the wellbeing space we are fortunate to have on our doorstep.

It also highlighted our joint commitment to community health and wellbeing.

15. Celebration of Achievement Awards 2025

Our Celebration of Achievement event took place on the 19th September 2025, recognising a wide range of teams and individuals for their contributions. The winners of the awards were:

- **Inspirational Leadership Award:** Mark Smallwood - Lead Reporting Radiographer
- **Commitment to Learning Award:** Wiktoria Mysera – Apprentice in Outpatients Reception

- **Volunteer of the Year Award:** Pam Evans
- **Quality/Safety Improvement of the Year:** Critical Care Outreach Team
- **Countess Cornerstone Award:** PALS (Complaints and PALS Team)
- **Unsung Hero Award:** Ewelina Romanowicz - Maternity Assistant
- **Living the Values Award:** Dr Scott Williams - Consultant in Diabetes and Endocrinology
- **Digital Innovation of the Year:** Acute Take Project Team (including Adam Smith) in Digital Services
- **People's Choice Award for Outstanding Care:** Xavia Kelly – Midwife
- **Outstanding Individual Achievement of the Year:** Baki Kose, Domestic Services
- **Outstanding Team Achievement of the Year:** EPH Stroke Rehabilitation Team
- **Chief Executive's Award:** Hospital Sterilisation Decontamination Unit (HSDU)

16. Annual Members' Meeting

Our Annual Members' Meeting (AMM) took place on Wednesday 1 October 2025, in the Trust Boardroom. The AMM was a chance to reflect on our annual report, the progress we have made in the past year and our priorities for the coming year.

17. 'Failure to Prevent Fraud'

On 1st September 2025 a new fraud offence came into force. This is a corporate offence of 'failure to prevent fraud', which is part of the Economic Crime and Corporate Transparency Act 2023. We have published a statement on our Trust website outlining our commitment and expectations in preventing fraud.

18. Board Leadership update

Dan Nash, formerly our Director of Performance and Operational Improvement, has refocused his role and has taken up the position of Director of Delivery with immediate effect. Dan will be instrumental in supporting the significant task ahead – delivering against our financial targets - which demands targeted leadership and expertise.

Dan will lead the Continuous Improvement team and support the development of a Project Delivery Office to help us drive forward our improvement work.

This change is not an additional post but a strategic refocus to ensure our efforts are directed where they are most needed.

CMPC BULLETIN

Welcome message

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

The CMPC Leadership Board met on Friday 4th July and 1st August, and discussed a number of system wide issues currently in focus.

In July, a significant portion of the meeting was handed over to a shared discussion with the ICB and NHSE colleagues and Trust Chairs for the Cheshire and Merseyside system to receive a summary of the outputs from the system wide rapid diagnostic review, led by Stephen Hay and supported by a team from PwC. At that time, individual Trust specific reports were expected to follow in month and have since been delivered. Discussions have continued about how the system responds to the recommendations arising from the review. Trusts have been notified of further in-depth discussions and exploration of monthly financial positions.

The Leadership Board received an update on the Efficiency at Scale Programme, specifically with relation to corporate back office and at scale opportunities. Support was provided to the more detailed work up of system wide opportunities covering: digital, procurement, occupational health and recruitment. Work will focus on exploring single solutions for C&M, where feasible, to ensure maximum benefit realisation. This update was built upon through a further discussion in August where commercial approaches and opportunities, within the system, were further explored drawing upon experience and lessons from within C&M, the region and progress to date through the CMPC Efficiency at Scale programme. Discussions were led by Bill Gregory, NHSE and James Thomson, UHLG Chief Commercial Officer and sought to provide a framework for response to the system's efficiency requirements, but also the recent policy push from NHSE. Following discussions, Trust representatives were asked to confirm their organisation's intention to participate in the next phase of the commercial opportunities programme covering the prioritised system opportunities - Pharmacy, Procurement, Estates & Facilities, and Digital - requirements for additional resource in areas including legal, tax, procurement, and PMO, will be subject to a further proposal for specific resourcing as the work develops.

Other items discussed at the August meeting included an update on the work of the Community Services Programme which has been reviewed and reframed since becoming a CMPC programme. Its focus remains on schemes which reduce hospital admissions or enhance rates of discharge including virtual wards and urgent community response schemes. The programme's in year focus is on reducing variation and maximising consistency across C&M. Consideration was also given to an ICB request for review of virtual ward services with a view to a circa 25% funding reduction £3m of £13m. While it is clear that a commissioning decision is required by the ICB, views were put forward and explored on the least disruptive options that could be explored as a result of any such reduced funding envelope.

Finally, the Board were provided with a briefing on the work being progressed at the request of the ICB and the region to collate and prioritise schemes for Regional Transformation Bids. While no decisions had yet been made, discussions were taking place on deliverability and in year benefit realisation covering NHS priorities: Analogue to Digital; Hospital to Community; Neighbourhood Healthy and other.

Update papers were also provided across both meetings on the following areas:

- Implementation of Federated Data Platform (FDP) – this included a deployment update, consideration of enhanced governance and to build toward a system decision on use of a single PTL
- System financial reports
- System performance updates

Efficiency at Scale (E@S)

Senior Responsible Officer: Ged Murphy
Programme Director: Nina Russell

NHS
Cheshire and Merseyside
Provider Collaborative

An update was provided to CMPC Leadership Board on **corporate collaboration models** across the Northwest and potential, at pace, opportunities for C&M. The Leadership Board agreed to progress with the assessment of collaboration opportunities in digital, procurement, recruitment and occupational health.

Medicines Optimisation

The medicines optimisation programme has received approval for £700k investment to support the delivery of **£6m savings** for oral nutritional supplements (ONS).

The Medicines Optimisation Programme has been shortlisted for the 2025 HSJ Awards for the 'Medicines, Pharmacy and Prescribing Initiative of the Year' category.

On 17th July 2025, over 340 colleagues from both primary and secondary care, attended a Valproate webinar, marking the official launch of the C&M Valproate Prescribing Guidance.

Month 4 – **£5.79m delivery** against a plan of £5.90m – on track to deliver £29.36m against £29.79m.

Procurement

31% of the procurement workplan has been delivered. The procurement programme is forecast to deliver **£18m** IYE against at £20m target, with £5.6m delivered YTD.

Commercial

C&M Commercial review was presented to the August CMPC Leadership Board and included an initial high-level financial assessment and proposed next steps. This was well received, and next steps are in progress.

Risk, Governance and Legal Services

The C&M IPC 'CPE Management: Toolkit & System Guidance' was presented to the Directors of Nursing in August which was well received; this marks the start of the formal launch of the toolkit.

E@S are working with the existing **Legal Collaboration** to explore wider system opportunities with a plan to present back to relevant professional leads.

Elective Recovery and Transformation

Senior Responsible Officer: Janelle Holmes
Programme Director: Steve Barnard

NHS
Cheshire and Merseyside
Provider Collaborative

End of July 2025:

1,282 65-week patients
(1,030 were capacity, 120 choice, 111 complex/unit and 21 corneal grafts).

The 52-week wait total cohort position (up to March 2025) has reduced from
177,377
in July 2024 to
15,093
in July 2025.

Validation improvement plans and trajectories continue to be tracked, in which, the actual position is reporting positive increases of 64.93% improvement for 12-weeks,71.64% for 26-weeks and 77.85% for 52-weeks.

C&M are achieving 77.85% for validation for 52-week validation performance; this has decreased compared to the previous month due to the implementation of a new EPR system at ECHT & MCHT which has impacted on trust submissions. 8 providers are now achieving the national target of 90%.

Theatres

New NHS surgical centre in Northwich officially opened :: Mid Cheshire Hospitals NHS Foundation Trust

Gynaecology

Clinical validation of the WUTH General Gynaecology waiting list has been completed. Over 1400 patients have been reviewed. As part of the outcomes, circa 10% of patients were found to be suitable for the GP with Special Interest (GPwSI) led Menopause clinics. Planning continues to launch these in Autumn 2025.

Group consultations onboarding session is taking place on 20th August with attendance from LWH and wider providers. The first pilot will be within LWH and the initial outcomes of this will be shared end of September 2025.

Commissioning for IUD fit and removal for non-contraceptive reasons for patients over 55 years old was approved in August 2025 on the Wirral. This will support less patients requiring onward secondary care referral.

Opening date for new Women and Children's Building revealed | Countess of Chester Hospital

Dermatology

Following approval from NHS England (NHSE) for NHS trusts to use the **Skin Analytics** system autonomously, the Dermatology Alliance will be carefully considering the data, timeline, and approach for transitioning to an autonomous service model, which includes the removal of the current second-read process.

Trusts are also discussing and developing plans around the possible implementation of **virtual clinics** into the pathway and the benefits this could bring for both trusts and patients. ICB finance leads have agreed which tariff can be utilised, enabling correct job planning of the virtual clinics.

ENT

As part of the **90 Day Accelerator** plans, work is progressing at pace with University Hospitals of Liverpool Group (UHLG) to support ENT improvement plans.

Installation of new OPD modular moves to fit-out phase :: Mid Cheshire Hospitals NHS Foundation Trust

Providers have been agreeing which pathways they wish to lead on to support the design and implementation of the **Single Point of Access (SPOA)**.
C&M pathway harmonisation continues. All provider on-site meetings are now arranged and are taking place by mid-Sept 2025.

Current ENT community provision has been mapped and shared with the C&M ENT Alliance.

Ophthalmology

Following the success of the initial 12-month pilot, approval has been received to implement a Single Point of Access across Cheshire and Merseyside. A steering group will be established to agree next steps with regards to procurement and commissioning.

Work continues on the **e-referral service (eRS) endpoint model** implementation. The final design has been approved by the eyecare network, and we are now looking for expressions of interest from Trusts to test the implementation of the model. This will support referral management and ensure appropriate and correct patient choice is offered.

In order to support the wider Elective Reform and Transformation objectives, the Eyecare network has been restructured. The full network, which includes Place and Primary Care representation, will now meet bi-monthly. On alternate months, a focussed meeting will take place with Trusts to focus on outpatient opportunities and GIRFT improvement plans

Diagnostics

Senior Responsible Officer: Rob Cooper
Programme Director: Tracey Cole-Wetherill

NHS Cheshire and Merseyside Provider Collaborative

88.6%

of patients waited 6 weeks or less in June (decrease from the previous month).

ICS ranking

#3

for 6 week waits

Endoscopy

List utilisation remains high:
103%
of lists taking are place.

In September, we will implement a pilot at 2 Trusts to move surveillance endoscopy patients to the Halton hub, improving waiting times and efficiently using available capacity

Pathology

We have had 2 cases fully approved by NHSE bringing a total of £4.75 million in capital into C&M to automate 2 Trusts' histopathology services further and enable the unified LIMS programme to continue to progress towards implementation in 2027.

In July there was excellent histopathology data submitted for Cheshire and Merseyside:
85.6%
of cancer cases are reported in 10 days (against a target of 80% and 71.2% of all cases are reported within 10 days against a target of 70%.

Physiological Sciences (PS)

We now have 2 new members of the team who will be concentrating on Cardiac and Respiratory Physiology workforce and education requirements across Cheshire and Merseyside.
Welcome to Angela Key and James Hardy-Pickering.

Single C&M WatchPAT procurement rate has been agreed with Zoll for Sleep Services. This will have an in year financial saving of £33k cost avoidance and £19k direct cost savings.

Alder Hey has launched the first vestibular screening programme for children in the UK - Alder Hey Children's Hospital Trust

Radiology/Imaging

The Cloud based Picture Archiving and Communication System (PACS) implementation is progressing well with 5 Trusts implemented (6 clinical sites). Lots of lessons learned from early implementations are ensuring that current implementations are moving more smoothly.

A business case has been approved to re-procure or extend the current C&M Radiology Information System for the Trusts involved.

Cheshire and Merseyside Radiology Imaging Network introduces transformational AI diagnostic technology - NHS Cheshire and Merseyside

Community Diagnostic Centres (CDCs)

We have now had 4 pilot pathways approved across 3 of our CDCs which will see a more efficient pathway for patients. If the pilots prove successful we would look to roll them out across all of our CDCs.

CDCs continue to provide significant mutual aid to Trusts across C&M where there are waiting times issues in specific diagnostic tests.

Community Services

Senior Responsible Officer: Ian Moston
Programme Director: Tony Mayer

NHS
Cheshire and Merseyside
Provider Collaborative

Virtual Wards

The target utilisation rate of 80% is still consistently achieved across C&M beds in total, and the programme is now focussing more on length of stay and throughput in order to maximise the impact of the VW service.

The mean LOS on VW is now at 7.5 days, a reduction from a mean of 9 days in 2024/25 that releases hospital bed capacity with an associated cost reduction of 97K year to date.

Urgent Community Response (UCR)

The latest month's data demonstrates the highest number of accepted referrals into UCR services since the service began with 4670 patients benefitting from the service during the month.

As a comparator with neighbouring ICBs C&M are consistently the best performing ICB within the northwest when comparing referrals per 100K population.

A target standard specification has now been developed and shared with providers with a gap analysis completed against target specification that will inform plans to standardise service delivery and outcomes.

Integrated Care Coordination

The North Mersey Integrated Care Coordination Hub went live on the 28th July, 3 months from its inception, as phase one of a C&M wide plan. The hub brings together the experts from acute and community providers to provide a single point of contact for ambulance staff and community based practitioners. The service has significantly increased referrals into services as an alternative to an ED attendance and/or hospital admission. The approach will now be extended to the remaining areas of C&M on the 8th September with initial talks to include mental health professionals line for phase 3, starting in early October.

Wheelchair Review

The review of wheelchair services across C&M has now commenced with an expectation to reduce overall cost through joint procurement and service standardisation.

Frailty

The inaugural C&M frailty group is set for the 24th September to progress system wide actions described within the recently documented frailty Improvement plan. The role of the provider collaborative has now been agreed to include review of frailty offer across providers, including impact and opportunities for standardisation.

PUBLIC – Council of Governors
22nd October 2025

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

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

Lead Governor Update – October 2025

- The process to recruit new Governors – both public and staff has been undertaken – the results of which were shared at this year's Annual Members Meeting. I would like to welcome those newly elected Governors and those Governors who have now secured a further 3-year term. The new Governors can be seen in the updated Council of Governors photo sheet (included at a further agenda item for this meeting). We are revisiting the Governor Buddying arrangements to support new Governors. A series of workshops are also being developed to support all Governors. The first workshop will be held on the 22nd October for all Governors.
- I would also like to thank all Governors who left us at the end of September. Their contribution and commitment has been invaluable in supporting the Trust.
- Since our last Council of Governors meeting fellow Governors have been closely involved in the process to appoint the new Non-Executive Directors. Governors were involved, through both the stakeholder sessions and the formal interview panel. I would like to extend my thanks for their support and involvement. The Governor Nominations Committee supported and approved the appointment of Peter Williams (Chair of Audit Committee) and Hasintha Gunawickrema (Chair of Finance and Performance Committee). We look forward to working with both of our new Non-Executive Directors over the forthcoming months
- The Chair of the Board and I have continued to have regular one to one meetings where we are supported by the Director of Governance, Risk and Improvement.
- The Chair has continued his regular informal communication briefing sessions with all Governors. We had an excellent presentation from our Voluntary Sector, Partnership Governor. This helped to highlight the work the Voluntary Sector does and the potential opportunities that could be sought.
- Governors continue to attend the Trust Board meetings, and I encourage other Governors to attend future Board meetings if possible.
- The Membership and Engagement Committee meeting was held on the 11th September 2025. The revised draft Membership Strategy was shared (included at a further agenda item for this meeting). Civica will continue to cleanse the membership data base – this could initially reduce the number of members that the Trust has. Discussion took place as to how we can improve engagement with the local population and how we might attract more members. It was agreed that we will bring this back to our next meeting for further consideration.
- The Non-Executive Directors and Governors walkabouts continue to be undertaken. A number of Governors have visited the new Women's and Children unit (walkabout scheduled attached).
- Cheshire and Mersey Lead Governors Network continue to meet on a regular basis.
- A number of our Governors attended the Cheshire and Merseyside Governor Symposium in Liverpool on the 19th September 2025. This was both informative and interactive. A formal collective feedback process is being undertaken, and this will be shared later in October 2025 once collated. The initial feedback however is that it was well received, and a similar event should be held annually.

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

Schedule - Governor & NED Walkabouts 2025

Date & Time	Area	Attending	Taking the visit
15th January 2025 – 9.30am – 12.30pm	Ward 42 Acute Stroke and Ward 43 Medicine	NED Wendy Williams Governors John Jones Terry Peach	Stephanie Wiliams – Ward Manager 42 Emma Rudolfsen – Matron 42 Jo Evison-Jones – Ward Manager 43 Lisa Galloway – Matron 43
5th February 2025 – 9.30am – 12.30pm	Radiology and Diagnostics	NED Ian Haythornthwaite Governors Paula Edwards Jan Chillery	Liz Kewin - Divisional Manager Alison Miller - Deputy Radiology Services Manager
5th March 2025 – 9.30am – 11am	Women & Children's New Build	Chair Neil Large Governors Ruth Overington Lucy Liang Stephen Higgitt Jan Chillery	Joan Carter – Project Director (10 places available for Governors to tour the new build/agreed with Ian no NED required on this one as have already been round the new unit – 11.02.25)
2nd April 2025 – 9.30am – 12.30pm	Coronary care Unit Respiratory Support Unit RSU – Wards 48 and Ward 49	NED Pam Williams Governors Jan Chillery	Virgina Lambe - CCU- Manger Anna Cook - RSU Ward Manger Emma Rudolfsen
7th May 2025 – 9.30am – 12.30pm	Security	Chair Neil Large Governors Paula Edwards Jan Chillery	Tim Lister – Security Manager
4th June 2025 – 9.30am – 12.30pm	Cardiology Day Suite	NED Andrew Hassell Governors Ruth Overington Louise Jha Sheila Dunbar	Luke Hamilton – Service Manager Naomi Cottrell – Service Manager Gareth Buckingham – Unit Manager Gemma Locker – Head of Nursing Danielle Webster – Matron
4th June 2025 – 10.30am – 12.30pm	Urgent Care Department	Governors John Jones Carol Gahan Kate Knight Myrddin Roberts	Cathy Chadwick – Chief Operating Officer
2nd July 2025 –	Endoscopy	NED Wendy Williams	Manager – Edwin Abacan

Date & Time	Area	Attending	Taking the visit
9.30am – 12.30pm		Governors Jan Chillery	
6th August 2025 – 9.30am – 12.30pm	Audiology	NED Neil Large Governors Jan Chillery Sheila Dunbar	Jane Beaven – Head of Audiology Services
3rd September 2025 – 9.30am – 12.30pm	Emergency Department / Same Day Emergency Care / Urgent Treatment Centre	NED Wendy Williams Neil Large Governors Myrddin Roberts Louise Jha	Charlotte Blinkhorn – SDEC Ward Manager Mark Perry – Matron Helen Nowakowska – Directorate Manager Catrina Witkiss – Matron ED Maria McLeod – Matron ED
1st October 2025 – 9.30am – 12.30pm	Occupational health , recruitment & staffing, and staff training	NED David Williamson	Sam Fawcett – Occupational Health & Wellbeing Manager Sarah Minshull – Recruitment & Staffing Sallie Kelsey – Training
5th November 2025 – 9.30am – 12.30pm	Ward 55 OP COCH Westminster eyes and Ward 60 OP COCH Haematology	NED Wendy Williams Governors Louise Jha Sheila Dunbar	Leah Butterfield – Westminster Eye Centre manager Jane Blackwell – Ward 60 Manager Rebecca Box – Haematology Specialist Nurse Lisa Galloway – Matron Ward 60
3rd December 2025 – 9.30am – 12.30pm	Wards 54 & 56 – Planned care and JDSC	NED Andrew Hassell Governors Jan Chillery Sheila Dunbar	Jessica Griffiths – Ward 54 and 56 Manager Christopher Jones - Matron Claire Shaw – Matron David Wilson-Jones – JDSC Manager

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

Membership and Engagement Committee Chair's Report
11th September 2025

Committee	Membership and Engagement Committee
Chair	Mr Myrddin Roberts, Public Governor

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)***
• Membership and engagement activity opportunities need to be developed to support our membership strategy. Governor input to this will be crucial. • There remains work to do to cleanse the Trust's membership database.
Assure ***(matters in relation to which the Committee received assurance)***
• A new Membership Strategy has been developed for Council of Governor review and approval. • Draft Annual Members Meeting agenda reviewed, noting this would be face to face and the importance of trying to increase engagement and attendance in future years. • Governor elections are progressing as per the timetable with some strong interest in a number of constituencies. • Committee workplan in place.
Advise ***(items presented for the Board's information)***
• Lead Governor succession planning will need to be considered in January 2026 in advance of the October 2026 timeframe.
Risks **(discussed and new risks identified)**
• Not applicable.

MEMBERSHIP AND ENGAGEMENT COMMITTEE MINUTES
Thursday 3rd July at 9.30am – 10.30am
To be held via Microsoft Teams

Members	14/04/25	03/07/25	
Public Governor, Mr J Jones (Chair)	☑	☑	
Public Governor, Ms S Dunbar	☑	☑	
Public Governor, Mr M Roberts	☑	☑ 9.44	
Staff Governor, Mr S Higgitt	☑	☑	

Attendees	14/04/25	03/07/25	
Neil Large – Interim Trust Chair	☑	NA	
Karan Wheatcroft – Director of Governance, Risk & Improvement	☑	☑	
Nusaiba Cleuvenot – Head of Corporate Governance	☑	☑	
Sian Edwards – Communications Manager	☑	NA	
Helen Taylor - Head of Communications	NA	☑	
Rachel Butterworth – Exec Office Manager - Minutes	NA	☑	

Agenda Number	Agenda item	Lead
1.	**Welcome and apologies** Myrddin Roberts (MR), Public Governor/Chair was unable to attend the start of the meeting due to technical difficulties, so the meeting was chaired by John Jones (JJ), Lead Governor. JJ opened the meeting and thanked everyone for attending.	
2.	**Declarations of Conflicts of Interest with agenda items** There were no declarations of interest to note.	
3	**To approve the minutes of the Membership Management Committee on the 14th April 2025** The minutes of the last meeting held on 14th April 2025 were **approved** as a true and accurate record of the meeting.	
4.	**To consider any matters arising and action log** **Action 2 - Request for information pack and communication support for Governor elections Update** Helen Taylor (HT), Head of Communications provided information on the communications team activity in relation to the governor elections, updating on the content which has been designed and the postcards sent to members. The group also discussed information sessions for prospective governors	

	Karan Wheatcroft (KW), Director of Governance, Risk and Improvement noted that the Terms of Reference for this meeting was also shared at the last Council of Governors	
5.	**Membership Strategy** Karan Wheatcroft (KW), Director of Governance, Risk and Improvement provided an overview of the document in the papers which had been produced following the discussions from the last meeting. There was further discussion around the current challenges with the membership database, and the importance of engaging with members. Examples of other Trust strategies were shared with the group and Sheila Dunbar (SD), Public Governor, provided the committee with a precis of the examples and highlighted elements of these that the Trust could adopt as part of its membership strategy. An action was taken for Helen Taylor (HT), Nusaiba Cleuvenot (NC) and KW to follow up on the discussions from this meeting and update the strategy proposals. **Action:** HT, NC and KW to discuss strategy proposals from the committee and produce a draft Membership Strategy. The committee **noted** the update on the membership strategy.	**KW , HT , NC**
6.	**Governor Information Pack** Following a query from John Jones (JJ), Karan Wheatcroft (KW), Director of Governance, Risk and Improvement, confirmed that this was created to provide governors with an overview of the Trust and direct them to any relevant and important documents. It also included key dates and key contacts. This had recently been shared with a new governor as an 'induction' document. The Committee reviewed the Governor Information Pack, which includes links to key information on the trust's website. They discussed the importance of keeping the Information pack up to date and making it accessible to new governors. KW asked for any feedback to be provided on the document as this was now ready to be presented to the Council of Governors in July. The committee concurred that this was a positive step and very useful for governors. The decision was made for the Governor information pack to be shared with the Council of Governors and trialed for six months with a request for feedback. The information pack would be reviewed by the committee again in December 2025. **Action**: Committee workplan to be updated to review governor information pack again in December 2025. The committee **noted** the Governor Information Pack.	**NC**

7.	**Membership and Engagement Activity** Helen Taylor (HT), Head of Communications, advised that the current focus in the communications team was governor elections and the need for more direct communication with members. HT also advised that the Countess Matters has been temporarily paused due to pressures within the team, however the next edition is in progress as this is a key piece of engagement to the membership Nusaiba Cleuvenot (NC), Head of Corporate Governance added that membership engagement could also take the form of general conversations with the public and personal networks and the feedback from these conversations would be useful. The cleansing of membership data information was discussed, and that digital activity will assist in this exercise. The committee **noted** the membership and engagement activity update.	
8.	**Annual Members Meeting Planning** Karan Wheatcroft (KW), Director of Governance, Risk and Improvement advised that the item was included on the agenda to initiate conversations. The committee discussed the format of the upcoming Annual Members Meeting, considering both face-to-face and online options. An action was taken for John Jones (JJ) to discuss with Neil Large (NL), Trust Chair in his next one to one and invite KW along to the discussion. **Action:** JJ and KW to discuss AMM format options with NL. The committee **noted** the update.	**JJ / KW**
9.	**Draft Membership Engagement Committee Workplan** The committee reviewed the draft Membership Engagement Committee work plan, which outlines the topics to be addressed and the timelines for discussion. They agreed to review the plan regularly to ensure it remains comprehensive and relevant. Nusaiba Cleuvenot (NC) confirmed that the workplan would be on the agenda for every meeting. The committee **noted** the workplan.	
10.	**Any Other business** No further items were raised.	
11.	**Meeting Summary** John Jones (JJ), Lead Governor summarised the meeting and the actions relating to - Membership strategy - Governor information pack - Annual members meeting planning - Membership Engagement plan	

	- Chairs report to be submitted to the Council of Governors and a verbal update on the meeting The actions have been captured in the action log for the meeting.	
12.	**Close Meeting** John Jones (JJ), Lead Governor thanked everyone for their contributions and closed the meeting.	

Next Meeting: Thursday 11th September 2025 at 11.00 – 12.00, via Microsoft Teams

PUBLIC – Council of Governors
22nd October 2025

Report	**Agenda Item 9c.**		**Membership Strategy Update**					
Purpose of the Report	Decision		Ratification	**X**	Assurance		Information	
Accountable Executive	Karan Wheatcroft			Director of Governance, Risk & Improvement				
Author(s)	Nusaiba Cleuvenot			Head of Corporate Governance				
Board Assurance Framework	BAF 1 Quality BAF 2 Safety BAF 3 Operational BAF 4 People BAF 5 Finance BAF 6 Capital BAF 7 Digital BAF 8 Governance BAF 9 Partnerships BAF 10 Research			**X**	BAF 8 - Failure to ensure effective corporate governance could impact our ability to comply with legislation and regulation.			
Strategic goals	Patient and Family Experience People and Culture Purposeful Leadership Adding Value Partnerships Population Health							**X** **X** **X** **X** **X** **X**
CQC Domains	Safe Effective Caring Responsive Well led							**X** **X** **X** **X** **X**
Previous considerations	Membership and Engagement Committee – 11th September 2025							
Executive summary	The Membership and Engagement Committee has an overarching responsibility to develop a Membership Strategy to set the approach to maintaining and increasing membership numbers and engage existing members effectively. Following the absence of a formalised approach in previous years a new Membership and Engagement Strategy for 2025–2028 has been developed. This was reviewed by the Membership and Engagement Committee in detail on 11th September. The strategy sets out a framework to build and sustain a vibrant, representative, and engaged membership community. Key elements of the strategy include: • Membership Profile: As of 2025–26, the Trust has 5,352 public members and 5,016 staff members across various constituencies.							

	• Engagement Ambitions: Focused on representation, meaningful engagement, effective communication, strengthened governance, and sustainability through digital transformation. • Governance Structure: The Membership and Engagement Committee will oversee implementation, with quarterly reporting to the Council of Governors and annual updates at the Annual Members Meeting. • Monitoring and Evaluation: Success will be measured through growth and retention rates, demographic analysis, event participation, digital engagement metrics, and member satisfaction. • Implementation: This strategy will be supported by a detailed action plan delivered through the Membership and Engagement Committee with quarterly updates to the Council of Governors. Progress will be shared with members through newsletters and the Trust website.
Recommendations	Following review and approval at the Membership and Engagement Committee, the Council of Governors is asked to: • **Ratify** the Membership and Engagement Strategy 2025–28.

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	The be circulated as part of meeting pack.

NHS
Countess of Chester Hospital
NHS Foundation Trust

WELCOME TO OUR

Membership and Engagement Strategy

2025-2028

Safe. Kind. Effective.

Welcome to our Membership and Engagement Strategy

As a Foundation Trust, the Countess of Chester Hospital NHS Foundation Trust (COCH) is accountable to its patients, staff, and the wider community. Our membership model enables individuals to have a voice in shaping services, influencing decisions, and supporting the Trust's mission to deliver safe, kind, and effective care.

This strategy outlines our approach to developing and sustaining an active, representative, and engaged membership community from 2025 to 2028. It aligns with our strategic goals and supports our commitment to transparency, inclusivity, and continuous improvement.

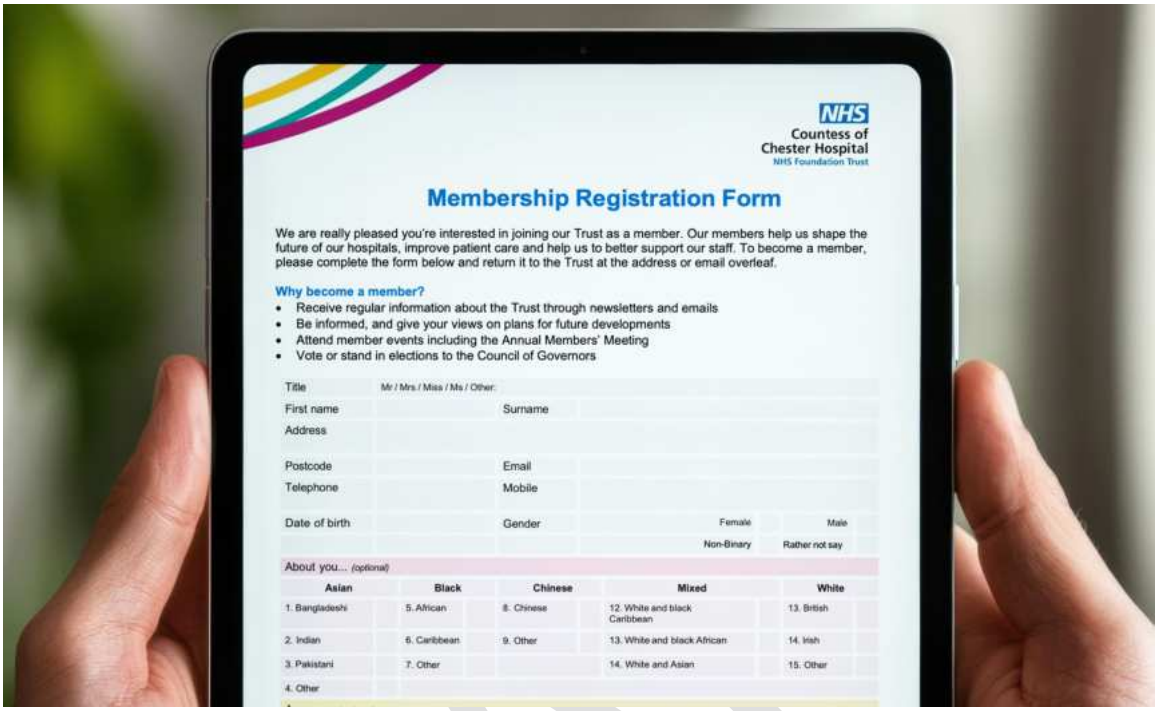
At the start of 2025-26 our membership for staff and the public constituencies was:

Public Members	
Constituency	**Number**
Chester City and Rural Cheshire	2,697
Ellesmere Port and Neston	1,213
Flintshire	1,040
Rest of England and Wales	396
Out of Trust Area	6
Total	**5,352**

Staff Members	
Staff Group	**Number**
Add Prof Scientific and Technic	146
Additional Clinical Services	1,084
Administrative and Clerical	950
Allied Health Professionals	354
Estates and Ancillary	446
Healthcare Scientists	103
Medical and Dental	462
Nursing and Midwifery Registered	1,471
Total	**5,016**

Historically the majority of our members have retained a preference for postal communication over digital methods. The Trust is actively encouraging a transition towards digital communications to improve efficiency and engagement with our members. We anticipate that this shift may initially lead to a reduction in overall membership numbers, as some members may

choose not to transition to digital platforms. However, we believe that enhancing our digital engagement will ultimately strengthen and support our membership engagement.



Membership Ambitions

Our ambition is to build a vibrant, diverse, and engaged membership community that reflects our population and contributes meaningfully to the Trust's development. This includes:

- **Representation** – Ensure our membership reflects the diversity of our communities.
- **Engagement** – Create meaningful opportunities for members to influence Trust priorities.
- **Communication** – Provide high-quality, accessible information to members.
- **Governance** – Strengthen the role of Governors as representatives of members.
- **Sustainability** – Promote digital engagement and environmentally conscious practices.

We will look to retain and grow our membership through our engagement activities.

Our Membership and Council of Governors

Our Membership Constituencies:

- **Public Constituency:** Open to anyone aged 11 or over living in England or Wales.
- **Staff Constituency:** All staff employed on a permanent or fixed-term contract of 12 months or more are automatically members unless they opt out.

Our Council of Governors is made up of elected public and staff governors, as well as appointed representatives from partner organisations. Governors play a vital role in:

- Representing the interests of members and the public at large
- Holding Non-Executive Directors to account
- Contributing to the development of Trust strategy

Governor Constituencies are:

Public Constituencies

- Chester & Rural Cheshire (8)
- Ellesmere Port & Neston (4)
- Flintshire (3)
- Remaining England & Wales (1)

Staff Constituencies

- Nurses and Midwives (2)
- Medical (1)
- Allied Health Professionals (1)
- All Other staff (1)

Partnership Governors (Appointed)

- Cheshire West & Cheshire Council
- University of Chester
- Council for Voluntary Services
- Flintshire County Council

Engaging with Our Membership

We will develop our approach to engagement with our members through a variety of channels and activities:

Governance and Oversight

The Membership and Engagement Committee, a sub-committee of the Council of Governors, will lead on the development, delivery, and monitoring of this strategy.

It will:

- Oversee recruitment and engagement activities
- Monitor membership levels, diversity and engagement
- Recommend opportunities for improvements and engagement to the Council of Governors

The Council of Governors will:

- Receive quarterly updates from the Membership and Engagement Committee
- Approve changes to the Membership Strategy
- Report annually to the Annual Members Meeting (AMM)

Monitoring and Evaluation

We will measure the success of this strategy through:

- Membership growth and retention rates
- Demographic representation analysis (biannually)
- Event attendance and feedback
- Newsletter open and click-through rates
- Member satisfaction surveys

Progress will be reported quarterly to the Council of Governors via the Membership and Engagement Committee and annually at the Annual Members Meeting.

Implementation and Review

This strategy will be supported by a detailed action plan delivered through the Membership and Engagement Committee with quarterly updates to the Council of Governors. Progress will be shared with members through newsletters and the Trust website.

For more information or to become a member please contact:

Membership Office
coch.membershipenquiriescoch@nhs.net
01244 366 429
Click here for more membership information

MINUTES OF THE PUBLIC BOARD OF DIRECTORS

Tuesday 29th July 2025, 8.30 – 12.30, Boardroom -1829 Building

Members	20/05/25	29/07/25				
Trust Chair, Mr N Large	☑	☑				
Chief Executive Officer, Ms J Tomkinson OBE	☑	☑				
Non-Executive Director, Mr D Williamson	☑	☒				
Non-Executive Director, Mr P Jones	☑	☑				
Non-Executive Director, Mr M Guymer	☑	☒				
Non-Executive Director, Mrs P Williams	☑	☑				
Non-Executive Director, Professor A Hassell	☑	☑				
Non-Executive Director, Mrs W Williams	☑	☑				
Non-Executive Director, Mrs S Corcoran	☑	☑				
Chief Operating Officer, Ms C Chadwick	☑	☑				
Medical Director, Dr N Scawn	☑	☒				
Director of Nursing & Quality/Deputy Chief Executive, Mrs S Pemberton	☑	☑				
Director of Strategy and Partnerships, Mr J Develing	☑	☑				
Chief Digital & Data Officer, Mr J Bradley	☑	☑				
Chief Finance Officer, Mrs K Edge	☑	☑				
Director of Governance, Risk & Improvement, Mrs K Wheatcroft	☑	☑				
Chief People Officer, Ms V Wilson	☑	☒				

In attendance	20/05/25	29/07/25				
Head of Corporate Governance, Mrs N Cleuvenot	☑	☑				
Consultant Dermatologist/Skin Cancer Lead, Dr E Domanne	☑ (item 3)	n/a				
Healthcare Assistant, Ms M Facer	☑ (item 3)	n/a				
Director of Midwifery, Ms N Macdonald	☑ (item 11 and 12a)	☑ (item 4)				
Director of Clinical Research, Mr P Bamford	☑ (item 23)	n/a				
Deputy Medical Director, Dr I Benton	n/a	☑				
Maternity and Neonatal Voices Partnership Lead, Ms R El Boukili	n/a	☑ (item 4)				
Director of Pharmacy and Medicines Optimisation and Controlled Drugs Accountable Officer (CDAO), Ms K Adams	n/a	☑ (item 15)				

Time	Agenda No.	Agenda item	Action
8.30	1.	**Welcome, apologies and Chair's opening remarks** The Chair opened the meeting and members of the Board introduced themselves. Apologies were noted from Dr N Scawn, Medical Director, Ms V Wilson, Chief People Officer, Mr M Guymer, Non-Executive Director and Mr D Williamson, Non-Executive Director. Dr I Benton, Deputy Medical Director was deputising for Dr N Scawn, Medical Director.	
8.33	2.	**Declarations of Conflicts of Interest with agenda items** There were no declarations of interest raised in relation to agenda items.	
8.35	3.	**Patient Story** Gillian and Anthony Edwards attended the meeting to share the story of their daughter, Katie, who sadly passed away under the care of the Countess of Chester Hospital.	

		Ms L Kanwar (LK), Head of Quality introduced Mr and Mrs Edwards and acknowledged their significant contribution to learning and improvement within the Trust. Following Katie's death, the Edwards family worked with the Trust to help ensure lessons were learned. They produced a video sharing their experience, which has been shown at the Patient Safety Summit and other learning forums. The video was shared with the Board of Directors during the meeting. The Edwards were asked about their experience of being involved in the investigation process. They confirmed that they had received full transparency and consistent communication throughout. They emphasised the importance of asking for help and raising concerns and shared the profound impact Katie had on those around her. Ms S Pemberton (SP), Director of Nursing and Quality/Deputy CEO thanked Mr and Mrs Edwards for attending and acknowledged how difficult it must have been to share their story. She reiterated the Trust's commitment to learning and improvement and hoped the family felt their concerns had been taken seriously. Ms J Tomkinson (JT), Chief Executive Officer reflected on the power of the story in highlighting both positive and negative aspects of care. She noted the importance of the message around asking for help, which aligns with the principles of Martha's Rule. She acknowledged that what began as the Edwards' personal reflections had now informed Trust policy, and that asking for help should be seen as a strength, not something hindered by hierarchy. SP added that the Trust has implemented the HALT initiative, which empowers staff to pause care processes if something does not feel right, further supporting a culture of speaking up. The Board reiterated their thanks and appreciation to Mr and Mrs Edwards for attending and sharing their experience. The Board **noted** the patient story. *Mrs L Kanwar, and Mr and Mrs Edwards exited the meeting.*	
9.05	4.	**<u>Service Showcase</u>** Ms R El Boukili (REL), Maternity and Neonatal Voices Partnership Lead (MNVP), and Ms N Macdonald (NM), Directory of Midwifery attended the meeting to present an update on the work of the Maternity and Neonatal Voices Partnership**.** REL outlined the role of the MNVP as a collaborative group of service users, birth partners, healthcare professionals, and commissioners working together to improve maternity and neonatal services. The MNVP collects and analyses feedback from service users and co-produces improvements with the Trust.	

		Key areas of focus included: • Service User Feedback: Concerns raised included communication issues, challenges with breastfeeding post-C-section, food provision for coeliac patients, pressure around induction decisions, and transitions between postnatal and neonatal care. • Practice Improvements: Actions taken include redesigning appointment letters, enabling overnight stays for support persons, improved food options, and enhanced ward communication tools. • Parent Education: Themes identified included lack of preparation for neonatal admissions and emergencies, the need for accessible and inclusive classes, and broader educational content beyond labour and birth. • Health Inequalities: REL shared data highlighting disparities and outlined targeted actions such as cultural competence training, interpreter support, outreach to low-income and traveller families, and improved access to healthcare. • Future Plans: These include community listening events, support for bereavement midwives, neonatal communication tools, and increasing feedback from under-represented groups. Mrs W Williams (WW), Non-Executive Director thanked REL and was surprised at some of the statistics. She asked whether prenatal sessions include education on induction to help reduce pressure felt by parents. REL confirmed this is being reviewed and emphasised that induction should be an opt-in rather than opt-out process. Ms S Pemberton (SP), Director of Nursing and Quality/ Deputy CEO commended the MNVP for exploring areas not previously investigated by the Trust, noting the value of the insights shared. Prof A Hassell (AH), Non-Executive Director asked about REL's background. REL shared that she is a mother of three, a former midwife, and previously a professional dancer. Her experiences across different healthcare systems have fuelled her passion for equitable access. AH noted that feedback about pressure to induce labour had also been raised at the Quality and Safety Committee and suggested potential collaboration with the university to research lived experiences more widely. Mrs S Corcoran (SC), Non-Executive Director highlighted REL's impactful contributions as a member of the Safety Champions Group and the importance of hearing service user voices within the organisation. Mr N Large (NL), Chair commended the work of the MNVP and thanked REL for her dedication, describing the presentation as "eye-opening."	

		The Board **noted** the service showcase. *Ms R El Boukili and Ms N McDonald exited the meeting.*	
9.35	5.	**Minutes of the previous meeting held on 20th May 2025** The minutes of the previous meeting held on the 20th May 2025 were **approved** as a true and accurate record of the meeting.	
9.40	6.	**To consider any matters arising and action log** Updates against the following actions had been added to the action log and proposed for closure: **3. Finance and Performance Committee to consider how the delivery of medium-term financial stability is reflected on the BAF** This has been considered in the BAF (July 2025). **5. KW to check if out of date policies is on the risk register and if it should be considered a high risk.** Out of date policies have been added to datix as a moderate risk. **6. Board to discuss risk appetite alongside BAF (including medium term financial plan) at a Board Development Day.** This was discussed at the 24th June Board development day. **7. SP to provide update on maternity services neonatal partnership (MNVP) work on addressing health inequalities in maternity services.** Update included on the agenda as part of Service Showcase. **8. JB to compare depth of coding (SHMI) data with other organisations.** Using data from Dr Foster (Telstra Health) for comparison, our coding depth matches the national average of 4.5 codes per record and is below the national average for records with no comorbidity recorded (34.7% for CoCH, compared with 43.2% nationally). The coding depth has shown an improvement from 4.2 average codes per record in 2023/24 to 4.5 in 24/25. The Dr Foster data is used to identify specialties where there is variation from national figures and work then undertaken with the specialty to review recording of comorbidities. It was confirmed that the above actions were closed and the remaining actions on the action log were due in September. The Board **noted** the updates.	
9.43	7.	**Chief Executive Officer's Report**	

		Ms J Tomkinson (JT), Chief Executive Officer, presented the CEO report and highlighted the following key updates: • The Trust's five-year strategy, *Transforming Care Together*, aligns well with the Government's new 10-Year Health Plan. Annual objectives will be adjusted accordingly rather than revising the overall strategy. • JT emphasised the Trust's ongoing work with the Cheshire and Merseyside system to address population health needs and health inequalities within the overall financial envelope. • JT, Mr N Large (NL), Chair and Mrs K Edge (KE) Chief Finance Officer had attended a system meeting to discuss the strategic blueprint for Cheshire and Merseyside. There is recognition that District General Hospitals (DGHs) across Cheshire must consider service sustainability and financial delivery. Mr J Develing (JD), Director of Strategy and Partnerships is leading this work with Mandy Nagra. • JT noted the need to strengthen collaboration with Cheshire and Wirral Partnership NHS Foundation Trust (CWP), while existing links with Wirral partners are strong and expanding. • The Trust's aseptic unit recently received accreditation, and there is potential to explore commercial opportunities aligned with the 10-Year Plan and subsidiary working. • The Trust saw improved results in the Children and Young People's CQC Survey, ranking 9th nationally in the 2024 Survey. • Open days for the new Women and Children's Building are underway, and Board members were encouraged to attend. • Employee of the Month and Team of the Month awards were highlighted, with a formal celebration of achievement event scheduled for September. • JT confirmed that the Trust has maintained safe staffing levels during the recent resident doctor strikes. Dr I Benton (IB), Deputy Medical Director reported that no cancer surgeries were cancelled during the strikes, and only one clinic was rescheduled. Locum cover was used, and consultants were redeployed to support services. Ms C Chadwick (CC), Chief Operating Officer added that emergency and front-of-house services were well covered, with consultants stepping into junior roles. Less activity was stood down compared to previous strikes, and lessons from earlier industrial action were applied. Attendance data for resident doctors is being manually collated to assess the financial impact. NL asked how many resident doctors were on strike. IB confirmed there are 289 resident doctors, with an average of 20 attending during the strike. Not all absences were due to strike action; some were on	

		leave or non-rostered days. CC noted that a Sunday night call led by consultants ensured safe overnight coverage. Prof A Hassell (AH), Non-Executive Director queried whether locums employed by the Trust could be striking elsewhere. IB acknowledged this was possible. The Board expressed appreciation for the consultants and all staff involved in planning and delivering safe services during the strike. NL asked about the nursing position. Ms S Pemberton (SP), Director of Nursing and Quality/Deputy CEO reported that just over 60% of nurses had expressed a desire to strike, though confirmation was pending. She acknowledged the significant challenge this would pose. The Board **noted** the CEO report.	
9.50	8.	**Chair's Update** Mr N Large (NL), Trust Chair, presented the Chair's update. • NL reported time spent attending system-wide meetings, reflecting on the challenges faced in delivering safe care and achieving turnaround across the region. • He emphasised the importance of securing tangible successes this year, particularly in areas such as Referral to Treatment (RTT) and the delivery of Cost Improvement Plans (CIP) as well as UEC improvements. • The Trust is actively working with system partners to identify and implement solutions. • A medium-term financial strategy is in development and will be reviewed in October. • NL attended a recent FTSU meeting, which was well-attended with over twenty FTSU Champions. • He shared reflections on the impact of organisational challenges and acknowledged the importance of continuing to manage these effectively. • NL stressed the need to develop and communicate a clear vision and future direction to staff. • Nominations for Governor elections closed on Friday, with the ballot stage of elections to commence from 18th August 2025. NL shared details on the composition of the Council of Governors, noting that 23 out of 26 seats will potentially be filled. • NL commented on the recently published 10-Year Health Plan, describing it as an exciting opportunity for the NHS. He acknowledged that there is still much to understand about the plan's implications but expressed optimism about the future.	

		NL thanked colleagues across the Trust for their continued support and commitment during a challenging period. The Board **noted** the Chair's report.	
9.55	9.	**<u>a) Board Assurance Framework 2025/26 including Risk Appetite Statement</u>** Mrs K Wheatcroft (KW), Director of Governance, Risk, and Improvement presented the refreshed Board Assurance Framework (BAF) and revised Risk Appetite Statement, noting: • A full refresh of the BAF was undertaken following discussions at the Board development day. • There are ten strategic risks, with minor amendments made to the wording. • Eight out of ten risks remain above the risk appetite. • Progress is being made against actions, and scores may reduce by the next quarter, but only once improvements are fully embedded. • The Risk Appetite Statement now includes specific reference to system and cyber. • The report also includes progress against strategic objectives, with updates to objectives for 2025/26 due in Q2. Mrs S Corcoran (SC), Non-Executive Director queried whether the target risk score of nine for patient safety was too high. KW explained that due to the high impact nature of safety risks, a higher score is often seen albeit the context of minimising risks to quality is important. Ms S Pemberton (SP), Director of Nursing and Quality/ Deputy CEO confirmed this was a collective agreement at the Board development day and aligns with current context. SC asked whether the current target is where the Board wants to be long-term and suggested an ambition to work towards a lower target score. Mr N Large (NL), Chair clarified that the this was the target score for 2025/26 and not reflective of the long-term goal but would require annual re-evaluation. Mrs P Williams (PW), Non-Executive Director asked if the risk appetite could be changed mid-year. KW confirmed that in-year revisions can be done, and SP added that it is important that committees regularly refer to the BAF and make necessary updates. Mr P Jones (PJ), Non-Executive Director supported the current target of nine for quality and safety as realistic but stressed the importance of aiming for longer-term improvement. Prof A Hassell (AH), Non-Executive Director agreed, noting that achieving nine this year would be a significant accomplishment.	

		The Board: • **approved** the 2025/26 Board Assurance Framework • **noted** the update on progress in delivering strategic objectives • **approved** the revised Board Risk Appetite Statement 2025/26 **b) High Risks Report** KW provided an overview of the High Risks Report, highlighting: • The report includes risks recorded on Datix with a residual score of fifteen or above. • A total of fifteen high risks are identified, covering areas such as RAAC, waiting lists, equipment, radiology capacity, staffing, cyber security, infrastructure, and cash management. • The Risk Management Improvement Plan is progressing, with a focus on strengthening awareness and embedding risk management across all levels of the organisation. • Improvements are underway in Datix reporting capabilities, including alert functions and automated updates. • The report should be read in the context of the Board Assurance Framework (BAF), with ongoing work to improve consistency in scoring, mitigations, and actions. • The high risks register is manually updated to ensure visibility at Board and Committees. • Training is being further developed, with awareness in a number of the leadership development sessions and risk is increasingly being discussed across the organisation. The Board **noted** the high risk report recognising further work is progressing to improve and embed risk management across the Trust.	
10.05	10.	**Quality, Safety & Experience Strategy** Mrs S Pemberton (SP), Director of Nursing and Quality/ Deputy CEO introduced the Quality, Safety and Experience Strategy, noting that the strategy had been reviewed by the Quality Governance Group (QGG). It was developed with input from staff and some patients and reflects known areas for improvement. SP noted whilst some elements may appear basic, they are foundational and critical to delivering safe, kind, and effective care. Key areas include complaint's themes, harms, sepsis, infections, falls, pressure ulcers, and care for deteriorating patients. Improvement programmes and structures are in place to support these areas. A quarterly feedback session led by Fiona Altintas, Deputy Director of	

		Nursing and Quality Governance will be introduced to monitor progress and ensure accountability. SP also highlighted progress on the violence and aggression policy and implementation of NatSSIPs; a new ward-based group has been established to focus on patient and family experience; and staff survey results will be used to evaluate cultural development and impact. Ms J Tomkinson (JT), Chief Executive Officer thanked SP for the comprehensive report and endorsed the priorities outlined in the strategy as appropriate and well-considered. A key theme emerged around the tension between driving the quality and safety agenda and meeting financial delivery targets. JT raised the question of how this balance would be achieved. SP confirmed that this issue had been discussed in a meeting the previous day, acknowledging the difficulty and complexity of aligning both agendas. Dr I Benton (IB), Deputy Medical Director praised the simplicity of the strategy, noting that it enhances clarity and makes monitoring easier. Mr N Large (NL), Chair affirmed that the strategy reflects what the Trust should be doing. Mrs W Williams (WW), Non-Executive Director shared feedback from a walkabout in Endoscopy, where staff expressed concern about Cost Improvement Programmes (CIP) and reiterated that patient safety came first. WW felt that the strategy can support the connection of financial savings with quality and safety delivery. WW questioned why staff often don't see the link between financial and quality goals. SP responded that leadership has historically lacked adequate support and that in some areas, the status quo is accepted rather than challenged. She emphasised the importance of setting standards and leading by example to demonstrate what good looks like. Mrs S Corcoran (SC), Non-Executive Director initially felt there were gaps in the risk register but acknowledged that the strategy and accompanying papers do capture the relevant risks. She appreciated the evaluation section and suggested that the Chief Executive Officer's FTSU pledge be visually highlighted more clearly within the strategy to re-emphasise the encouragement for staff to speak up and ensure they are heard. SP credited her team for their work in developing the strategy. NL asked how the Trust would know the strategy is making a difference. SP confirmed that updates would be brought to the Board as implementation progresses. NL noted that while evaluation will take time, improvements should hopefully be reflected in staff and patient surveys. The Board **approved** the Quality, Safety and Experience Strategy.	

10.15	11.	**Safety Surveillance and Learning Report – Quarter 4** Mrs S Pemberton (SP), Director of Nursing and Quality/ Deputy CEO introduced the report, highlighting the Safety Surveillance and Learning Forum as a key platform for organisational learning. The forum includes attendance from divisional teams, claims and legal team, and reviews incidents, complaints, and coronial inquests. Attendance and engagement were noted as strong. In Quarter 4, the Trust reported 3,215 incidents, with 95% categorised as low or no harm, 14 severe, and 2 catastrophic incidents. The top five categories of moderate harm were: 1. Skin integrity 2. Obstetrics 3. Healthcare Associated Infections (HCAI) 4. Treatment 5. Falls Violence and aggression incidents were discussed, with 70% linked to confused patients. Enhanced therapeutic observation training is scheduled to begin in A&E next month to address this. Complaints and concerns were primarily related to communications in respect of appointments and waiting lists. The Trust is reviewing communication strategies to reduce reliance on PALs and improve patient access to information. Reports are now reviewed weekly and progress monitored to ensure we are meeting coroner requirements. The importance of duty of candour was emphasised, as demonstrated by the patient story earlier in the meeting. Prof A Hassell (AH), Non-Executive Director confirmed the report had been presented to the Quality & Safety Committee and noted it as evidence of a strong learning culture. He highlighted the high proportion of low and no harm incidents as indicative of a healthy reporting culture. Mr N Large (NL), Chair raised the issue of security response to incidents. SP responded that enhanced therapeutic observation training would help reduce the need for security involvement and that the Security Team also have a role in safeguarding incidents. The Board: • **Noted** the contents of the paper. • **Received assurance** that the Trust is continuing to promote a learning culture with evident and measurable actions to improve patient safety.	

		• **Noted** the improvements in governance and oversight workstreams within the Trust.	
10.25	12.	**Quarter 1 2025-2026 Mortality Surveillance Report (learning from deaths)** Dr I Benton (IB), Deputy Medical Director presented the Quarter 1 Mortality Surveillance Report, confirming that mortality indicators—SHMI (91.0), HSMR (93.5), and SMR (94.4)—remain within the "as expected" range. The Trust's depth of coding is slightly below the national average (5.9 vs. 6.4). IB explained that a higher depth of coding typically correlates with more accurate predicted mortality. Mortality rates are lower in more deprived areas, which is a positive outlier for the Trust. Mr N Large (NL), Chair raised concerns about the impact of long length of stay on mortality figures. Dr Benton confirmed this is being monitored through Non Criteria to Reside (NC2R) metrics. NL queried whether coding quality supports income recovery. Mrs K Edge (KE), Chief Finance Officer responded that coding is reasonably good but constrained by contract limits. Mr J Bradley (JB), Chief Digital and Data Officer added that external audits have shown positive results for coding for admitted patient care, and future improvements may come from automation and AI tools. Prof A Hassell (AH), Non-Executive Director praised the health inequality data and stressed the importance of maintaining coding standards. He asked whether feedback from families is received during medical examiner reviews. IB confirmed that feedback is shared with both the mortality surveillance group and clinical teams. AH suggested including family feedback in public Board papers. SP asked whether the list of good care examples came from medical examiners. IB clarified that these were identified through Mortality and Morbidity (M&M) reviews, which also highlight gaps in care. The Board **noted** the report and **received assurance** that learning from mortality and morbidity is improving across the organisation within the learning and safety meeting structures / groups reaching multiprofessional audiences.	
10.30	13.	**Care Quality Commission (CQC) Improvement Plan including Well Led** Mrs S Pemberton (SP), Director of Nursing and Quality/ Deputy CEO presented the latest progress update against the consolidated CQC Improvement Plan, including the Well Led domain. She noted that several actions have been completed and are transitioning to business-as-usual (BAU), with updates and examples shared. Mrs K Wheatcroft (KW), Director of Risk and Improvement has contributed to the development of the updates and monitoring framework.	

		Prof A Hassell (AH), Non-Executive Director queried whether any areas remain amber despite the predominance of blue and green indicators. SP acknowledged that out-of-hours stroke service remains amber due to funding limitations beyond midnight. KW clarified that while many recommendations have moved to BAU, consistency of application is still being embedded. Monitoring and triangulation with the Board Assurance Framework (BAF) is important. Ms J Tomkinson (JT), Chief Executive Officer emphasised the distinction between assurance and reassurance, cautioning against sweeping statements. She acknowledged the work of SP and KW and stressed the need for continued executive-level conversations to ensure progress is sustained and embedded. Mr P Jones (PJ), Non-Executive Director asked about the timeline for a formal improvement strategy. KW responded that while elements exist across the Cost Improvement Programme (CIP) and Quality Strategy, a consolidated strategy is still needed but is being managed within competing priorities. JT highlighted the importance of managing expectations internally and externally, especially given reductions in corporate teams. She noted that resources are focused on safety, and improvement efforts must be realistic. The Board **noted** the assurance provided on progress against the CQC Improvement Plan.	
10.35	14.	**Quality & Safety Committee Chair's Report – 21st May 2025 and 3rd July 2025** Prof A Hassell (AH), Non-Executive Director/ Chair of Quality & Safety Committee presented the Quality and Safety Chair's report which included areas to Alert the Board to, areas where Assurance had been received, areas to Advise to Board and any new risks discussed. The Committee had convened an extraordinary meeting on 21st May to review the Trust's response to the Care Quality Commission (CQC) Section 29a notice concerning Urgent and Emergency Care. AH commended the Executive Team and colleagues for their swift and thorough response. Each area of concern was discussed in detail, with actions and progress reviewed. Agreement was reached on the nature of future assurance reporting to the Committee. On the 3rd of July, the Committee reviewed ongoing progress against the CQC Section 29a notice. While improvements were noted, several areas remain under scrutiny:	

		• Sepsis performance in ED: Worsening metrics prompted a request for further information and continued agenda presence. • Resuscitation capacity: Plans to expand by one adult and one paediatric bay were discussed. Despite expansion, the Trust will remain below national recommendations. Mr N Large (NL), Chair queried the source of guidance for resuscitation capacity, and Ms Chadwick (CC), Chief Operating Officer confirmed it was from the Royal College, based on attendance and clinical need. A clinically led risk assessment had taken place to determine the number of bays required but was not articulated in the paper and will be updated to reflect this in the next report. NL asked whether the CQC had flagged this as an area of concern; CC clarified it was not mandated but noted the absence of a separate paediatric area, which the Trust had already planned to address. AH stressed the importance of Committee assurance on this matter. Mr P Jones (PJ), Non-Executive Director highlighted concerns about data aggregation masking outliers. AH confirmed this had also been discussed in depth at the Committee. The Board **noted** the Quality and Safety Committee Chair's report.	
10.40	15.	**2024/25 Controlled Drugs (CDs) Annual Report** Ms K Adams, Director of Pharmacy and Medicines Optimisation and Controlled Drugs Accountable Officer (CDAO) presented the Controlled Drugs Annual Report, confirming that the Trust is compliant with the Controlled Drugs Regulations. Systems and processes are governed by established policies and procedures, with compliance monitored through quarterly audits. Incident reporting showed a reduction compared to the previous year (265 incidents, down 20%), though this was noted as an observation rather than an indicator of improvement. Thematic reviews are conducted quarterly, with particular attention to unaccounted-for losses, especially in the Emergency Department (ED), which has higher oversight due to increased reporting. There have been no themes identified in ED losses. Mr N Large (NL), Chair raised concerns about unsigned medication receipt forms. Karen Adams clarified that this relates to signatures upon receipt, and while porters wait for signatures, medication is never left unattended. Process improvements are being explored to ease this burden. The Trust achieved 100% compliance in its participation in the Local Intelligence Network (LIN), including attendance, reporting, and	

		actioning alerts. A Home Office inspection in May 2024 provided positive assurance, though the Trust has yet to receive its renewed licence. The delay has been escalated to NHS England, and the Trust continues to operate under existing permissions. Positive developments include portal-based ordering for lower scheduled drugs, enabling wards to track administration and supply trends, which helps identify red flags. Mrs S Pemberton (SP), Director of Nursing and Quality/ Deputy CEO queried key security compliance. KA explained that non-compliance was due to controlled drugs (CD) keys being stored with medicines keys. Measures have been implemented to address this, including education and secure storage protocols. Mrs W Williams (WW), Non-Executive Director asked about disposal of partially used drugs. KA confirmed that quarterly audits would flag any issues, and no concerns have been raised. While diversion of CDs is a national issue, the theatre scenario poses lower risk than open shelf access. Prof A Hassell (AH), Non-Executive Director asked about underperforming areas in the report and whether it had been shared with the Quality Governance Group (QGG). KA confirmed that reporting flows through relevant channels and the Chair's report is submitted to QGG. NL queried whether all medication was in date and fit for use. KA noted that 80% compliance does not mean expired medication was used, but that its' presence poses a risk. The aim is to remove such items within 72 hours. Some medicines expire within six weeks of opening, and no high-cost medicines were wasted. The Board acknowledged and thanked the Pharmacy Team for their role and support during the industrial action. The Board of Directors **noted the assurance** provided within the report with regards to the safe management of controlled drugs within the organisation. *Ms K Adams exited the meeting.*	
11.00	16.	**<u>Integrated Performance Report (IPR) – June 2025</u>** Mr N Large (NL), Chair shared reflections on the IPR format and proposed a more forward-looking approach. He suggested including outturns and strategic indicators to focus on future performance rather than solely on retrospective data. **ACTION:** Mr J Bradley (JB), Chief Digital and Data Officer will develop mock-ups and consult with the Executive Team and committees, aiming for implementation by September 2025.	**JB**

Operational Performance

Ms C Chadwick (CC), Chief Operating Officer highlighted the following with regards to Operational Performance:

- ED 4-hour performance reached a two-year high at 63.7%, with a significant reduction in patients waiting over 12 hours.
- Ambulance handovers improved, with sustained reductions in 60+ minute delays.
- Corridor care usage dropped dramatically.
- Escalation policy revised with a focus to reduce ED stays from 72 to 18 hours.
- Clinical triage at the front door being prioritised.
- Elective care: Cancer 31-day and 62-day standards sustained; 28-day FDS performance declined due to skin tumour backlog.
- RTT: Forecasted 15% improvement by October 2025.

Mr N Large (NL), Chair asked whether NC2R delays were due to funding or care home availability; CC confirmed funding was the main issue.

Prof A Hassell (AH), Non-Executive Director queried the corridor care success; CC attributed it to extended use of escalation spaces since January/ February 2025, noting the financial implications of this.

Mrs S Pemberton (SP), Director of Nursing and Quality/ Deputy CEO and Mrs W Williams (WW), Non-Executive Director raised concerns about Same Day Emergency Care (SDEC) delays and patient experience. Healthwatch feedback was positive on corridor care but flagged long SDEC stays. WW commented on the lack of correlation between operational mandates and health outcomes.

Mrs S Corcoran (SC), Non-Executive Director asked about NC2R winter projections; CC confirmed no significant improvements can currently be expected.

Mr P Jones (PJ), Non-Executive Director asked about benchmarking NC2R with other outlier hospitals; CC noted national work may address this but no themes have currently been identified.

Quality

Mrs S Pemberton (SP), Director of Nursing and Quality/ Deputy CEO shared the highlights related to Nursing Quality of Care indicators:

- Improved compliance in Braden, MUST, and falls risk assessments.
- Zero STEIS incidents and never events in June 2025.
- Reduction in falls and falls with harm.
- Ward accreditation and deconditioning initiatives progressing.

NL raised concerns about sepsis performance in ED. SP confirmed this would be discussed further as part of the private Board papers.

Safety

Dr I Benton (IB). Deputy Medical Director shared the following in respect of the Safety indicators:

- E-discharge compliance improving via task and finish group.
- Standardisation of discharge checklists underway.
- Mortality indicators (SHMI and HSMR) remain “as expected”.

SC queried Family and Friends Test (FFT) data accuracy; SP confirmed data errors due to mixed responses and Healthcare Comms are currently investigating this.

NL asked if there was a declining birth trend. SP noted there had been a decline in births but a trend had not been identified. It was recognised that there was work to be done around advertising the maternity services at the New Women & Children’s Building.

There was discussion about the reputational issues the Trust has recently faced and the importance of publicising positive outcomes more effectively. The Board also discussed how the Quality Strategy could be used in external communications. The Board recognised the importance of utilising social media and developing communications with primary care.

Finance

Mrs K Edge (KE), Chief Finance Officer presented the key Finance updates:

- Month 3 deficit of £8.2m in line with plan.
- CIP under-delivery of £1.6m mitigated by non-recurrent benefits.
- Cash position healthy at £21.2m but this will erode in coming months.
- Better Payment Practice Code compliance: 95.3% (value), 91.5% (volume).

NL noted that overall, we are on plan but CIP remains the key risk.

People

Ms C Chadwick (CC), Chief Operating Officer, presented the People and Organisational Development highlights on behalf of the Chief People Officer:

- Turnover below target at 9.82%.
- Sickness absence rose to 5.05%, driven by stress and anxiety.

		• HR Business Partners are engaging with managers to ensure that Trust policies are appropriately implemented for employees on sick leave and to facilitate their effective return to work. • Mandatory training compliance reached target at 90.91% for the first time since 2019. • Appraisal compliance met target at 81.64%. • Agency spend reduced year-on-year; nursing agency spend at 0.8% of pay bill. The Board **noted** the Integrated Performance Report.	
11.20	17.	**Operational Management Board Chair's Report – 22nd May 2025** Ms J Tomkinson (JT), Chief Executive Officer presented the Operational Management Board (OMB) Chair's report including areas to Alert to the Board, areas where Assurance had been received, areas to Advise the Board and any new risks discussed. JT highlighted that the updated accountability framework had been approved at OMB for cascade across Divisions. The Board **noted** the OMB Chair's report.	
11.25	18.	**Audit Committee Chair's Report – 15th July 2025** The Board received the Audit Committee Chair's report which included areas to Alert to the Board, areas where Assurance had been received, areas to Advise the Board and any new risks discussed. The Board **noted** the Audit Committee Chair's report.	
11.30	19.	**Finance & Performance Committee Chair's – 20th May 2025 and 25th June 2025** Ms P Williams, Non-Executive Director presented the Finance and Performance Committee Chair's report which included areas to Alert to the Board, areas where Assurance had been received, areas to Advise the Board and any new risks discussed. On 20th May 2025 the Committee reviewed the Outline Business Case (OBC) for the Theatres Redevelopment Project. Issues were identified that required escalation to the Board. The Committee noted that a Full Business Case (FBC) would provide more detail and would require a dedicated session for thorough review. A verbal update was provided at the Board meeting on the 20th May 2025. On 25th June 2025 the Committee discussed the Emergency Department (ED), focusing on the sustainability of recent	

		improvements and the need to ensure they are embedded. The 2025–2026 Annual Plan was reviewed. At Month 2, performance was behind plan, and this trend continued into Month 3. Concerns were raised regarding the non-approval of deficit funding, which is expected to impact the Trust's cash position going forward. A paper is included on the Private Board agenda. The Board **noted** the Finance and Performance Committee Chair's report.	
11.35	20.	**<u>Annual Health & Safety Report 2024/25</u>** Mr K Edge (KE), Chief Finance Offer confirmed that the report had been reviewed at the Finance & Performance Committee. She acknowledged that the Health & Safety function has experienced instability in leadership over the past few years, but the appointment of Liam Telford as Health & Safety Manager in January 2025 has helped stabilise the function and initiate a robust improvement plan. The report highlighted one hundred and eighty-four health and safety incidents, with one hundred and eighty categorised as no-harm or low-harm and four as moderate harm. Two RIDDOR-reportable incidents were logged. Key objectives for 2025/26 include a Trust-wide audit, reintroduction of a Control of Substances Hazardous to Health (COSHH)system, policy reviews, accredited training for high-risk areas, and improvements in contractor safety and evacuation planning. Mr P Jones (PJ), Non-Executive Director raised concerns about the ageing infrastructure, fire safety and COSHH management, asking for assurance that mitigation plans are in place. KE responded that these risks are recorded on the risk register and actions progressing. Fire alarm replacements are underway, and while the risk is not yet eradicated, it is diminishing daily. The Trust is aiming for resolution by Q3. Prof A Hassell (AH), Non-Executive Director asked for clarification on the fire risk. KE explained that the Trust currently operates two fire alarm systems, which can cause confusion during activations. Although incidents have been isolated, the dual-system setup poses a risk that is being actively addressed The Board **noted** the annual health and safety report 2024/25 and the priorities for 2025/26.	
11.40	21*.	**<u>Digital and Data Strategy Update</u>** Mr J Bradley (JB), Chief Digital and Data Officer presented an update on the development of the Trust's revised Digital and Data Strategy. It builds on the 2021 "Digital Directions" strategy and aligns with the NHS "What Good Looks Like" framework and the Trust's strategic goals. The new strategy is structured around eight components:	

		People, Process, Infrastructure and Security, Applications, Data, Innovation, Green, and Partnerships. Key developments include: • A roadmap of digital projects through 2028, including Electronic Patient Record (EPR) upgrades, Artificial Intelligence (AI) pilots, and infrastructure improvements. • External assurance mechanisms such as the Digital Maturity Assessment, Healthcare Information and Management Systems Society (HIMSS) Electronic Medical Record Adoption Moderl (EMRAM), and Skills Development Network accreditation. • A prioritisation process embedded via divisional steering groups and the Clinical Digital Design Authority. • Risks identified across funding, resource, and cybersecurity, with mitigations in place The Board **noted** the update and received assurance on the development of a revised Digital and Data Strategy.	
11.43	22.	**<u>People Committee Chair's Report – 10th June 2025</u>** Ms W Williams (WW), Non-Executive Director/ Chair of the People Committee presented the People Committee Chair's report which included areas to Alert to the Board, areas where Assurance had been received, areas to Advise the Board and any new risks discussed. WW confirmed that many items had already been covered in the Integrated Performance Report (IPR) update but emphasised that the People Committee had conducted deep dives into sickness absence, the workforce plan, and financial plan targets, recognising these as critical areas. Additional work is planned to support the development and delivery of the People strategy. The Board **noted** the People Committee Chair's report.	
11.48	23*.	**<u>Council of Governors Summary Report – 17th July 2025</u>** The report summarised the key topics presented and discussed at the last Council of Governors meetings in July 2025. The Board **noted** the Council of Governors Summary Report.	
11.50	24.	**<u>People Strategy – 2025 – 2028</u>** This item was deferred to September 2025 to enable the Chief People Officer to present the paper**.**	

12.00	25.	**Terms of Reference Updates – Assurance Committees** **a) Audit Committee** **b) Finance & Performance Committee** **c) Quality & Safety Committee** **d) People Committee** All assurance committee Terms of Reference had been updated following the effectiveness reviews and approved through their respective committee meetings. The Board **ratified** the revised Terms of References for the following assurance committees: • Audit Committee • Finance & Performance Committee • Quality & Safety Committee • People Committee	
12.10	26.	**Use of Trust Seal: Women & Children's Build – Sub-Contractor Collateral Warranties** The Board were asked to approve the application of the Trust seal in retrospect for the Women and Children's build sub-contractor collateral warranties. The Board **approved** the use of the Trust Seal in retrospect.	
12.15	27.*	Items for noting and receipt: **Minutes of Committee Meetings:** a) Approved minutes of the Quality & Safety Committee – 1st May 2025 and Extraordinary 21st May 2025 (attached) b) Approved minutes of the People Committee – 8th April 2025 (attached) c) Approved minutes of the Finance & Performance Committee – 30th April and 20th May 2025 (attached) d) Approved minutes of the Operational Management Board – 24th April 2025 (attached) e) Approved minutes of the Audit Committee – 22nd April 2025 and Extraordinary 24th June 2025 (attached) f) Research and Innovation Committee Chair's report 16th July 2025 and approved Minutes 9th May 2025 (attached) **Other items:** g) Board of Directors Workplan 2025/26 (attached)	
12.18	29.	**Any Other Business** There was no other business to note.	
12.20	30.	**Questions from Governors and members of the Public relating to items on the meeting agenda**	

		Governors commented positively on the incentive to improve communications about the new Women's and Children's building.	
12.30	31.	**Closing remarks** The Chair asked if everyone was happy with the conduct of the meeting. No issues were raised and the Chair thanked everyone for their attendance and contribution.	

Next Meeting: Tuesday 30th September 2025

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

Public meeting of the Board of Directors Agenda
(published items)
Tuesday 30th September 2025, 08.30 – 12.30
Boardroom, 1829 Building

Chair	Mr N Large, Trust Chair
Apologies	Mr M Guymer, Non-Executive Director, Ms C Chadwick, Chief Operating Officer
In attendance	Mr S Brown, Deputy Chief Operating Officer

Time	Agenda No.	Agenda item	Lead	Page No.	Decision Required
8.30	1.	Welcome, apologies and Chair's opening remarks (verbal)	Trust Chair		For noting
8.33	2.	Declarations of Conflicts of Interest with agenda items (verbal)	Trust Chair		For noting
8.35	3.	Patient Story (to be presented on the day)			
8.45	4.	a) Organ Donation Service Showcase (to be presented on the day) b) Organ donation Annual Report (attached)	Consultant in Intensive Care & Clinical Lead for Organ Donation		For noting
9.05	5.	Minutes of the previous meeting held on 29th July 2025 (attached)	Trust Chair		For approval
9.09	6.	To consider any matters arising and action log (attached)	Trust Chair		For noting
9.12	7.	Chief Executive Officer's Report (attached)	Chief Executive Officer		For noting
9.22	8.	Chair's Update (verbal)	Trust Chair		For noting
9.32	9.	a) Board Assurance Framework 2025/26 (attached) b) High Risks Report (attached)	Director of Governance, Risk & Improvement Director of Governance, Risk & Improvement		For noting
Quality of Care					
9.37	10.	Safeguarding Annual Report (attached)	Director of Nursing & Quality / Deputy Chief Executive		For assurance

9.47	11.	Perinatal Services Quarterly Update Quarter 1 (attached)			For assurance
9.55	12.	Care Quality Commission (CQC) Improvement Plan including Well Led (attached)	Director of Nursing & Quality / Deputy Chief Executive		For assurance
10.00	13.	Freedom to Speak Up (FTSU) Guardian Report (attached)	Deputy Chief Operating Officer / FTSU Guardian		For assurance and noting
10.10	14.	Quality & Safety Committee Chair's Report – 8th September 2025 (attached) –	Chair Quality & Safety Committee		For assurance
10.15	15.	National Inpatient Survey Results (attached)	Director of Nursing & Quality / Deputy Chief Executive		For noting
Comfort Break (10.25 – 10.35)					
Operational Performance					
10.35	16.	Integrated Performance Report (IPR) – August 2025 (attached) Operational Performance Quality Safety People Finance	 Deputy Chief Operating Officer Director of Nursing & Quality Medical Director Chief People Officer Chief Finance Officer		For assurance
10.55	17.	Operational Management Board Chair's Report – 24th July 2025 (attached)	Chief Executive Officer		For assurance
11.00	18.	National Oversight Framework (to follow)	Chief Digital and Data Officer		For information
11.10	19.	Winter Planning and Board Assurance Statement (attached)	Deputy Chief Operating Officer		For approval
Finance, Use of Resource and Performance					

11.20	20.	Finance & Performance Committee Chair's a) 27th August 2025 (attached) b) 23rd September 2025 (attached)	Chair Finance & Performance Committee		For assurance
Strategic Change					
11.25	21.	Research Update a) Draft research strategy (to follow)	Director of Clinical Research		For information
11.40	22.	Green Plan (attached)	Director of Strategic Partnerships		For ratification
11.47	23.	Communities and Partnerships	Director of Strategic Partnerships		For assurance
Leadership, Improvement Capability, Organisation Development and People					
11.55	24.	People Committee Chair's Report – 12th August 2025 (attached)	Chair People Committee		For assurance
12.00	25.	Annual submission to NHS England North West: Medical Appraisal, Revalidation and Medical Governance (attached)	Medical Director		For approval
Governance					
12.05	26.	Application of Trust Seal (attached)	Director of Governance, Risk, and Improvement		For ratification
12.08	27.	Fit & Proper Persons Policy (attached)	Director of Governance, Risk, and Improvement		For approval
12.15	28.	Operational Management Board Terms Reference (attached)	Director of Governance, Risk, and Improvement		For approval
12.18	29.	Proposal to amend the Trust's Constitution (attached)	Director of Governance, Risk, and Improvement		For approval
Items for noting					
12.23	30.*	Items for noting and receipt (attached): ***Sent under separate cover*:** **Minutes of Committee Meetings:** a) Approved minutes of the Quality & Safety Committee – 3rd July 2025 (attached)	Trust Chair		For noting

		b) Approved minutes of the People Committee – 10th June 2025 (attached) c) Approved minutes of the Finance & Performance Committee – 25th June 2025 (attached) d) Approved minutes of the Operational Management Board – 22nd May 2025 (attached) e) Research and Innovation Committee Chair's report – 5th September 2025 and Approved minutes - 16th July 2025 (attached) **Other items:** f) Board of Directors Workplan 2025/26 (attached)			
Other items					
12.25	31.	Any Other Business (verbal)	Trust Chair		For noting
12.28	32.	Questions from Governors and members of the Public relating to items on the meeting agenda - ***Questions to be submitted in writing in advance of the meeting to:*** coch.membershipenquiriescoch@nhs.net ***by Thursday 25th September 2025*** **Future Dates:** 25th November 2025 27th January 2026 31st March 2026	Trust Chair		For noting
12.30	33.	Closing remarks (verbal)	Trust Chair		For noting

Next Meeting: Tuesday 25th November 2025

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

Countess of Chester Hospital NHS Foundation Trust

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.

Committee Chair's Report

Tuesday 15th July 2025, 9.30 – 10.30, Boardroom 1829 Building

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

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

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

- Out-of-date Policies: good update and progress is being made but still only providing limited assurance due to significant number of out-dated clinical policies. Note that guidelines and SOPs will also need to be reviewed.

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

- The Audit Committee **ratified/approved** updated versions of two policies: the Conflicts of Interest Policy and the Standards of Business Conduct Policy.
- Internal Audit Progress report including two **substantial assurance** reports covering Managing Conflicts of Interest and Fit and Proper Persons.
- Assurance on follow up progress against Internal Audit recommendations.
- Progress against the risk management improvement plan was received. There is still work to do to complete the actions and embed risk management.
- Anti-Fraud plan progress report including awareness raising, referrals and ongoing cases noting long timeframes for some investigations especially where these have been referred externally.
- Additionally, an awareness around the new Failure to Prevent Fraud Offense was provided.

Advise
(items presented for the Board's information)

- The Audit Committee reviewed the agendas and AAA Chair reports for the other Committees, which demonstrated continued operation.

Risks discussed and new risks identified

- The Committee received the extract of the Board Assurance Framework (BAF 8) and high-risk report as part of the work of the Committee. No new risks were identified.

An extraordinary Audit Committee was held on 24th June 2025 where they reviewed and approved the Annual Report 2024/25 including the Annual Governance Statement, External Audit Year end report (ISA 260), Auditors Annual report 2024/25 and Letter of Management Representation. In addition, the committee reviewed and approved the Quality Accounts 2024/25.

Countess of Chester Hospital NHS Foundation Trust

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

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

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

- 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

* 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 Willams

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

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

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

N/A

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

N/A

Risks discussed and new risks identified

- Delivery of the 2025/26 finance plan

Committee Chair's Report
Monday 8th September 2025 at 14.00 – 17.00, Boardroom, 1829 Building

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

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

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

- Actions need to be progressed at pace in our palliative care services. Need for improvements in record keeping and work being done on the action plan. One example is the risks associated with the lack of a 24/7 service which is heavily reliant on collaboration. Self-assessment view would be currently requiring improvement against CQC standards.
- **Section 29a** – Progress assurance received but significant risks remain in relation to Sepsis, IPC, Medical Devices (PAT Testing), equipment servicing and the 12-hour target.
- The Committee received the **Safeguarding quarterly report** with specific actions progressing to improve compliance with standards for:
  - Domestic abuse enquiry
  - 'This is me'/ Hospital Passport completion
  - Restraint
- **Cancer Services Report.** Some good metrics, but challenged in:
  - **Breast Surgery:** Workforce pressures were highlighted impacting capacity
  - **Skin:** Capacity issues due to the high denominator
  - **Radiology:** Capacity issues were highlighted within ultrasound and IR with mutual aid commencing in July

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

- **Medical Devices** Report provided a comprehensive assessment and presentation of identified risks and planned mitigation.
- Improvements demonstrated in the management of the **Clinical Audit** process
- **Medicines Optimisation** Annual Report received.

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

- Long standing risk on 2nd obstetric theatre resolved following move into the new Women's and Children's building.
- Significant improvements noted on e'discharge letters
- IR(ME)R regular report presented. There have been no new risks added to the risk register related to IR(ME)R or radiation protection. Risk 3416 regarding the Sentinel Lymph Node Biopsy Service has been closed as service has successfully moved to Clatterbridge Cancer Centre

Risks discussed and new risks identified

- Pace of progress on Section 29a action plan
- Ability to progress on Palliative Care improvements at pace