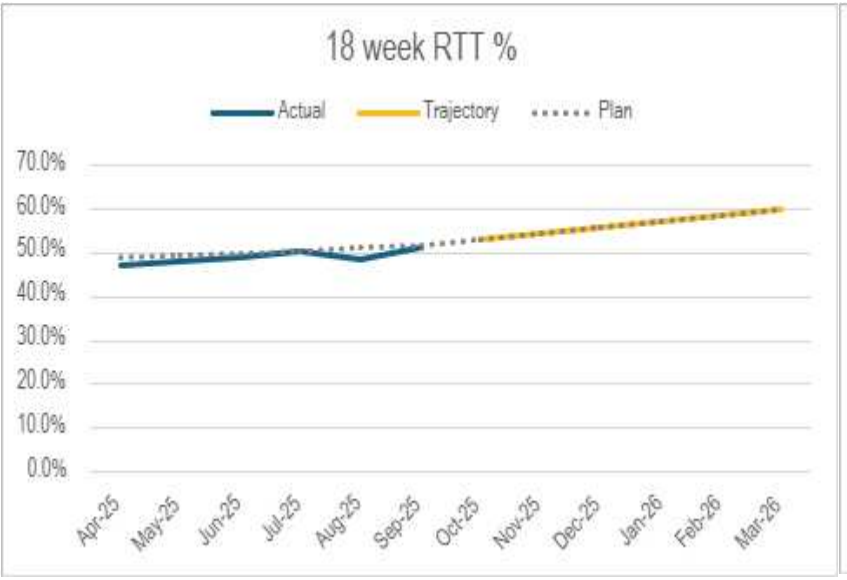
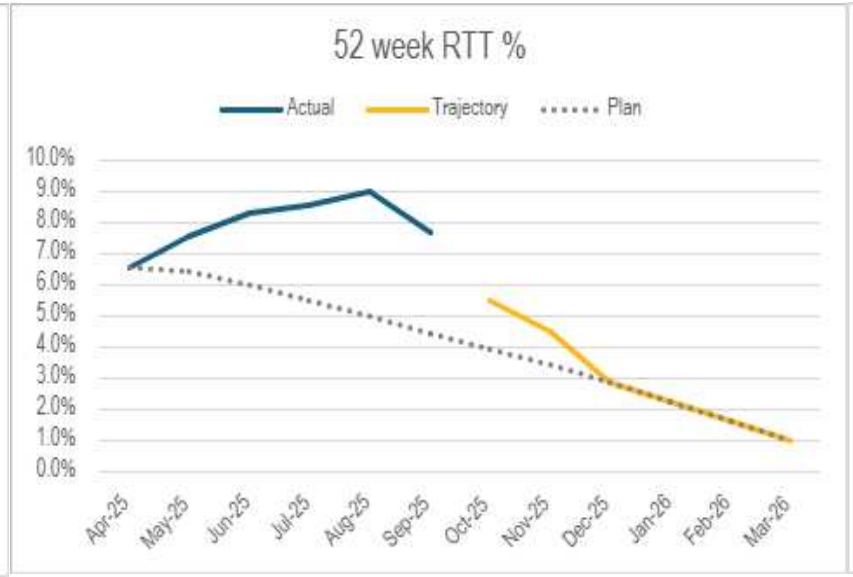
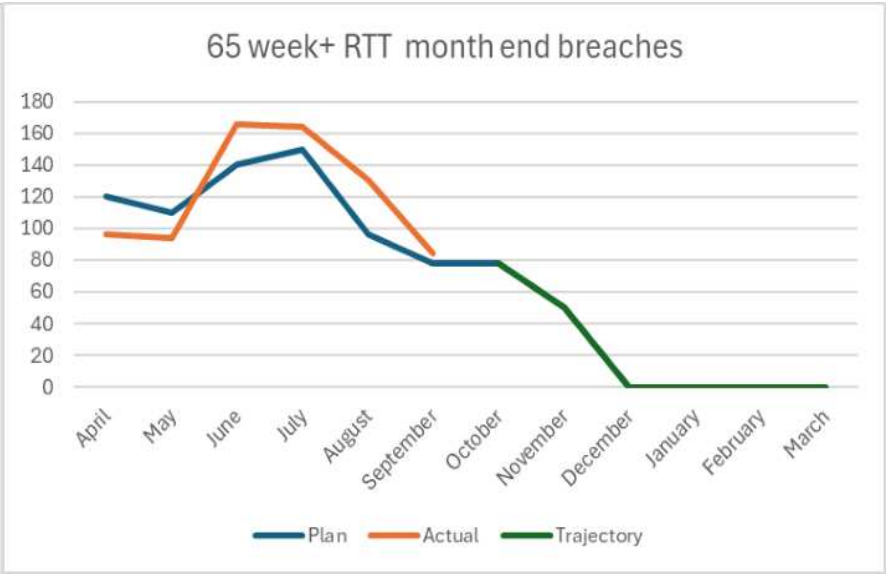
NHS
Countess of Chester Hospital
NHS Foundation Trust

Integrated Performance Report (IPR)
Council of Governors
October 2025

18-week compliance







The Trust is currently 0.4% away from September 18 week plan with further validation (WHH and WUTH data) to validate, plans are in place to sustain compliance
The 52-week position has started to improve in September
2 main reasons for being off plan:
All allocated Dermatology capacity had to be redirected to support FDS growth in skin and time lag for varicose vein policy and agreement to send to Spire.

Actions:

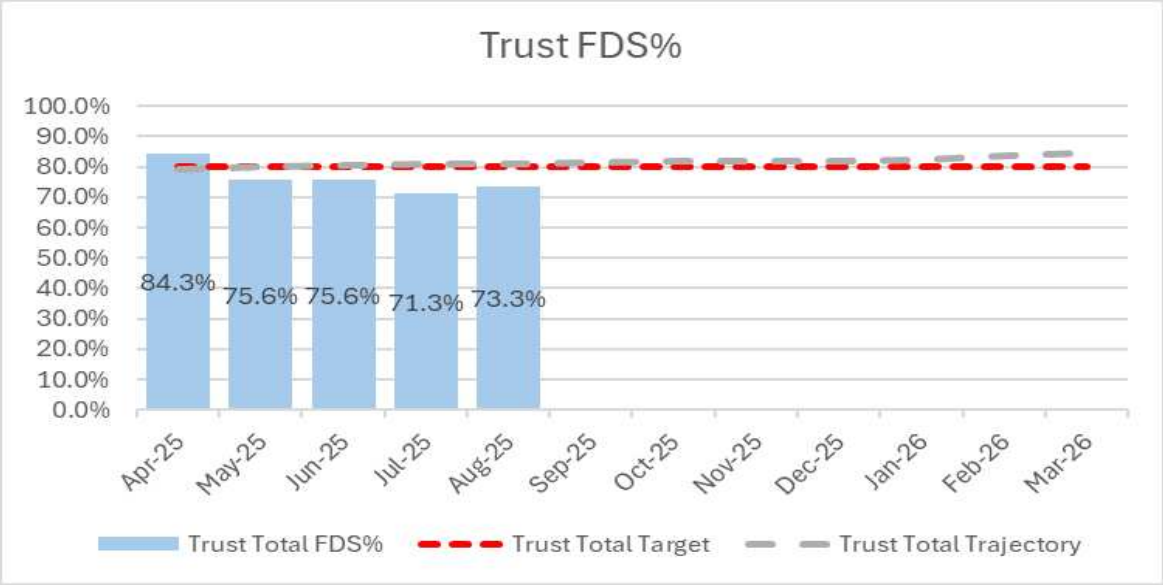
- Interim C&M ICB varicose veins referral policy being applied locally, circa 15% reduction in referrals we will accept
- Participation in Q3 Validation Sprint. Trust delivered 17.5 % and 14% clock stops above baseline in Q1 and Q2 Validation Sprints, respectively. Trust performs significantly higher than regional average on RTT PTL validation:

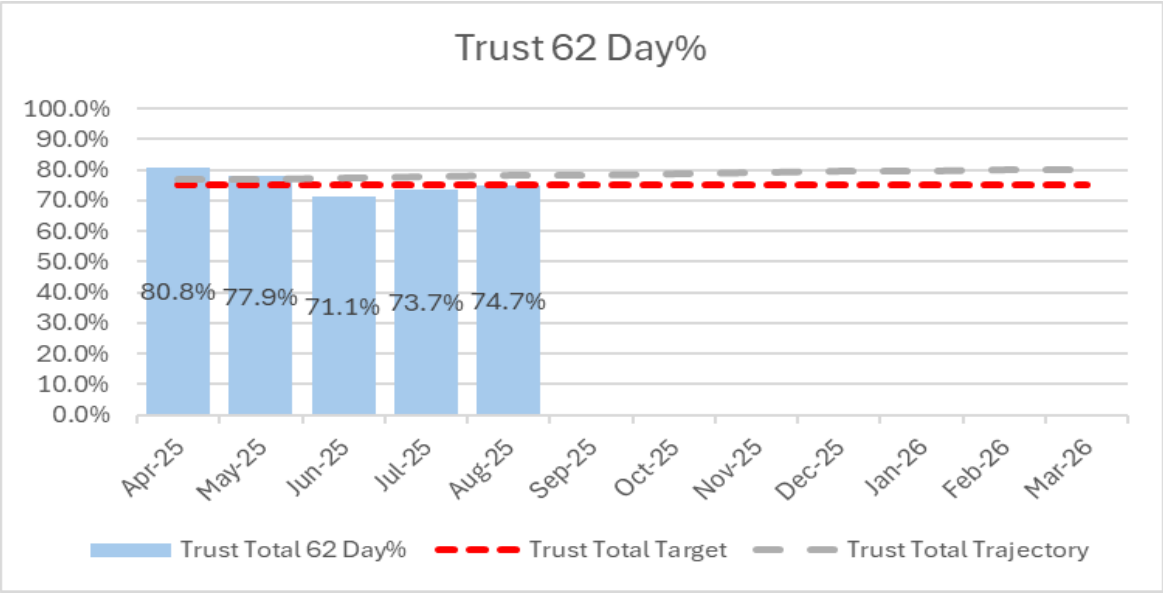
Consultant Connect triage:
ENT -977 reviewed so far; 21% discharged back to GP (205);
Dermatology- 1061/1504 patients triaged, 24% discharged to date (254);
Vascular- 475/754 reviewed so far, 31% rejected back to GP (147)
Extend cohort of Consultant Connect triage within ENT, dermatology and vascular to full 18+ week cohort from October
Planned roll-out to Cardiology and Gynaecology by November

Risks:
Growth in referrals
Further resident doctor Industrial Action

Opportunities:
Mutual Aid from C&M providers, being driven through weekly 65-week meetings (ICB/CMPC led)
Faster recovery using additional insourcing for Vascular and ENT, however this would increase both in year spend and over performance on activity plan

Cancer Performance





Actions taken in skin:

- Insourcing

Month	Additional FDS Slots
July	195
August	442
September	240
October	143
Total	1,020

- Introduction of the AI pathway from January 2025

Additional 56 slots per week

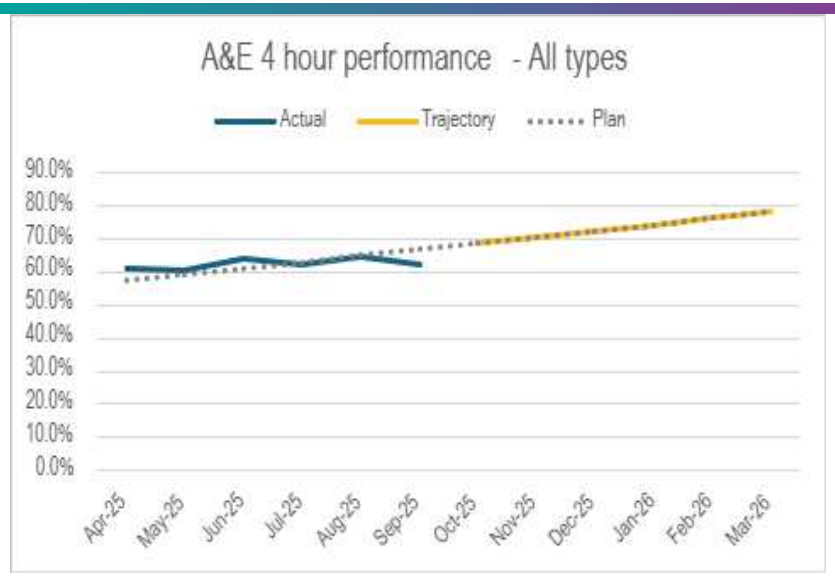
Time first appt now – 11 days

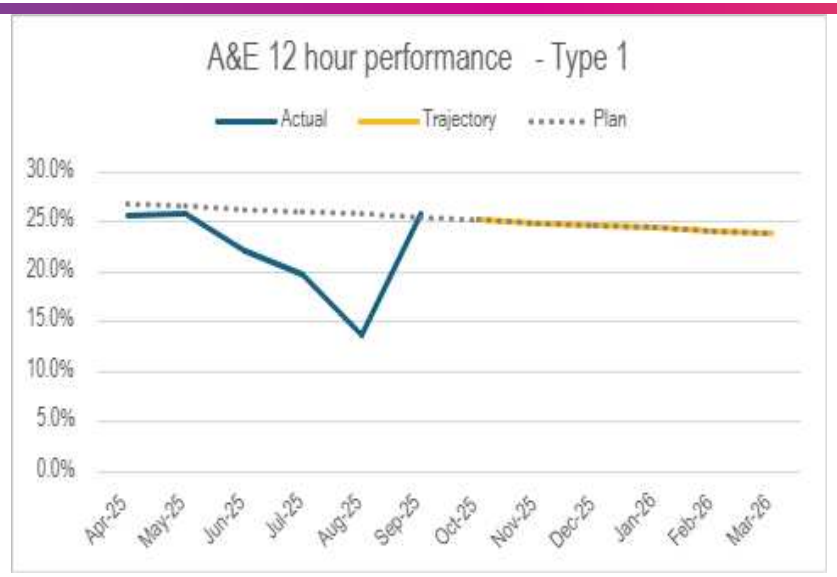
Expansion of AI clinic capacity to sustain performance starting in November which gives an additional 24 slots.

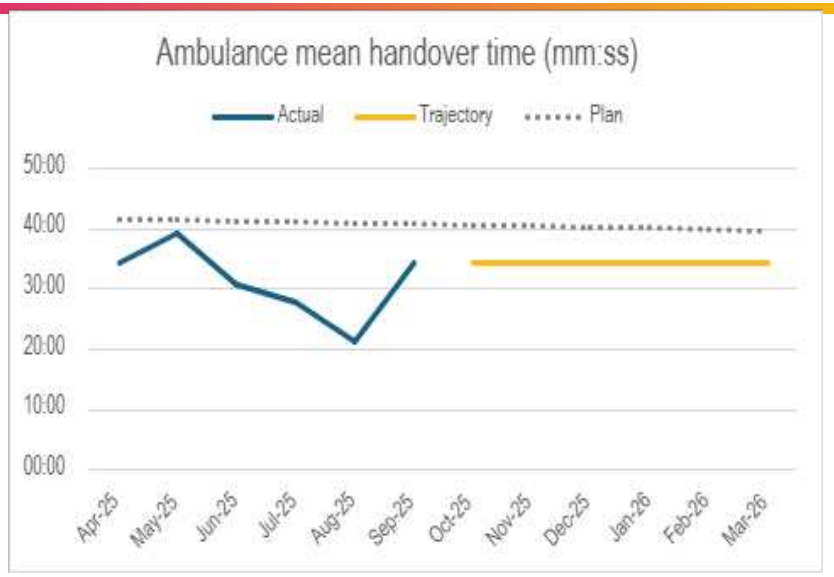
Forecast:

- Delivery of FDS and 62-day for close of October

4-hour, 12-hour and Ambulance Handover Performance







Successes

- Improvement in 4-hour performance from previous years.
- UTC (type 3) consistently being utilised for third of ED attendances.
- Monthly 4-hour performance above plan Apr-Jun, under plan Jul-Sep (Sept 66.76% plan and 62.2% actual)
- Monthly type 1 performance delivered in June and August.
- Monthly type 3 performance from July onwards either delivered or marginally off plan.
- Mean average ambulance handover has consistently delivered better than C&M prescribed 25/26 target of 40 mins and better maximum handover time of 45 mins plan.
- Corridor care significantly better than plan and virtually eliminated during August-mid September
- Trust is above plan for P0 discharges and their P1 discharges
- 12- hour position w/c 28th July – w/c 25th August significantly reduced when NCTR levels were reduced.

Risks

- Zero growth assumed in planning (as requested) but attendances currently 2841 (6.7% over plan).
- 12-hour LOS % in line or above with plan, however a significant reduction is required but is primary linked with NCTR
- All UEC plans were predicated on an NCTR reduction (agreed by the ICB), NCTR is currently at an average of 26%, 125 beds occupied on the Countess Site
- Lack of additional capacity for Winter and significant growth un NCTR

Opportunities

- Staff a further corridor SDEC (9 spaces) cost circa 500K additional spend for 6 months

Q3 Actions

4 Hours

ECIST ED Nurse consultant leading team to review of streaming/triaging processes and UTC criteria.
GP OOH redirection- 5 permanent slots to GPOOHs from 06/10 in place H@H nurse consultant supporting roll-out.
ACE consultant- redesigned way of working (allocate doctors to cubicles to avoid 'skipping patients') to improve ED T1 Non-admitted performance
Full review of the Acute medical model - ECIST Dr. Roper - to improve T1 admitted performance
Weekly ED/Flow group chaired by the Medical Director to give over sight of all improvement workstreams that are improving flow and P1 discharges.
Task and finish group established to eliminate Paediatric breaches
UCR/SPOA being given access to the NWAS Stack to divert more ambulance attendances (Cat 3, 4 and 5)
All Paed patients to go through 111 with a prediction of a reduction in paeds attends of 75% (PCAS model)
Launch of revised ED role and responsibilities ('ED Power Hour)
2 week 'perfect week' (10th and 17th) supported by ICB and system colleagues to re-set ED
ECIST triage project to reduce triage times to go live
Place and LA to run a focused MADE on complex discharge to run along side the perfect weeks.
Additional ED Reg (x2) start to provide more cover overnight and give a shorter WTBS each morning
Roll out local pharmacy offer to support overnight deflection
Additional capacity in UTC post a clinical workforce change
Additional CWP crisis capacity for MH patients comes online
Daily system winter calls to escalate and get support from local partners

12 Hours

Implement robust timeframes for ward discharges through 'golden patient' list and rollout of 10 am priority ward discharges SOP.
Improved utilisation of available escalation space to support ED LLOS.
Weekly ED/Flow group chaired by the Medical Director to give over sight of all improvement workstreams that are improving flow and P1 discharges.
Revised discharge checklist to identify all patients that can go home Saturday/Sunday
Reduction required in NCTR to 67 or below to exceed plan
Increased AMU in-reach (therapies, medical specialties).
Recruitment of ward manager for SDEC escalation to improve throughput and utilisation

Quality and Safety and National Inpatient Survey Results – September 2025

Countess of Chester Hospital NHS Foundation Trust

Comparison 2023 and 2024

Section	2023 results	2024 results
Admission to Hospital	About the same	About the same
The Hospital and ward	About the same	About the same
Basic Needs		About the same
Doctors	About the same	About the same
Nurses	About the same	About the same
Care and Treatment	About the same	About the same
Individual needs		About the same
Virtual Wards		About the same- new question – scores 6 which is lower we would want
Operations and Procedures	About the same	About the same
Leaving Hospital	About the same	Worse
Feedback on Care	About the same	About the same
Kindness and compassion	About the same	About the same
Respect and dignity	About the same	About the same
Overall Experience	About the same	About the same

Executive summary

Top 5 scores vs Picker Average	Trust	Picker Avg
Q2. Did not mind waiting as long as did for admission	71%	58%
Q31_1. Hospital staff took into account language needs (Excluding respondents who answered using a smartphone)	89%	83%
Q4. Quality of information given while on waiting list to be admitted was very or fairly good	83%	79%
Q31_4. Hospital staff took into account accessibility needs (Excluding respondents who answered using a smartphone)	88%	84%
Q15. Able to get food outside of meal times	79%	76%

Bottom 5 scores vs Picker Average	Trust	Picker Avg
Q5. Did not have to wait too long to get to a bed on a ward	50%	72%
Q7. How long waited before been admitted onto a ward	73%	90%
Q33. Information given about the risks and benefits of continuing treatment on a virtual ward	68%	82%
Q43. Staff told patient who to contact if worried after discharge	67%	76%
Q39. Given information about what they should or should not do after leaving hospital	71%	79%

Most improved scores	Trust 2024	Trust 2023
Q10. Staff explained reasons for changing wards at night	79%	74%
Q15. Able to get food outside of meal times	79%	77%
Q13. Able to take own medication when needed to	85%	82%
Q40. Understood information about what they should or should not do after leaving hospital	98%	96%
Q48. Rated overall experience as 7/10 or more	78%	77%

Most declined scores	Trust 2024	Trust 2023
Q33. Information given about the risks and benefits of continuing treatment on a virtual ward	68%	85%
Q34. Enough information given about care and treatment while on a virtual ward	80%	94%
Q36. Staff involved family or carers in discussions about leaving the hospital	55%	65%
Q37. Staff discussed need for additional equipment or home adaptation after discharge	77%	85%
Q4. Quality of information given while on waiting list to be admitted was very or fairly good	83%	88%

Tables are based on absolute % differences, not statistical significance

Summary

Of the 12 worse/somewhat worse questions :

- 7 relate to Leaving Hospital (58%) – 5 worse and 2 somewhat worse
- 2 relate to Admission to Hospital – 2 worse
- 1 relates to sleeping and noise – 1 somewhat worse
- 1 relates to Doctors and information – 1 somewhat worse
- 1 relates to understanding of information – 1 somewhat worse

Actions

Countess of Chester Hospital NHS Foundation Trust

Split the actions into 4 improvement themes

Theme	Actions	Monitoring and Evidence
Admission	• Wards and flow improvement project	• Integrated Performance Report
Noise sleeping (from other patients)	• Dementia care • This is me • Violence and Aggression steering group actions • Increase awareness of ward teams • Patient Flow – appropriate bed placement • Offer of ear plugs/eye masks	• Violence and aggression steering group • Quality, Safety and Experience Strategy group
Communication	• Review and standardise Patient Information leaflets • Ward managers touching base with every patient every day • Matron walkabouts • Review of translation and Interpretation offer and services • Improve FFT response rates	• Quality, Safety and Experience Strategy group • Striving for Excellence Ward accreditation • Feedback from Senior Nurse Walkabouts • FFT Improvement Steering Group
Discharge	• E- discharge task and finish • Transfers of care meeting – joint with CWP/Community teams • Discharge planning • Patient information • Follow up phone-calls • Wards and flow improvement project • Consistent standard • Discharge checklist • Ward managers on Ward rounds • Ward rounds/ decision making • EDD	• Transfers of care meeting – joint with CWP • FFT Improvement Steering Group • Integrated Performance Report

Picker results

Countess of Chester Hospital NHS Foundation Trust

Trust has demonstrated improvement in some questions and in particular the two overall question responses demonstrating that **99% of patients responded that they were treated with kindness and compassion and 97% of patients said they were treated with respect and dignity overall.**

Picker is an approved contractor who work with 61 organization's and supports the Trust in the interrogation of the survey results. The Trust has shown favourable results in a variety of questions and patient responses. These include.

- Mealtime help and food availability
- Confidence and trust in doctors and have included the patient in conversation.
- Confidence and trust in nurses and nurses included the patient in conversations
- 99% of patients responded that they were treated with kindness and compassion
- 97% of patients said they were treated with respect and dignity overall
- 78 % of patients rated their overall experience as 7/10 or more – the highest score since 2021

Quality and safety

Countess of Chester Hospital NHS Foundation Trust

- No serious incidents reported
- Consistent incident reporting – good reporting culture
- Compliance of risk assessments of skin, falls and nutrition under 90% target but improving picture
- Reduction in falls with harm

Overall HCAI picture for 2025/26

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Infection	NHSE set threshold for 2025-26 (case numbers)	Cases reported YTD 2025-26 (April-Sept*22.09.25)	Previous year 2024-25 (April-September)	Difference 2025-26 YTD
C.difficile	73	29	45	-16
E.coli bloodstream infection	51	24	39	-15
Klebsiella bloodstream infection	21	7	16	-9
P.aeruginosa bloodstream infection	1	4	4	Level
*MSSA** bloodstream infection	N/A	12	18	-6
*MRSA** bloodstream infection	N/A	3	1	+2
TOTAL	N/A	79	123	-44

Lowest incidence of *C.difficile* and bloodstream infections (for April-Sept) since 2021

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

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

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

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

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

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

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

Our people: Workforce Dashboard

Countess of Chester Hospital NHS Foundation Trust

Metric	Target / Plan	August 25	Trend	Linked	Narrative Comments
Total workforce usage (substantive, bank & agency)	4,741.37	4839.10	↓	1	**August 25 Staffing Position** This means that we're off plan for July 25 Our overall staffing levels are increasing, meaning we're unable to deliver against plan and impacting our ability to deliver on our financial plan
Staff in post (Headcount)		4992	↓	1	
Substantive (WTE)	4,449.24	4,487.51	↓	1	
Bank (WTE)	270.83	343.16	↑	1	
Agency (WTE)	21.31	8.43	↓	1	
Sickness (In-month)	5%	4.89%	↓	2	**August 25 Sickness Absence Position** Sickness absence has reduced slightly in July 25, other than May 25, this is the lowest it has been in over 12 months
Sickness (rolling 12 month)	5%	5.66%	↓	2	
Mandatory Training	90%	90.99%	↓	3	**August 25 Mandatory Training & Appraisal Position** Appraisal continue to improve month on month. Mandatory Training reduced slightly but remains above target.
Appraisal	80%	83.45%	↑	3	

PUBLIC – Council of Governors
22nd October 2025

Report	**Agenda Item 11.**		**Proposal to Amend the Trust's Constitution**					
Purpose of the Report	Decision	**X**	Ratification		Assurance		Information	
Accountable Executive	Karan Wheatcroft			Director of Governance, Risk & Improvement				
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**	BAF impact – Linked to all areas of the BAF but specifically the actions within BAF 8.			
Strategic goals	Patient and Family Experience People and Culture Purposeful Leadership Adding Value Partnerships Population Health							**X**
CQC Domains	Safe Effective Caring Responsive Well led							**X**
Previous considerations	Board of Directors – 30th September 2025 Annual Members Meeting – 1st October 2025							
Executive summary	The proposal is to amend the Trust's Constitution. This includes: • Update of the composition on the Board to reflect the number of Executive and Non Executive Directors. • inclusion of a University appointed Non Executive Director which aligns with our ambition to be designated as a teaching and the university hospital. • Simplified the Governor membership of the Nominations Committee to enable the composition of the four Governors to be from cross the public and partner Governors (this reflects our current arrangements). • Minor amends to ensure accuracy of paragraph reference numbers within the document and replacement of a remaining reference to NHS Improvement which no longer exists.							

	Changes to the constitution require approval by the Board of Directors and Council of Governors.
Recommendations	Following approval at the Board of Directors meeting on 30th September 2025, the Council of Governors is asked to review and **approve** the proposed changes to the Trust Constitution

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

Proposal to Amend the Trust's Constitution

1. Introduction

The purpose of this report is to seek approval to make a number of amendments to the Trust's Constitution.

This proposed amendments to the Constitution have been reviewed by Hill Dickinson LLP to ensure compliance with legal requirements.

A small number of minor amendments have also been made to update accuracy.

2. Proposed Amendments to the Constitution

The amendments are also included below - A copy of the full updated Constitution detailing all proposed amendments is also provided.

Amendment 1: Board of Directors Composition – To reflect the number of executive and non-executive directors on the Board and provision for of a University of Chester appointed Non Executive Director

23.2 The Board of Directors is to comprise: *23.2.1 a non-executive Chair;* *23.2.2 at least 5 other non-executive directors, one of which at the discretion of the Council of Governors will be appointed by the University of Chester, such appointments being subject to approval of the Council of Governors at a general meeting; and* *23.2.3 at least 5 executive directors.*

The qualification for appointment as a Non-Executive Director has been amended to align with this.

25.1 A person may be appointed as a non-executive director only if – 25.1.1 he/she is a member of a Public Constituency or an individual exercising functions for or the University of Chester;

Amendment 2: Appointment and Removal of Chair and Other Non-Executive Directors – To simplify the Governor membership of the Nominations Committee to enable the composition of the four Governors to be from across all public and partner Governors (this reflects our current arrangements).

1.3 The (governor) nominations committee will comprise the Chair of the trust (or, when a chair is being appointed, the Vice Chair +/- the Senior Independent Director unless he/she is standing for appointment, in which case another non-executive director), and four public or partnership ~~elected~~ governors ~~(comprising Lead Governor, Deputy Lead Governor and one staff governor) and one appointed governor~~. The chair of another foundation trust may be invited to act as an independent assessor to the nominations committee but shall not be a member of such committee.

This section has also been amended to reflect the University appointed Non-executive Director.

1.1	*With the exception of the University appointed Non-executive Director, a nominations committee of the Council of Governors with external advice, as appropriate, shall be responsible for the identification and nomination of non-executive directors.*
1.8	*With the exception of the University appointed Non-executive Director, suitable candidates (not more than five for each vacancy) will be identified by the nominations committee through a process of open competition. Once suitable candidates have been identified, the nominations committee shall make recommendations to the Council of Governors.*
1.9	*In respect of a University appointed Non-executive Director, the nominations committee will consider the nominated candidate and make recommendation to the Council of Governors. Should the nominated candidate not be approved for appointment by the Council of Governors, the University will be asked to nominate an alternative candidate.*

Amendment 3: Minor amends –The only other amendments are minor changes to reference numbers and replacement remaining referenced to NHS Improvement with NHS England.

3. Process for approving the changes to the Constitution

The process for amending the Constitution is set out in section 44 of the Constitution (included below for reference):

44.1 The trust may make amendments of its constitution only if:

44.1.1 more than half of the members of the Council of Governors of the trust voting approve the amendments; and

44.1.2 more than half of the members of the Board of Directors of the trust voting approve the amendments.

The proposed amendments are not in relation to the powers of duties of the Council of Governors and therefore will not require a vote by members at the Annual Members Meeting. However the amendments have been reported at the Annual Members Meeting on 1st October 2025 for transparency.

4. Recommendations

Following approval at the Board of Directors meeting on 30th September 2025, the Council of Governors is asked to review and **approve** the proposed changes to the Trust Constitution

PUBLIC – Council of Governors
22nd October 2025

Report	**Agenda Item 13.**	**Council of Governors action plan update**						
Purpose of the Report	Decision		Ratification		Assurance	**X**	Information	
Accountable Executive	Karan Wheatcroft			Director of Governance, Risk and Improvement				
Author(s)	Karan Wheatcroft			Director of Governance, Risk and Improvement				
Board Assurance Framework	BAF 1 Quality BAF 2 Safety BAF 3 Operational BAF 4 People BAF 5 Finance BAF 6 Capital BAF 7 Digital BAF 8 Governance BAF 9 Partnerships BAF 10 Research			**X**	Supports the overarching governance arrangements.			
Strategic goals	Patient and Family Experience People and Culture Purposeful Leadership Adding Value Partnerships Population Health							**X**
CQC Domains	Safe Effective Caring Responsive Well led							**X**
Previous considerations	The action plan was agreed at the Council of Governors (COG) on the 21st November 2024 and progress against this reported to the COG on 13th February 2025, 23rd April 2025 and 17th July 2025.							
Executive summary	The purpose of this report is to provide an update on further progress against the action plan from the Council of Governors Workshop held on 17th October 2024. Progress includes: • Continued discussions regarding Governor access to information including through informal meetings. • Discussions continue regarding possible Governor attendance at patient and family experience events.							
Recommendations	The Council of Governors is asked to note the progress against the COG action plan.							

Corporate Impact Assessment

Statutory/regulatory requirements	Governors are a key part of the NHS health and care act, code of governance and Trust constitution. The paper supports Governors to fulfil their role as described in the addendum to statutory duties, reference guide for NHS foundation trust governors.
Risk	An overarching governance risks 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.

COG workshop action plan update

1. Introduction

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

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

An action plan was developed and agreed at the Council of Governors meeting 21st November 2024 with progress updates reported to subsequent meetings.

2. Purpose

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

3. Action Plan Progress

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

- Continued discussions regarding Governor access to information including through informal meetings.
- Discussions continue regarding possible Governor attendance at patient and family experience events.

The full action plan is included in Appendix A.

4. Conclusion

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

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

5. Recommendations

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

Appendix A – Action Plan Progress

Action Details	Responsibility	Date	Progress
1. Annual calendar of activities to be agreed and provided to all Governors.	Director of Governance, Risk and Improvement	Revised to May 2025	**Complete:** 2025/26 key dates circulated.
2. Annual walkabout schedule to be provided to all Governors to ascertain availability against planned dates / times.	Director of Governance, Risk and Improvement	November 2024	**Complete:** The 2025 schedule has been collated and this has been shared with Governors to confirm their attendance.
3. COG workplan to be reviewed and refreshed. To include greater NED involvement in agenda items; summary of walkabout feedback; strategy updates.	Trust Chair	November 2024	**Complete:** Draft updated workplan to be presented to November COG meeting.
4. Monthly Governor Newsletter to be produced.	Trust Chair/ Director of Governance, Risk and Improvement	December 2024	**Complete:** Governor newsletter developed and implemented to provide a focused summary of key communications for Governors.
5. Access to key information for Governors.	Director of Governance, Risk and Improvement	September 2025	**Complete:** Governor information pack developed through the Membership and Engagement Committee (July 2025). We will continue to discuss access to information with Governors including through informal meetings.
6. Patient and family engagement events dates for Governor attendance.	Director of Governance, Risk and Improvement	~~May 2025~~ Revised to September 2025	**In progress:** Liaising with the Deputy Director of Nursing, Quality Governance regarding linking Governors into these events once established.
7. Committee 'observation' to be reviewed and process/ role agreed.	Trust Chair/ Lead Governor	January 2025	**Complete:** Paper provided to COG (Feb 2025) and approach agreed.
8. Buddy system to be re-established for new governors.	Lead Governor	Complete	**Complete**: In place
9. Membership and engagement group role/ activity to be further developed.	Director of Governance, Risk and Improvement/ Lead Governor	~~March 2025~~ Revised to Sept 2025	**Complete:** Membership and Engagement Committee in place and updates provided to COG meetings.
10. Plan for recruitment to vacant Governor posts and review of the composition of the Council of Governors.	Trust Chair/ Director of Governance, Risk and Improvement	March 2025	**Complete**: Election proposal paper in COG papers (April 2025).

PUBLIC – Council of Governors
22nd October 2025

Report	**Agenda item 14.**	**Non-Executive Director (NED)/ Governor Walkabouts Summary Report (Quarter 2)**						
Purpose of the Report	Approval		Ratification		Assurance		Information	**X**
Accountable Executive	Neil Large			Trust Chair				
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** **X**	Visible leadership and triangulation of information.			
Strategic goals	Patient and Family Experience People and Culture Purposeful Leadership Adding Value Partnerships Population Health							**X** **X** **X**
CQC Domains	Safe Effective Caring Responsive Well led							**X** **X** **X**
Previous considerations	Individual walkabout reports reviewed by Trust Chair.							
Executive summary	Non- Executive Directors (NEDs) and Governors undertake a series of walkabouts across the Trust's services and departments throughout the year. Walkabouts are intended to support visibility and understanding of the organisation. Visiting operational departments will also enable NEDs and Governors to have face to face conversations with staff (and patients if appropriate) to understand their services and the challenges they face. These visits provide staff with the opportunity to talk to NEDs and Governors about what it feels like to work at CoCH. Walkabouts provide the opportunity to: • Be visible across the organisation • Understand services and roles • Show support and recognition • Listen to colleagues							

	• Explain to staff the role of NEDs and Governors A summary record of the walkabout is produced and this is shared with the Trust Chair. For completeness it has been agreed that a summary report will be produced and reported to the Council of Governors. This summary report covers the following NED/Governor walkabouts: • Endoscopy Unit (2nd July 2025) • Audiology (6th August 2025) • Emergency Department, Same Day Emergency Care, Frailty and Urgent Care (3rd September 2025) • Occupational Health and Staff Training (1st October 2025)
Recommendations	The Council of Governors is asked to **note** the summary report from the recent NED/ Governor walkabouts.

Corporate Impact Assessment	
Statutory/regulatory requirements	Contributes to the Trust compliance with code of governance.
Risk	None.
Equality & Diversity	Meets Equality Act 2010 duties & PSED 2 aims and does not directly discriminate against protected characteristics
Communication	Not applicable.

Non-Executive Director (NED)/Governor Walkabouts Summary Report (Quarter 2)

1. Introduction

Non- Executive Directors (NEDs) and Governors undertake a series of walkabouts across the Trust's services and departments throughout the year.

Walkabouts are intended to support visibility and understanding of the organisation. Visiting operational departments also enables NEDs and Governors to have face to face conversations with staff (and patients if appropriate) to understand their services and the challenges they face. These visits provide staff with the opportunity to talk to NEDs and Governors about what it feels like to work at CoCH. Walkabouts provide the opportunity to:

- Be visible across the organisation
- Understand services and roles
- Show support and recognition
- Listen to colleagues
- Explain to staff the role of NEDs and Governors

A summary record of the walkabout is produced, and this is shared with the Trust Chair. For completeness it has been agreed that a summary report will be produced and reported to the Council of Governors, and this is the first summary report.

2. NED/ Governor Walkabouts

The following table provides a summary of the NED/ Governor Walkabouts during Q2 (July to September 2025).

Walkabout	Summary
Endoscopy Unit (2nd July 2025) **Non-Executive Director(s):** Neil Large – Trust Chair Wendy Williams **Governor(s):** Jan Chillery - Public Governor	• Flexibility in practice and happy approach to patient demands. • Opportunity to increase information specific to patient procedure prior to attendance. • Clean, tidy, warm and friendly environment. • Team shows willingness to discuss ideas and opportunities. • Good team working. • Tranquil and methodical approach to patient care. • Good cross skilly capability. • Good waiting list and looking to increase procedure output. • Patient first and respectful approach. • Staff appear to enjoy their interactions with patients.
Audiology (6th August 2025) **Non-Executive Director(s):** Neil Large – Trust Chair **Governor(s):** Jan Chillery - Public Governor	• Close working with ENT department. • Responsive service to patient demand. • Supportive of staff progression and open management style. • Limitations with technology i.e. sending text message appointment reminders.

Walkabout	Summary
Sheila Dunbar - Public Governor	• Navigation in the department requires staff to escort patients around. • Staff are well presented. • Environment was clean, tidy and work areas were efficient. • Observed positive and caring interactions between staff and patients. • Friends and Family survey conducted respectfully and received 90% positive feedback. • Clear signage in waiting area.
Emergency Department, Same Day Emergency Care, Frailty and Urgent Care (3rd September 2025) **Non-Executive Director(s):** Neil Large – Trust Chair Wendy Williams **Governor(s):** Ruth Overington – Public Governor Sheila Dunbar – Public Governor Louise Jha – Public Governor	• Segregated area for ambulance care. • Corridor care removed (although this has moved to another area this is an improvement). • Delayed decision making by clinicians on diagnosis and treatment. Need for formalised governance and SOPs to support this. • Leadership roles are new in post and seem positive for change. • Queries around falls guidance i.e. how are patients informed to call before moving? • Nurses have undergone compassion training which has seen feedback as beneficial. Query if consultants have received this training too. • Triage to three centres has clearly been beneficial. • Environment is clean, freshly painted and noted new curtains. • The level of paperwork to move patients was raised and in turn delaying discharges. • Cultural changes and transformation is an on-going development area which is progressing
Occupational Health and Staff Training (1st October 2025) **Non-Executive Director(s):** David Williamson **Governor(s):** None	• Covering huge breadth of training and excellent tools to support training. • Good compassion, person to person service and confidentiality. • In process of transforming effectiveness of e-rostering including non-medical areas. • Query inadequate space for training 5000+ staff. • Paper based records and estate inefficiencies noted • Concern about impact to service when moving out of 1829 building. • Calm, friendly and informative environment. • Staff seem happy in their roles and helpful good-natured teams. • OH data privacy well respected.

Walkabout	Summary
	• All areas seem to operate effectively. • Recommended audit of air quality.

Whilst walkabouts are not intended to produce action plans, there may on occasion be items to be followed up and these will be included in the table and an update provided as required.

3. Recommendation

The Council of Governors is asked to **note** the summary report from the recent NED/Governor walkabouts.

Countess of Chester Hospital NHS Foundation Trust

Council of Governors Workplan

2025/26

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

Item		Frequency	Lead	Operational Lead	23rd Apr 2025	17th Jul 2025	22nd Oct 2025	29th Jan 2026
12	Anchor Institution Update	Twice annually	Director of Strategic Partnerships	Director of Strategic Partnerships		✓		✓
13	Membership & Engagement Committee Chairs report and approved minutes	Each meeting	Committee Chair	Director of Governance, Risk and Improvement	✓	✓	✓	✓
14	Governor Election Process and Updates	Annually	Trust Chair	Director of Governance, Risk and Improvement	✓ (proposal)	✓		
15	Council of Governors Action Plan Update	Each meeting	Director of Governance, Risk and Improvement	Director of Governance, Risk and Improvement	✓	✓	✓	✓
16	Board of Directors Business Items:							
	a) Board of Directors meeting date (minutes) and Board of Directors meeting date (agenda)	Each Meeting	Director of Governance, Risk and Improvement	All Executive Directors	✓	✓	✓	✓
	b) AAA reports from the Chairs of the Board of Directors Sub-Committees	Each Meeting	Director of Governance, Risk and Improvement	Non-Executive Directors	✓	✓	✓	✓
	c) Strategic Oversight Framework Report • Operational Performance • Quality • Safety • Finance • Human Resources & People	Each meeting	Chief Operating Officer	Chief Operating Officer/ Director of Nursing & Quality/Deputy Chief Executive/ Medical Director/ Chief Finance Officer/ Chief People Officer	✓	✓	✓	✓
17	Feedback from Governors	Each meeting	Lead Governor	All Governors	✓	✓	✓	✓
18	Feedback from Council of Governor Workshops		Trust Chair / Director of	Trust Chair/ Director of			✓	✓

Item		Frequency	Lead	Operational Lead	23rd Apr 2025	17th Jul 2025	22nd Oct 2025	29th Jan 2026
			Governance, Risk & Improvement	Governance, Risk & Improvement				
19	Feedback from NED / Governor Walkabouts Summary Report	Each meeting	Trust Chair	Non-Executive Directors/ Governors	✓	✓ ✓	✓ ✓	✓ ✓
20	For noting:							
	a) Council of Governors Workplan	Each meeting	Director of Governance, Risk & Improvement	Committee Secretary	✓	✓	✓	✓
	b) Council of Governors Photosheet link/sheet	Each meeting	Director of Governance, Risk & Improvement	Committee Secretary	✓	✓	✓	✓
21	Any other business	Each meeting	Trust Chair	Trust Chair	✓	✓	✓	✓
Private Section of the meeting:								
22	Minutes of the previous meeting	Each meeting	Trust Chair	Committee Secretary	✓	✓	✓	✓
23	Private Board of Directors Summary Report	Each meeting	Trust Chair	Head of Corporate Governance	✓	✓	✓	✓
24	Nomination Committee reports	As required	Trust Chair	Head of Corporate Governance				
25	Chair and Non-Executive Director Appraisal Process	Annual	SID/ Trust Chair	Director of Governance, Risk and Improvement				✓
26	Chair and Non-Executive Director Appraisal outcomes and Objectives	Annual	SID/ Trust Chair	Director of Governance, Risk and Improvement		✓		

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

Foundation Trust Council of Governors

NHS
Countess of Chester Hospital
NHS Foundation Trust

PUBLIC

CHESTER AND RURAL CHESHIRE

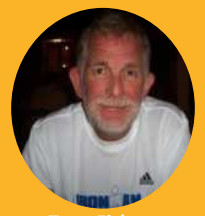
Robert Howe
Until October 2026

Sheila Dunbar
Until October 2027

Sharon Cook
Until October 2028

Louise Jha
Until October 2027

Jan Chillery
Until October 2027



Tony Fisher
Until October 2028

John Jones
Until October 2026

Richard Taylor
Until October 2028

ELLESMERE PORT AND NESTON

Dr Kausik Chatterjee
Until October 2028

Vacant

Vacant

Vacant

FLINTSHIRE

Myrddin Roberts
Until October 2027

Christine Holloway
Until October 2028

Ian Gibbons
Until October 2028

STAFF

ALL OTHER STAFF

Naomi Cottrell
Until October 2028

ALLIED HEALTH PROFESSIONALS

Robert Gorman
Until October 2028

DOCTORS

Dr Salah Tueger
Until October 2028

NURSES/MIDWIVES QUALIFIED

Paula Edwards
Until October 2028

Cheryl Finney
Until October 2028

PARTNERSHIP ORGANISATIONS

Carol Gahan
Cheshire West and Chester Council

Dr Kate Knight
University of Chester

David Foulds
Council for Voluntary Services

Karen Chambers
Flintshire County Council

REMAINING ENGLAND AND WALES

Daryl Cassidy
Until October 2027

TRUST CHAIR

Neil Large MBE
Interim Chair