



**MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC**  
**Thursday 11<sup>th</sup> July 2024, 2.30pm – 4.30pm**  
**Boardroom, 1829 Building**

**A G E N D A**

**Chair:** Trust Chair, Mr I Haythornthwaite

**Apologies:** Chief Executive Officer, Ms J Tomkinson, Non-Executive Director, Mr M Guymer, Non-Executive Director, Mr P Jones and Chief Digital and Data Officer, Mr J Bradley.

Time	Agenda Number	Agenda Item	Lead	Page Number	Decision Required
<b>FORMAL BUSINESS</b>					
2.30pm	1.	Welcome, apologies, and opening remarks (verbal)	Trust Chair		For noting
2.30pm	2.	Declarations of conflicts of interest with agenda items (verbal)	Trust Chair		For noting
2.30pm	3.	To approve the minutes of the Council of Governors held on the 11 <sup>th</sup> April 2024 (attached)	Trust Chair	4 - 13	For approval
2.35pm	4.	To consider any matters arising and action log (attached)	Trust Chair	14	For noting
		a) Never Events Comparison Report (attached)	Deputy Director of Nursing & Quality Governance	15 - 19	For noting
2.40pm	5.	Patient Story (to be presented on the day)	Director of Nursing & Quality / Deputy Chief Executive		For noting
2.50pm	6.	Trust Chair's Briefing (verbal)	Trust Chair		For noting
3.00pm	7.	Chief Executive Officer's Report (attached)	Director of Nursing & Quality / Deputy Chief Executive	20 - 26	For noting
3.10pm	8.	Lead Governor Update (verbal)	Lead Governor		For noting
<b>SAFE, EFFECTIVE, CARING &amp; RESPONSIVE</b>					
3.20pm	9.	To receive questions on:			



		<p>a) Board of Directors meeting 26<sup>th</sup> March 2024 (minutes) and Board of Directors meeting 4<sup>th</sup> June 2024 (agenda) (attached)</p> <p>b) The recent reports from Chairs of Board Sub-Committees (attached):</p> <ul style="list-style-type: none"> <li>• Report from the Chair of the Quality &amp; Safety Committee – 30<sup>th</sup> April 2024</li> <li>• Report from the Chair of the Finance &amp; Performance Committee – 17<sup>th</sup> April 2024</li> <li>• Report from the Chair of the People &amp; Organisation Development Committee – 9<sup>th</sup> April 2024</li> <li>• Report from the Chair of the Audit Committee – 16<sup>th</sup> April 2024</li> </ul> <p>c) Strategic Oversight Framework Report – April 2024 (attached)</p> <ul style="list-style-type: none"> <li>• Operational Performance</li> <li>• Quality</li> <li>• Safety</li> <li>• Finance</li> <li>• Human Resources &amp; People</li> </ul>	<p>Trust Chair &amp; Executive Directors</p> <p>Non-Executive Directors</p> <p>Chief Operating Officer</p> <p>Director of Nursing &amp; Quality/ Deputy Chief Executive</p> <p>Medical Director</p> <p>Chief Finance Officer</p> <p>Interim Chief People Officer</p>	<p>27 - 47</p> <p>48 - 56</p> <p>57 - 97</p>	<p>For noting and discussion</p> <p>For noting and discussion</p> <p>For assurance</p>
3.30pm	10.	Patient and Family Experience Strategy (attached)	Director of Nursing & Quality/ Deputy Chief Executive	98 - 112	For noting
<b>WELL LED</b>					
3.40pm	11.	To receive feedback from Governors (verbal)	Governors		For noting



CONCLUSION					
3.50pm	12.	<b>For Noting:</b> a) Thirlwall Inquiry Progress Update and Police Investigation Update (attached)	Director of Governance, Risk & Improvement	113 - 117	For noting
3.50pm	13.	Any Other Business (verbal)	Trust Chair		For noting
3.55pm	14.	Date and Time of Next Meeting:  <b>Thursday 17<sup>th</sup> October 2024 at 2.30pm – 4.30pm, Boardroom 1829 Building</b>	Trust Chair		For noting
PRIVATE					
4.00 pm	15.	Trust Chair – Term of Office (attached)	Director of Governance, Risk & Improvement		For approval
4.10 pm	16.	Trust Chair Appraisal (attached)	Non-Executive Director		For noting
4.20 pm	17.	Non-Executive Director (NED) Appraisals (attached)	Trust Chair		For noting
4.30 pm	18.	Close of meeting	Trust Chair		



**MINUTES OF THE COUNCIL OF GOVERNORS (IN PUBLIC)**  
**THURSDAY 11<sup>th</sup> APRIL 2024, 2.30PM – 4.30PM**  
**BOARDROOM, 1829 BUILDING**

<b><u>Members</u></b>	11/04/ 2024			
Mr I Haythornthwaite, Trust Chair (Chair)	<input checked="" type="checkbox"/>			
Chester and Rural Cheshire				
Ms A Black, Public Governor	<input checked="" type="checkbox"/>			
Mr R Howe, Public Governor	<input checked="" type="checkbox"/>			
Mr J Jones, Public Governor	<input checked="" type="checkbox"/>			
Ms L Liang, Public Governor	<input checked="" type="checkbox"/>			
Dr C Stein, Public Governor/Deputy Lead Governor (Part)	<input checked="" type="checkbox"/>			
Mr T Wheeler, Public Governor	<input checked="" type="checkbox"/>			
Vacant position	N/A			
Vacant position	N/A			
Ellesmere Port and Neston				
Mr P Folwell, Public Governor/Lead Governor	<input checked="" type="checkbox"/>			
Mr B Jones, Public Governor (Part)	<input checked="" type="checkbox"/>			
Ms P Hayes, Public Governor	<input checked="" type="checkbox"/>			
Vacant position	N/A			
Flintshire				
Mr M McAdams, Public Governor	<input checked="" type="checkbox"/>			
Mrs R Overington, Public Governor	<input checked="" type="checkbox"/>			
Vacant position	N/A			
Remaining England and Wales				
Ms E Foreman, Public Governor	<input checked="" type="checkbox"/>			
Partnership Organisations				
Ms J Bellis, Partnership Governor	<input checked="" type="checkbox"/>			
Mr D Foulds, Partnership Governor	<input checked="" type="checkbox"/>			
Ms C Gahan, Partnership Governor	<input checked="" type="checkbox"/>			
Prof E Mason-Whitehead, Partnership Governor (Part)	<input checked="" type="checkbox"/>			
Dr Chris Stockport, Partnership Governor	<input checked="" type="checkbox"/>			
Staff Governor				
Ms P Edwards, Staff Governor	<input checked="" type="checkbox"/>			
Ms C Hankinson, Staff Governor	<input checked="" type="checkbox"/>			
Mr S Higgitt, Staff Governor	<input checked="" type="checkbox"/>			
Ms A Jayne Caple, Staff Governor	<input checked="" type="checkbox"/>			
Ms D Kambasha, Staff Governor	<input checked="" type="checkbox"/>			
Ms A Lewis-Aaron, Staff Governor	<input checked="" type="checkbox"/>			
Mrs C Price, Staff Governor (Part)	<input checked="" type="checkbox"/>			
Dr A Tueger, Staff Governor	<input checked="" type="checkbox"/>			
Mrs M Woodward, Staff Governor	<input checked="" type="checkbox"/>			

<b><u>In Attendance</u></b>				
Ms J Tomkinson OBE, Chief Executive Officer	<input checked="" type="checkbox"/>			
Ms S Pemberton, Director of Nursing & Quality/Deputy Chief Executive	<input checked="" type="checkbox"/>			
Mr M Dale, Acting Chief People Officer	<input checked="" type="checkbox"/>			



Ms C Chadwick, Chief Operating Officer	<input checked="" type="checkbox"/>			
Ms Karen Edge, Chief Finance Officer	<input checked="" type="checkbox"/>			
Mr M Guymer, Non-Executive Director	<input checked="" type="checkbox"/>			
Mrs P Williams, Non-Executive Director	<input checked="" type="checkbox"/>			
Ms W Williams, Non-Executive Director	<input checked="" type="checkbox"/>			
Mr J Develing, Director of Strategic Partnerships	<input checked="" type="checkbox"/>			
Mrs L Leadsom, Acting Director of Corporate Affairs	<input checked="" type="checkbox"/>			
Ms S Wilson, Head of Nursing Planned Care ( <i>For item 5</i> )	<input checked="" type="checkbox"/>			
Ms F Altintas, Deputy Director of Nursing & Quality Governance ( <i>For item 12 and 13</i> )	<input checked="" type="checkbox"/>			
Ms F Jones, Head of Organisation Development ( <i>For item 11</i> )	<input checked="" type="checkbox"/>			
Mrs C Jones, Committee Secretary (Minute Taker)	<input checked="" type="checkbox"/>			

<b>FORMAL BUSINESS</b>	
1.	<p><b><u>Welcome, apologies and opening remarks</u></b></p> <p>The Trust Chair welcomed all to the meeting. Apologies were noted from:</p> <p><u>Governors:</u>            Public Governors, Ms A Black, Mr R Howe and Mr M Mcadam, Partnership Governor, Dr Chris Stockport and Ms J Bellis and Staff Governors, Ms M Woodward, and Dr Tueger.</p> <p><u>Executive Directors:</u>            Executive Medical Director, Mr N Scawn and Strategic Digital Advisor, Mr J Bradley</p> <p><u>Non-Executive Directors:</u>            Non-Executive Directors, Mr D Williamson, Mr P Jones, and Ms S Corcoran.</p> <p>Non-Executive Director, Ms W Williams, Public Governor, Mr B Jones and Partnership Governor, Ms E Mason-Whithead joined via Microsoft Teams.</p>
2.	<p><b><u>Declarations of Conflicts of Interest with agenda items</u></b></p> <p>There were no declarations of interest noted in relation to the agenda items.</p>
3.	<p><b><u>To approve the minutes of the Council of Governors Meeting held on the 11<sup>th</sup> January 2024</u></b></p> <p>The minutes of the meeting held on the 11<sup>th</sup> January 2024 were approved as a true and accurate record.</p>
4.	<p><b><u>To consider any matters arising and action log</u></b></p> <p>Action 5 – Membership Recruitment</p>



	<p>The Lead Governor, Mr P Folwell, updated the Council of Governors of two membership recruitment events held in which c100 new members were recruited, by speaking with patients within outpatient and pharmacy waiting areas. The Trust Chair, Mr I Haythornthwaite noted the Trust's support towards engagement and the recruitment of Governors.</p>	
<p>5.</p>	<p><b><u>Patient Story</u></b></p> <p>The Head of Nursing Planned Care, Ms S Wilson, presented the Patient Story to the Council of Governors.</p> <p>The Director of Nursing &amp; Quality/Deputy Chief Executive, Ms S Pemberton, updated the Council of Governors that the Patient Experience Strategy has launched across the Trust which details the six steps of the patient journey along with how the Trust supports patients when they leave. It was noted that this is a back to basics programme refocusing on why we are here with a focus on patients and their families.</p> <p>It was agreed to share the Patient Experience Strategy at the next meeting.</p> <p>Ms S Pemberton continued that every Ward receives feedback from their patients positive and negative for learning and the Trust is expecting Ward Managers to review this for their areas for improvement. The six steps will be visible across the hospital with the listening to patients and their feedback to be improved.</p> <p>Ms S Wilson noted the sadness to the patient story noting that this has been shared with Nurse, Doctor and Student Nurse colleagues. Ms S Wilson confirmed that daily Head of Nursing and Matron walkarounds are taking place for visibility.</p> <p>The Deputy Lead Governor, Ms C Stein, commented that the story is hard to hear querying how the new Patient Experience Strategy will be monitored and how Governors will receive feedback. Ms S Pemberton confirmed that feedback can be shared with the Governors with the outcome being the reduction of complaints and concerns being raised with more positive feedback being received. Ms S Wilson suggested that this will also be seen in the reduction of incidents. The Trust Chair, Mr I Haythornthwaite noted that any feedback can be built into the Governor Development Session &amp; Forum programme.</p> <p>Public Governor, Mr J Jones, queried whether the patient's wife has received feedback from the Trust. Ms S Wilson confirmed that the patient's wife has been met with and feels assured and is working with the Trust for education purposes.</p> <p><b>The Council of Governors noted the Patient Story.</b></p>	<p>SP</p>
<p>6.</p>	<p><b><u>Women's and Children's New Build</u></b></p> <p>Drone footage of the new Women's and Children's build was shared with Council of Governors.</p> <p>The Deputy Lead Governor, Ms C Stein, queried if the new build is a bigger footprint than the existing building. The Chief Finance Officer, Ms K Edge responded that no</p>	



	<p>more services are to be included in the new footprint with all equipment being moved over. Ms C Stein asked if there is the budget for additional medical equipment. Ms K Edge confirmed that all the required equipment is budgeted for, and the team is working to make sure all is captured and allocated appropriately.</p> <p>The Trust Chair, Mr I Haythornthwaite, confirmed that the equipment is being moved over to the new build but with renewed ways of working to make use of the new build design. Ms K Edge confirmed that workshops are taking place with staff regarding how services will run within the new build. The Director of Nursing &amp; Quality/Deputy Chief Executive, Ms S Pemberton, updated that she had visited the Children’s unit that morning and that staff cannot wait to relocate to the new build and updated that there will be twenty two single rooms in the new build supporting infection prevention and family comfort enabling parents to stay with their children.</p> <p>Public Governor, Mr J Jones, queried when the new build is due to open, and Mrs K Edge confirmed that the programme is on track to open in Summer 2025.</p> <p><b>The Council of Governors viewed drone footage of the new Women’s and Children’s build.</b></p>	
7.	<p><b><u>Trust Chair’s Briefing</u></b></p> <p>The Trust Chair, Mr I Haythornthwaite, updated that following the Council of Governors earlier in the year the format for the Governor meetings has been reviewed and updated, taking out the formal Governor meetings for informative meetings and asked Governors for their feedback once the programme starts. Mr I Haythornthwaite expressed that he feels the new programme will benefit Governors along with the sharing of information in a timely manner. It was noted that an induction programme for new Governors is under review aswell as for new Non-Executive Directors.</p> <p>Lead Governor, Mr P Folwell added that once the programme starts Governors can feedback from there and Mr I Haythornthwaite suggested Governors feeling engaged and informed will support attendance</p> <p>It was agreed that the Director of Governance, Risk, and Improvement, Ms K Wheatcroft (once in post), the Acting Director of Corporate Affairs, Mrs L Leadsom and the Committee Secretary, Mrs C Jones will gain the appropriate feedback from Governors regarding the new Governor Development Session and Forum programme and whether Governors feel appropriately engaged and informed.</p> <p>Public Governor, Ms R Overington, queried how many Governors work full time in addition to their Governor role and struggle with time off to attend. Mr I Haythornthwaite suggested it is getting the commitment when timetables are shared for meetings to attend but this can form part of any induction process. Mr P Folwell felt the majority of the Governors, apart from Staff Governors, no longer work full time.</p> <p><b>The Council of Governors noted the Trust’s Chair briefing.</b></p>	<p><b>KW, LL,CJ</b></p>





8. **Chief Executive Officer's Report**

The Chief Executive, Ms J Tomkinson, highlighted the following to the Council of Governors:

- The Trust has held workshops following receiving the Care Quality Committee (CQC) with staff Lead by the Director of Nursing & Quality/Deputy Chief Executive, Ms S Pemberton for a key focus and to support proactive monitoring moving forward. It was noted that this will be a key focus at the System Improvement Board (SIB) scheduled the following day.
- The CQC are happy to reinspect the Trust when it is ready. The Trust is keen for this reinspection as soon as possible as there have been huge improvements.
- With regards to the CQC maternity survey results, the Trust is hoping to exit the maternity support programme and the administration process to officially exit is underway.
- The Trust is on track to exit the regional support programme and SIB in September 2024.
- The Commercial Procurement arm of the Trust has been accredited by NHS England as a Central Commercial Function (CCF) Accredited Framework Host. It was noted that this service generates c£1m for the Trust.
- With regards to the Thirlwall inquiry, the Trust has submitted all its statements with regards to the rule nine request and the Chair of the inquiry has asked for oral evidence in the process from September 2024 with a venue in Chester to be confirmed.
- Lucy Letby has an appeal in place to be heard on the 25<sup>th</sup> April 2024 in London. A retrial for one count of attempted murder will take place in June 2024.
- The following new Executive Director appointments were noted:
  - The Director of Strategy and Partnerships, M J Develing commenced on the 1<sup>st</sup> April 2024.
  - The Director of Governance, Risk and Improvement, Ms K Wheatcroft will commence on the 10<sup>th</sup> June 2024.
  - The Chief People Officer is currently being recruited to with the Acting Chief People Officer, Mr M Dale leaving the Trust in May 2024.
  - Mr J Bradley has been appointed Chief Digital and Data Officer and will officially commence in May 2024.
- The Trust received the planning process guidance on the 28<sup>th</sup> March 2024 and financial plans are in process for submission, these plans are linked to the broader system.
- The Trust has met with the University of Chester and committed to an education partnership for training and research.

Public Governor, Mr J Jones queried if the 2024/25 planned submission will be similar to 2023/24. The Chief Finance Officer, Ms K Edge, confirmed that the 2023/24 plan will be delivered.

The Deputy Director of Nursing & Quality Governance, Ms F Altintas joined the meeting.

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





9.	<p><b><u>Lead Governor Update</u></b></p> <p>The Lead Governor, Mr P Folwell, updated that himself and Governors have been attending various committee's and meetings over the last few months. Mr P Folwell has spent some time with the Hospital at Home team noting that their service is excellent avoiding hospital admissions and noted this will be a leading type of care in the future. Mr P Folwell added he has also witnessed a Hospice at Home service in another area which was also an excellent service.</p> <p><b>The Council of Governors noted the Lead Governors Update.</b></p>	
<b><u>SAFE, EFFECTIVE, CARING, RESPONSIVE &amp; WELL LED</u></b>		
10.	<p>a) <b><u>Board of Directors meeting 30<sup>th</sup> January 2024 (minutes) and Board of Directors meeting 26<sup>th</sup> March 2024 (agenda)</u></b></p> <p>The Chief Operating Officer, Ms C Chadwick, updated the Council of Governors that the Board discussed the resetting of the Emergency Department (ED). Ms C Chadwick confirmed that the Trust is not able to continue with this setting due to space and staffing, it was for a period of time to get through Winter. It had improved ambulance handover times and triage improved with 1% improvement seen against the main ED 4 hour performance target. There have been updates since the January 2024 Board of Directors with the Executive Team and ED team working together and further improvements are starting to be seen to the 4 hour performance target. The Urgent Treatment Centre (UTC) and the minor's section of ED are now situated in the top floor of the Same Day Emergency Care Centre (SDEC) this service is now seeing circa eighty patients a day which are out of the ED setting. Positive strides are being seen with regards to patient flow within the hospital with Consultant and colleague focus.</p> <p><b>The Council of Governors noted and discussed the contents of the agenda and minutes.</b></p> <p>b) <b><u>The recent reports from Chairs of Board Sub-Committees</u></b></p> <p>No questions were raised against the below Chair's reports:</p> <ul style="list-style-type: none"><li>• Report from the Chair of the Quality &amp; Safety Committee – 7<sup>th</sup> March 2024</li><li>• Report from the Chair of the Finance &amp; Performance Committee – 27<sup>th</sup> February 2024</li><li>• Report from the Chair of the People &amp; Organisation Development Committee – 13<sup>th</sup> February 2024</li><li>• Report from the Chair of the Audit Committee – 21<sup>st</sup> February 2024</li></ul> <p><b>The Council of Governors noted and discussed the contents of the Chair's Report.</b></p> <p>c) <b><u>NHS Oversight Framework Report</u></b></p> <p>Ms C Chadwick confirmed the NHS Oversight Framework Report has been shared with the Council of Governors which details the highlights and positive assurance along with the areas of improvements.</p>	



	<p>Public Governor, Mr J Jones, raised the Trusts sickness figures with the administration and clerical group of staff noting that this staff group also shared negative feedback within the staff survey. The Acting Chief People Officer, Mr M Dale noted the upward trend in sickness but that this is starting decreasing. It was noted that the Human Resource Business Partners triangulate sickness reasons with Managers to monitor closely, stress and anxiety is the highest reason within this staff group. The Wellbeing Hub is scheduled to open in May 2024 to support.</p> <p>The Deputy Lead Governor, Dr C Stein, raised Sepsis requiring improvement and whether Cerner updates will support these improvements. The Director of Nursing &amp; Quality/Deputy Chief Executive, Ms S Pemberton confirmed that the Medical Director, Dr N Scawn is leading on these improvements and there has been work with Cerner to make identifying and record the diagnosis within Cerner easier. It was noted an ED Consultant is also leading a Sepsis Improvement Group to push forward improvements.</p> <p><b>The Council of Governors noted the contents of the Report.</b></p>	
11.	<p><b><u>National Staff Survey 2023 National Benchmark Report (including Employee Engagement Plan)</u></b></p> <p>The Acting Chief People Officer, Mr M Dale, noted sessions were held sharing the National Staff Survey results when they were first published with Staff and Governors, noting there have been improvements since the results were received which are shared within the report circulated to the Council.</p> <p>Mr M Dale added that four of the nine People Promise themes have scored significantly higher than the previous year with Equality, Diversity &amp; Inclusion (EDI) being a theme which has scored lower. There is a key action plan in place to tackle all actions and main issues such as engagement and employee voice in the organisation.</p> <p><b>The Council of Governors:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the analysis of the benchmarking data against Trust data and the recommendations regarding how to prioritise our response to our survey data.</b></li> <li>• <b>Noted that the work to respond to the survey outcomes is a primary driver of the Trust Employee Engagement Plan, and activity to respond to this data at every level is being explored and is fundamental in preparing to implement NHS Staff Survey 2024.</b></li> <li>• <b>Noted that the Staff Survey Action Plan and Employee Engagement Plan will be monitored for assurance by EDG, Divisional Committees, EEWG, OMB and the People &amp; OD Committee as appropriate.</b></li> </ul>	
12.	<p><b><u>Never Events Update including Lessons Learnt</u></b></p> <p>The Director of Nursing &amp; Quality Governance, Ms F Altintas, presented a Never Events update including Lessons Learnt to the Council of Governors, highlighting the following:</p> <ul style="list-style-type: none"> <li>• The definition of a Never Event.</li> </ul>	



	<ul style="list-style-type: none"> <li>• Confirmation that there has been zero Never Events in 2023/24.</li> <li>• Detailed some Never Events and the learning from the cases.</li> <li>• The relaunch and reset of NatSSIPS/LocSSIPS and the implementation of NatSSIPS 2.</li> <li>• A review to ensure all updated action plans are uploaded to DATIX.</li> <li>• Improved Governance processes with regard to incident monitoring and the implementation of Patient Safety Incident Response Framework (PSIRF).</li> </ul> <p>The Lead Governor, Mr P Folwell, raised that there has been no never events since February 2023 which is incredible given the number of procedures carried out querying how the Trust compares to others. It was agreed that Ms F Altintas will share a comparison of Trusts in the region with the Council.</p> <p><b>The Council of Governors noted the contents of the presentation.</b></p>	FA
13.	<p><b><u>Patient Safety Incident Response Framework (PSIRF) Update</u></b></p> <p>The Director of Nursing &amp; Quality Governance, Ms F Altintas presented a PSIRF Update to the Council of Governors, highlighting the follow:</p> <ul style="list-style-type: none"> <li>• The background to PSIRF.</li> <li>• Incident reporting processes.</li> <li>• Open incidents.</li> <li>• The reporting system DATIX.</li> <li>• PSIRF responses to date and the Trusts performance.</li> <li>• PSIRF learning and governance.</li> <li>• The Trusts next steps.</li> </ul> <p>The Director of Nursing &amp; Quality/Deputy Chief Executive, Ms S Pemberton added that the Trust has made significant improvements in the last twelve months with a focus on learning and rapidly sharing that learning to embed change.</p> <p><b>The Council of Governors noted the contents of the presentation.</b></p>	
14.	<p><b><u>Deputy Chair &amp; Senior Independent Director roles</u></b></p> <p>The Trust Chair, Mr I Haythornthwaite confirmed with the Council of Governors that Non-Executive Director, Mr P Jones has been appointed as Deputy Chair and Non-Executive Director, Mr M Guymer appointed as the Senior Independent Director. The Director of Nursing &amp; Quality/Deputy Chief Executive, Ms S Pemberton left the meeting.</p> <p>Mr I Haythornthwaite confirmed this has previously been proposed and agreed with Governors via e-mail in February 2024.</p> <p><b>The Council of Governors noted the confirmed appointments.</b></p>	



<p>15.</p>	<p><b><u>Non-Executive Director Appraisal Process</u></b></p> <p>The Trust Chair, Mr I Haythornthwaite confirmed that the Non-Executive Director and Executive appraisal process for 2024/25 is shared with the Council of Governors for agreement. The Trust has taken the decision to use the Leadership Competency Framework for the process and is asking the Governors to support that proposal to commence the process using the recommended documentation. All the Governors in attendance agreed.</p> <p><b>The Council of Governors:</b></p> <ul style="list-style-type: none"> <li>• <b>Confirmed support for the process outlined and for the Chair to progress with the 2023/24 NED’s appraisals, providing a summary report to the Council of Governors in July 2024.</b></li> <li>• <b>Supported use of the recommended documentation:</b></li> <li>• <b>Multisource assessment template from which selected sections will be used for Board of Directors and other stakeholders (Appendix 1)</b></li> <li>• <b>Tailored assessment template for Governors (Appendix 2)</b></li> <li>• <b>NEDs Appraisal Report template including confirmation of mandatory training compliance and Fit and Proper Person Test status (Appendix 3)</b></li> <li>• <b>NHSE Leadership Competency Framework Self-Assessment (Appendix 4).</b></li> </ul>	
<p>16.</p>	<p><b><u>Chair Appraisal Process</u></b></p> <p>Non-Executive Director, Mr M Guyer stated that using the same format as the Non-Executive Directors and Executives appraisal and including the recent two Non-Executive Directors who left the Trust and Governors a 360 degree appraisal process will be followed for the Trust Chair.</p> <p>The Acting Director of Corporate Affairs, Mrs L Leadsom, confirmed that the Governor responses will be collated into one form for overall Governor feedback. Mr M Guyer confirmed that this will be the same for the Non-Executive Director responses. All the Governors in attendance agreed.</p> <p><b>The Council of Governors:</b></p> <ul style="list-style-type: none"> <li>• <b>Confirmed support for the process outlined and for the Senior Independent Director (SID) to progress with the 2023/24 Chair’s appraisal, providing a summary report to the Council of Governors in July 2024.</b></li> <li>• <b>Supported the use of the recommended documentation:</b> <ul style="list-style-type: none"> <li>○ <b>Multisource assessment template from which selected sections will be used for external stakeholders:</b></li> <li>○ <b>Board Directors – all sections (Appendix 1)</b></li> <li>○ <b>Partner Organisations – questions to be reviewed/ streamline where appropriate (Appendix 2)</b></li> <li>○ <b>Governors – all sections (Appendix 3)</b></li> <li>○ <b>Chair Appraisal Report template – to include confirmation of mandatory training compliance and Fit and Proper Person Test status (Appendix 4)</b></li> </ul> </li> </ul>	



17.	<p><b><u>Governor Eligibility Forms and Conflict of Interest Forms Update</u></b></p> <p>The Acting Director of Corporate Affairs, Mrs L Leadsom, reminded Governors to return their Governor Eligibility and Conflict of Interest forms as soon as possible, noting that there are seven outstanding and reminders have been sent to these copying in the Lead Governor, Mr P Folwell and the Trust Chair, Mr I Haythornthwaite.</p> <p><b>The Council of Governors noted the update.</b></p>	
<b><u>WELL LED</u></b>		
18.	<p><b><u>To receive any feedback from Governors</u></b></p> <p>The Trust Chair, Mr I Haythornthwaite asked the Governors for any feedback on the presentations received at the meeting or on any of the papers shared and if there is anything further, they would like to see. Partnership Organisation Governor, Ms C Gahan responded that there is clarity in the papers and presentations received appreciating the highlights and key points included.</p>	
<b><u>CONCLUSION</u></b>		
19.	<p><b><u>Any Other Business</u></b></p> <p>The Lead Gover Governor, Mr P Folwell queried where the Trust is up to with regards to the roll out of Ward Accreditation. Staff Governor, Ms P Edwards confirmed that the new programme template has been agreed and to be piloted on two wards. The first being the Acute Medical Unit (AMU) on the 24<sup>th</sup> April 2024. The Business Intelligence team will pull together a dashboard from the audit information received for visual observations. Patients and staff will be asked for feedback and the frequency of accreditations are to be determined. Mr P Folwell queried if staff appreciate that they will not be accredited gold or platinum moving forward. Ms P Edwards confirmed that they are aware and understand why along with the need to sell their Ward in the new process. Public Governor, Ms R Overington asked if staff are given the time to prepare. Ms P Edwards confirmed that they will with several people supporting the presentation and data pack and they will be given time to keep this information updated to have ready to showcase to the Care Quality Commission (CQC) in future visits.</p>	
20.	<p><b><u>Date and Time of Next Meeting</u></b></p> <p><b>Thursday 11<sup>th</sup> July 2024 at 2.30pm – 4.30pm, Boardroom 1829 Building</b></p>	



**Council of Governors Action Log (12th June 2024)**

Action No.	Meeting Date	Allocated To	Agenda Item Number	Issue / Action Raised	Action Details	Action Update / Outcome	Due Date	Status
3	11th January 2024	Acting Director of Nursing & Quality/Acting Assistant Chief Executive and Acting Chief People Officer	8	Patient Survey feedback	The Council of Governors to have a separate session as update on the Inpatient Survey and Staff Survey	<b>Update 17th April 2024</b> - Staff Survey update received at the April 2024 meeting. Inpatient Survey feedback to be received via the Governor Development Sessions.	TBC	<b>Closed</b>
5	11th January 2024	Lead Governor	8	Membership Recruitment	Mr P Folwell to contact other Lead Governors to review their membership numbers and recruitment practices and feedback.	<b>Update 25th March 2024</b> - Verbal update to be provided to the next meeting to be held in April 2024. <b>Update 13th May 2024</b> - Mr P Folwell updated the Council at the April 2024 meeting.	Apr-24	<b>Closed</b>
6	11th April 2024	Director of Nursing & Quality/Deputy Chief Executive	5	Patient Experience Strategy	The Patient Experience Strategy to be shared at the next meeting.	<b>Update 13th May 2024</b> - Update presentation included on the agenda for the July 2024 meeting.	Jul-24	<b>Open</b>
7	11th April 2024	Director of Governance, Risk and Improvement, Acting Director of Corporate Affairs and Committee Secretary	7	Governor Engagement	Ms K Wheatcroft, Mrs L Leadsom and Mrs C Jones to gain the appropriate feedback from Governors regarding the new Governor Development Session and Forum programme and whether Governors feel appropriately engaged with and informed.	<b>Update 12th June 2024</b> - First Governor Development Session and Forum took place on the 16th May 2024 with the second scheduled for the 12th September 2024. Verbal feedback to be shared at the October 2024 Council of Governors Meeting	Oct-24	<b>Open</b>
8	11th April 2024	Director of Nursing & Quality Governance	12	Never Events Update including Lessons Learnt	Ms F Altintas to feedback a comparison of Trusts in the region with the Council regarding the number of Never Events.	<b>Update 13th May 2024</b> - Update included on the agenda for the July 2024 meeting.	Jul-24	<b>Open</b>





<b>Meeting</b>	<b>11<sup>th</sup> July 2024</b>	<b>Council of Governors</b>					
<b>Report</b>	<b>Agenda item 4a.</b>	<b>Never Event Comparison Report</b>					
<b>Purpose of the Report</b>	Decision		Ratification		Assurance		Information <b>X</b>
<b>Accountable Executive</b>	Sue Pemberton			Director of Nursing			
<b>Author(s)</b>	Fiona Altintas			Deputy Director of Nursing and Quality Governance			
<b>Board Assurance Framework</b>	BAF 14	Failure to maintain Safety and Quality Agenda					
<b>Strategic Aims</b>	To deliver safe care and treatment						
<b>CQC Domains</b>	Safe, Effective, Well Led and Responsive						
<b>Previous Considerations</b>	Never Event Presentation Council of Governors April 2024						
<b>Executive Summary</b>	The purpose of this paper is to provide a response to the action from the Council of Governors meeting in April 2024, requesting a comparison of Trusts in the region with regards to the number of Never Events.						
<b>Highlights</b>	<ul style="list-style-type: none"> <li>• Highest number of Never Event reported by individual Trust in 2023/24 was 11 (Birmingham NHS Trust)</li> <li>• Countess of Chester reported Zero in same period.</li> <li>• Countess of Chester positioned favourable in comparison with neighbouring Trusts.</li> <li>• Data of Never Events is in the public domain.</li> <li>• Top two reported Never Events by a significant margin are Wrong Site Surgery and Retained Foreign Object.</li> <li>• The trust reported one Never Event in April 2024</li> <li>• Focus on NatSSIPs and Sequential Eight within WHO checklist.</li> </ul>						
<b>Recommendation(s)</b>	The Council of Governors is asked to: <ul style="list-style-type: none"> <li>• Note the update and compassion provided within the report.</li> <li>• To note that a further update will be provided following the consultation by NHS England regarding Never Events.</li> </ul>						
<b>Corporate Impact Assessment</b>							
<b>Statutory Requirements</b>	NHS England, Care Quality Commission (CQC), Commissioning						
<b>Quality &amp; Safety</b>	Patient Safety/Never Events						
<b>NHS Constitution</b>	Patient Safety						
<b>Patient Involvement</b>	Duty Of Candor						
<b>Risk</b>	Reducing Risk and Harm						
<b>Financial impact</b>	Claims resulting from Harm/Patient Safety Incidents						
<b>Equality &amp; Diversity</b>	Not applicable						
<b>Communication</b>	Data in Public Domain						



## Never Event Comparison Report

### BACKGROUND

An update was presented to the Council of Governors in April 2024 with regards to the Trusts reported Never Events and an update on actions and learning. The presentation described that in 2022/23 the Trust reported five Never Events. In the year 2023/24, zero Never Events were reported.

However, in April 2024, the Trust did report a Never Event. The incident in question pertains to a retained foreign object post-procedure, specifically a swab following a post-partum haemorrhage perineal repair following a forceps delivery.

As per our protocol, any Never Event triggers a thorough investigation to identify lessons and ensure shared learning. Immediate actions following the identification of the incident was the removal of small swabs from delivery rooms and the utilisation of whiteboards for swab accountability. It's crucial to understand that Never Events are entirely preventable, as robust national-level guidance exists to safeguard against such incidents. This occurrence did not result in significant harm to the patient.

The Never Event was reported on StEIs. A Patient Safety Incident Investigation (PSII) was commissioned and is being led by the Head of Nursing for Theatre. A corporate communication was sent informing all staff of the never Event, including information for staff working in areas mandating WHO checklist to adhere diligently to the prescribed swab and instrument counting procedures.

The recommendations in April 2024 included evidence of Trust wide sharing of Learning, the relaunch and reset of NatSSIPS/LocSSIPS planned to include implementation of NatSSIPS 2, a Trust wide review of all policies, to ensure all updated action plans are uploaded to the DATIX system and to continually improve governance processes regarding incident monitoring and the implementation of PSIRF.

### PURPOSE

The purpose of this paper is to provide a response to the action from the Council of Governors meeting in April 2024, requesting a comparison of Trusts in the region with regards to the number of Never Events.

### CURRENT POSITION

NHS England publish provisional Never Events data every month as an update of the cumulative total for the current financial year. The data is published in the following formats:

- the overall provisional number of Never Events reported in the current financial year to date – these are displayed by month.
- the provisional number of each type of Never Event reported, with a more detailed breakdown of subcategories of Never Event
- the provisional number of each type of Never Event reported by an organisation.

This information can be found at:

[www://www.england.nhs.uk/patient-safety/never-events-data](http://www://www.england.nhs.uk/patient-safety/never-events-data)

Between 1 April 2023 and 31 March 2024, 392 Serious Incidents on the StEIS system were designated by their reporters as Never Events. Of these 392 incidents:

370 Serious Incidents appeared to meet the definition of a Never Event in the Never Events list 2018 (published 28 February 2018) and had an incident date between 1 April 2023 and 31 March 2024. Table 1 shows the number of Never Events reported by month, demonstrating that on average 31 Never Events are reported each month in England.

Table 2 demonstrates the number of Never Events reported in 2023/24 by type of incident. The two most common Never Events can be seen to be Wrong Site Surgery and Retained Foreign Object. The third is wrong Implant/Prosthesis, it is therefore understandable that the focus on the National Safety Standards for Invasive Procedures (NatSSIPs) needs to be high in the Trusts safety agenda as the WHO safety Checklist and its evolution to the Sequential Eight Standards within NatSSIPs would prevent such Never Events.

**Table 1: Never Events 01 April 2023 – 31 March 2024 by month of incident\***

Month in which Never Event occurred	Number
April	33
May	29
June	32
July	33
August	39
September	26
October	29
November	36
December	24
January	37
February	28
March	24
<b>Total</b>	<b>370</b>

Note: As described above, a further 32 Serious Incidents did not appear to meet the definition of a Never Event and the relevant organisations have been asked to review accordingly.

\*Numbers are subject to change as local investigations are completed.



Table 2: Never Events 01 April 2023 – 31 March 2024 by type of incident.

Never Event	Number reported
Wrong Site Surgery	179
Retained Foreign Object	81
Wrong Implant/Prosthesis	37
Misplaced naso/oro gastric tube	22
Administration of Medication by wrong Route	20
Transfusion or transplantation of ABO incompatible blood component or organ	10
Overdose of Insulin due to abbreviation or incorrect device	10
Unintentional connection of a patient requiring oxygen to an air flowmeter	3
Overdose of methotrexate for non-cancer treatment	3
Mis-selection of a strong potassium solution	1
Scalding of patients	1
Falls from poorly restricted windows	1
Failure to install functional collapsible shower or curtain rails	1

The Highest reported number of Never Events in the year 2023/24 was by University Hospitals Birmingham NHS Foundation Trust who reported 11 Never Events in the year. There were three further Trusts that reported 10 Never Events (Southampton, St Georges, and Newcastle upon Tyne). Table 3 demonstrates regional (neighboring) hospitals and the number of Never Events reported. During this year the Countess of Chester had zero Never Events and are positioned favorably in comparison.

Table 3.

Hospital	Number of Never Events Reported
Alder Hey Childrens NHS Foundation Trust	1
Countess of Chester NHS Foundation Trust	0
East Cheshire NHS Trust	2
Liverpool University Hospital NHS Foundation Trust	3
Liverpool Women's NHS Foundation Trust	2
Mid Cheshire Hospitals NHS Foundation Trust	1
Spa Medica Liverpool (Cheshire and Merseyside ICB)	1
Spire Murray (Cheshire and Merseyside ICB)	1
St Helens and Knowsley Teaching Hospital NHS Trust	1
The Walton Centre NHS Foundation Trust	1
Warrington and Halton Hospitals NHS Foundation Trust	1
Wirral University Teaching Hospital NHS Foundation Trust	1

The most recent data available is from 1 April 2024 to 30 April 2024 and can be seen in the table 4 below. The Never Event that the Trust reported in April 2024 is included in this data.

Table 4.

Organisation Name	Total
Basildon And Thurrock University Hospitals NHS Foundation Trust	1
Blackpool Teaching Hospitals NHS Foundation Trust	1
Chesterfield Royal Hospital NHS Foundation Trust	1
Circle Health Group, Beardwood Hospital, Blackburn reported by Lancashire and South Cumbria ICB	1
Countess Of Chester Hospital NHS Foundation Trust	1
County Durham And Darlington NHS Foundation Trust	1
Doncaster and Basselaw Teaching Hospitals NHS Foundation Trust	1
East Lancashire Hospitals NHS Trust	1
Epsom And St Helier University Hospitals NHS Trust	1
Frimley Health NHS Foundation Trust	1
Homerton Healthcare NHS Foundation Trust	1
Lancashire Teaching Hospitals NHS Foundation Trust	1
Leeds Teaching Hospitals NHS Trust	2
Nottingham University Hospitals NHS Trust	1

SpaMedica Newark reported by NHS Nottingham and Nottinghamshire ICB	1
Tameside and Glossop Integrated Care NHS Foundation Trust	1
Warrington and Halton Teaching Hospitals NHS Foundation Trust	2
York And Scarborough Teaching Hospitals NHS Foundation Trust	1
<b>Total</b>	<b>20</b>

\*Numbers are subject to change as local investigations are completed.

## Consultation

In February 2024, NHS England launched a consultation seeking views on whether the existing Never Events Framework remains an effective mechanism to support patient safety improvement. Never Events are defined as patient safety events that are ‘wholly preventable’ because of the existence of strong systemic protective barriers at a national level. However, reports from the CQC and HSIB highlighted for several types of Never Events the barriers are not strong enough and called for the framework to be reviewed. The consultation closed on the 5 May 2024, and the responses are being reviewed to establish next steps.

## RECOMMENDATIONS

The Council of Governors is asked to:

- Note the information provided within the report.
- To note that a further update will be provided when available following the consultation by NHS England regarding Never Events.



<b>Meeting</b>	<b>11<sup>th</sup> July 2024</b>	<b>Council of Governors</b>					
<b>Report</b>	<b>Agenda item 7.</b>	<b>Chief Executive Officer's Report</b>					
<b>Purpose of the Report</b>	Decision		Ratification		Assurance		Information <b>X</b>
<b>Accountable Executive</b>	Sue Pemberton				Director of Nursing and Quality/ Deputy Chief Executive Officer		
<b>Author(s)</b>	Helen Taylor				Head of Communications		
<b>Board Assurance Framework</b>	BAF 2	Retention					
	BAF3	Staff Engagement					
	BAF6	Underlying Long Term Trust Financial Sustainability					
	BAF7	Requirement for new Women's & Children's build					
	BAF12	Access, Waiting Times, Care Pathways and Constitutional Standards					
	BAF14	Failure to deliver Quality & Safety agenda					
	BAF18	Failure to respond to CQC report and warning letters					
<b>Strategic Aims</b>	Purposeful Leadership						
<b>CQC Domains</b>	Well-led.						
<b>Previous Considerations</b>	Board of Directors – 4 <sup>th</sup> June 2024						
<b>Executive Summary</b>	The purpose of this report is to provide an overview of the relevant local, regional, and national issues which may impact on the Trust's strategic objectives.						
<b>Highlights</b>	<p><b>Local issues covered include:</b></p> <ul style="list-style-type: none"> <li>• Care Quality Commission action plan progress</li> <li>• NHS Staff Survey</li> <li>• Wellbeing Hub opens its doors</li> <li>• Improving culture and civility</li> <li>• Launching the TED tool</li> <li>• Reward and recognition</li> <li>• Countess 40</li> <li>• Annual Members' Meeting 2024</li> <li>• Engaging local MPs</li> <li>• Urgent and Emergency Care Week</li> <li>• Financial position</li> <li>• System Improvement Board exit plan</li> <li>• Thirlwall Inquiry</li> <li>• Court of Appeal decision: Lucy Letby</li> <li>• Retrial: Lucy Letby</li> <li>• Executive Director appointments.</li> </ul>						
<b>Recommendation(s)</b>	The Council of Governors is asked to note the contents of this report.						



<b>Corporate Impact Assessment</b>	
<b>Statutory Requirements</b>	Meets the Trust compliance with Foundation Trust status
<b>Quality &amp; Safety</b>	Covered within the report
<b>NHS Constitution</b>	To aid improvement in line with performance standards
<b>Patient Involvement</b>	To be monitored via feedback from patient enquiries, complaints and compliments
<b>Risk</b>	Alignment with the Board Assurance Framework and Corporate Risk Register
<b>Financial impact</b>	Collaboration is expected to be more efficient and should result in a more pragmatic response to any financial challenges within Cheshire & Merseyside
<b>Equality &amp; Diversity</b>	Meets Equality Act 2010 duties and PSED 2 aims and does not directly discriminate against protected characteristics
<b>Communication</b>	Document to be published on the Trust's website as part of the Council of Governors meeting paper pack.

## Chief Executive Officer's Report – June 2024

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

### Local issues

#### **CQC Engagement Meeting**

The Executive Team and a number of senior colleagues met with the Care Quality Commission (CQC) on 15<sup>th</sup> May 2024. These meetings form a key part of the CQC engagement approach.

The meeting included:

- an update from the CQC about their enforcement powers
- an update from the Trust on progress against CQC action plans
- specific discussions on Freedom To Speak Up (FTSU) arrangements, ombudsman cases, potential areas of media interest
- service updates from Emergency Department, Children and Young People, Medicine, Surgery, Staffing, and Infection Prevention Control.

Whilst recognising there are ongoing actions, there are clear areas where improvement has been sustained. The CQC were keen to see the Trust showcase some of the areas of good practice going forward.

A comprehensive pack of information was produced by the Trust to support the meeting, and this was commended by the CQC along with the timely engagement being demonstrated through fortnightly meetings and information requests.

Following the meeting, there was a presentation led by Chris Storton, CQC Operations Manager, on the new CQC single assessment framework. A number of colleagues from across the Trust joined this session to learn about the changes to the assessment framework and what these will mean for the Trust in terms of future assessments.

#### **National NHS Staff Survey**

Good progress is being made in response to the NHS Staff Survey results which were published in early March 2024. A detailed analysis identifying the areas where staff satisfaction improved and where it reduced has been completed and this is helping to ensure there is clear focus on those improvements that will have the most impact on staff.

Engaging staff has been a priority and meetings with staff networks, staff side representatives, trade unions and divisional teams have taken place to ensure there is widespread understanding of staff experiences. Four organisational priorities have been identified for improvement work over the coming months and divisions are liaising with their teams to take forward local actions that they identify as appropriate. Monitoring is in place to ensure progress is made.

### **Wellbeing Hub opens for staff**

On 13<sup>th</sup> May, the new Wellbeing Hub opened its doors for the first time. Funded by gifts left in Wills, and designed based on staff feedback and ideas, the dedicated space provides an area for staff to focus on their wellbeing.

During the first week, a range of activities and events focused on physical and mental wellbeing, financial wellbeing and safety were held.

The hub is open 24/7 for staff and a long-term programme of events is in place to provide long term access to wellbeing support and learning for staff.

### **Improving culture and civility**

A series of roadshows were held to seek the views of staff on culture and civility at the Trust. Staff were asked to give their views, and these were developed into four civility statements. Staff voted on which one they would most like to adopt as the Trust's civility statement. The statement is: *'We will always treat everyone with respect and kindness, be polite and professional, listen to them and help each other whenever we can'*

The statement will be a key part of our ongoing culture work and we have launched a civility handbook for staff which sets out the vision for civility and culture at the Trust as well as the behavioural standards, the approach to anti racism and sexual safety as well as outlining all the support mechanisms available to staff.

### **Launch of the TED Tool**

The Trust is relaunching the use of a Team Engagement and Development Tool (TED) as part of the new ward accreditation programme. The tool has been mapped to the CQC Well Led indicators and it supports the organisation to have a standardised approach to measuring team engagement. TED is designed to complement other existing metrics such as quarterly pulse surveys and the annual NHS staff survey. TED focuses on eight themes which sit at the heart of team effectiveness. The TED themes are:

1. Team communication
2. Leadership
3. Valuing individuals
4. Working with Other Teams
5. Reviewing and celebrating success
6. Team purpose
7. Working together
8. Engagement - team engagement

## Reward and recognition: recognising our staff

**Celebrating midwives, nurses, and healthcare assistants:** To mark International Nurses Day and International Day of the Midwife, an award ceremony hosted by Sue Pemberton was held on 9 May to celebrate the role of nurses, midwives, and healthcare assistants. Eight awards were presented:

- The Nightingale Award inspirational leader: Nurse winner, Ola Olanrewaju Midwife winner, Julia Briscoe.
- The Virginia Henderson rising star, Ewa Wojciechowska.
- The Ethel Fenwick Award for outstanding undergraduate/trainee nurse, midwife or training nurse associate, Lauren Fennel.
- The Mary Seacole Award for outstanding preceptor, assessor, or supervisor, Nici Auld.
- The Carvell Award for outstanding healthcare assistant, Mary Rylands.
- The Inaugural Carol Kutzner Award for excellence, care and compassion, Rachel Halliday.
- The award for excellence in safety, Diane Lee.

**Apprenticeship Awards:** More than 100 apprentices on 30 different apprenticeship programmes from levels 2-7 currently work in the Trust and in May 2024, the annual Apprenticeship Awards took place to recognise their contribution to the Trust and its patients. Awards were presented in recognition of their work by Chair Ian Haythornthwaite; Interim Chief People Officer, Debbie Herring and; Director of Strategy and Partnerships, Jon Develing. A number of awards were presented:

- Clinical Award - Winner: Sophie Maggs, Highly Commended: Stacey Rusowicz
- Non-clinical Award - Winner: Mark Tunncliffe, Highly Commended: Caera Tunstall, Lowri Morgan Humphreys, Mia Perry
- Rising Star - Winner: Caera Tunstall, Highly Commended: Patrick Devaney, Isobel Swarbrick, Mia Brown
- Endeavour - Winner: Pharmacy (Group winner: Katie Warburton, Lucy Richards, and Rachael Kewin, Highly Commended: Michaela Stockley, La'Ruib Wayn
- Apprentice Champion (this award is for apprentices to nominate members of staff who have supported them on their learning journey.) - Winner: Maria Fox, Highly Commended: Katie Jones, Joan Carter
- Apprentice of the Year (winner chosen from the four apprenticeship awards listed above). The award was sponsored by IHP, the Trust's construction partner for the new Women and Children's building. Winner: Caera Tunstall

**Long Service Awards:** On 31<sup>st</sup> May, 47 staff covering a wide range of roles across the organisation, were recognised for a range of long service milestones at the Trust, the majority of which were for 25 years. An additional event has been planned to celebrate staff who have reached 40 years of service – to coincide with the celebrations to mark the official opening of the Countess of Chester Hospital on 30 May 1984.

### **Countess of Chester Hospital marks its 40<sup>th</sup> anniversary**

On 30<sup>th</sup> May 2024, the Trust marked 40 years since the Countess of Chester Hospital (as it is currently known) was officially opened by HRH The Princess of Wales. The Trust has marked this date by sharing stories and experiences of patients and staff as well as photographs from the opening event. These can be viewed on the Trust's website and social media.

### **Annual Members' Meeting 2024**

The Annual Members' Meeting will be held on Wednesday 25<sup>th</sup> September 2024. The decision has been made to hold this via teams, with a focus on developing the content of the event, making this accessible and promoting attendance. The meeting will be held in public, and all are welcome to attend.

### **Official opening of the Same Day Emergency Care facility**

The Same Day Emergency Care (SDEC) facility was officially opened by Samantha Dixon, MP for Chester on Friday 24<sup>th</sup> May 2024. During the visit, staff from medical, surgical and frailty teams explained how SDEC has improved patient care, changing the way the Trust can assess and treat patients needing urgent care.

### **Urgent and Emergency Care Week**

An improvement week was held between 20<sup>th</sup> and 24<sup>th</sup> May 2024 within urgent and emergency care services with a focus on enhancing patient experiences and safety. Following the recent development of the six-step patient and family experience vision, the clinical teams were keen to establish, develop, and improve urgent and emergency care pathways to ensure they aligned with the vision. Staff focused on clear communication, clinical processes and ways of working, tracking patient pathways for learning and against key performance indicators as well as feedback from staff.

### **Financial position**

As the financial year drew to a close, the Trust continued to collaborate with colleagues across Cheshire and Merseyside to address the challenging financial situation faced by NHS Trusts in the ICB.

There is much work to do to improve the overall financial position going into 2024/25 and the Trust has now embarked on an ambitious cost reduction programme to address these challenges and deliver savings of £20m. A workshop with senior leaders was held in April to initiate the programme and develop the plans for each workstream. The CIP Delivery Group has been established, chaired by the Chief Executive Officer. It is important that the Trust works as efficiently and effectively as a key part of delivering whilst ensuring high quality of care for patients.

### **System Improvement Board exit plan**

Since April 2022, the Trust has been part of NHS England's (NHSE) Regional Support Programme (RSP), a nationally led programme of focused and integrated support for NHS Trusts.

In April 2024, due to the significant and sustained improvements made at the Trust, the criteria to exit the RSP were agreed. The Trust is continuing to work collaboratively with the Cheshire and Merseyside Integrated Care Board to agree the move to a reduced level of oversight and it is hoped that the Trust will exit the RSP completely in September 2024.

### **Thirlwall Inquiry**

A preliminary hearing was held on Thursday 16 May at Chester Racecourse. It was a procedural update on the Inquiry and its work since launch in November 2023.

The Chair of the Inquiry, Lady Justice Thirlwall, confirmed that substantive hearings will begin on 10 September and will last until at least the end of 2024. A decision about whether these hearings will be broadcast will be given at a later date.

### **Court of Appeal decision: Lucy Letby**

Lucy Letby's request for an appeal was heard by a panel of three judges on 25<sup>th</sup> April 2024 at the Court of Appeal in London. It was announced on 24<sup>th</sup> May that this application has been denied. This is the final stage in the legal process to seek an appeal and so this decision marks the end of the appeal process.

### **Retrial: Lucy Letby**

A retrial of one count of attempted murder began in June 2024.

### **Executive Director appointments**

A number of appointments have recently been made to the Executive Team:

- **Interim Chief People Officer:** Debbie Herring has joined the Trust on an interim basis to provide leadership to the HR and OD team. Recruitment for a substantive Chief People Officer will take place in the coming months.
- **Chief Digital and Data Officer:** Jason Bradley started in the role on 1<sup>st</sup> May 2024.
- **Director of Governance, Risk, and Improvement:** Karan Wheatcroft commenced in the role on 10<sup>th</sup> June 2024.

### **System issues**

- The system focus has been ensuring sign off on an acceptable financial plan. Much work has been done since 2<sup>nd</sup> May 2024 to reduce the level of ICB deficit. We received final confirmation of the Trust plan in June.
- The second area of focus involves delivering sustainability improvements in the urgent care pathways to facilitate the 4-hour 78% target by March 2025. PLACE teams are ensuring resources are prioritised to do this.
- The Chair and CEO of Cheshire and Merseyside ICB visited the Trust on 5<sup>th</sup> June 2024 to discuss the improvements delivered.

### **Recommendation**

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





**MINUTES OF THE BOARD OF DIRECTORS**

**Tuesday 26<sup>th</sup> March 2024, 1.00pm – 4.45pm**

**Boardroom, 1829 Building**

<b>Members</b>	23/05/ 2023	25/07/ 2023	26/09/ 2023	28/11/ 2023	30/01/ 2024	26/03/ 2024
Trust Chair, Mr I Haythornthwaite	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Chief Executive Officer, Ms J Tomkinson OBE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Executive Director, Mr D Williamson	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Executive Director, Mrs R Fallon	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A
Non-Executive Director, Mr P Jones	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Executive Director, Mr K Gill	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A
Non-Executive Director, Mr M Guymer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Executive Director / Safety Champion, Dr F Bruce	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A	N/A	N/A
Non-Executive Director, Mrs P Williams	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Executive Director, Ms W Williams	N/A	N/A	N/A	N/A	N/A	<input checked="" type="checkbox"/>
Non-Executive Director, Prof A Hassell	N/A	N/A	N/A	N/A	N/A	<input checked="" type="checkbox"/>
Non-Executive Director, Ms S Corcoran	N/A	N/A	N/A	N/A	N/A	<input checked="" type="checkbox"/>
Director of Finance, Mr S Holden	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Chief Financial Officer, Ms K Edge	N/A	N/A	N/A	N/A	N/A	<input checked="" type="checkbox"/>
Director of Nursing & Quality, Mrs H Gwilliams MBE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A	N/A
Chief People Officer, Mrs N Price	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A
Chief Digital Information Officer, Ms C Williams	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A	N/A	N/A
Chief Operating Officer, Ms C Chadwick	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Medical Director, Dr N Scawn	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Director of Nursing & Quality/ Deputy Chief Executive, Ms S Pemberton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Acting Director of Strategic Partnerships, Mr J Develing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Strategic Digital Advisor, Mr J Bradley	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

<b>In Attendance</b>	23/05/ 2023	25/07/ 2023	26/09/ 2023	28/11/ 2023	30/01/ 2024	26/03/ 2024
Director of Corporate Affairs, Mr P Edwards	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A
Director of Governance, Risk, and Improvement, LHCH, Ms K Wheatcroft	N/A	N/A	N/A	N/A	N/A	<input checked="" type="checkbox"/>
Acting Director of Corporate Affairs, Mrs L Leadsom ( <i>Minutes</i> )	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Items 1 - 6
Director of Midwifery, Mrs N Macdonald	N/A	N/A	<input checked="" type="checkbox"/> Items 12b & 13a	<input checked="" type="checkbox"/> Items 10 & 11	<input checked="" type="checkbox"/> Items 3 & 9	<input checked="" type="checkbox"/> Items 11, 12, 13 & 14
Matron for Outpatients, Ms A Woodard	N/A	N/A	N/A	N/A	N/A	<input checked="" type="checkbox"/> Item 3
Clinical Director of Research, Mr P Bamford	N/A	N/A	N/A	N/A	N/A	<input checked="" type="checkbox"/> Item 5



Research & Development Manager, Carys Jones	N/A	N/A	N/A	N/A	N/A	<input checked="" type="checkbox"/> Item 5
Deputy Director of Nursing & Quality, Ms M Kynaston	N/A	N/A	N/A	N/A	N/A	<input checked="" type="checkbox"/> Item 11a
Deputy Director of Nursing & Quality Governance, Ms F Altintas	N/A	N/A	N/A	N/A	N/A	<input checked="" type="checkbox"/> Item 11a
Public Governor & NEDs NHS England NEXt Directors Scheme , Ms Lucy Liang	N/A	N/A	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Freedom to Speak Up Guardian, Ms H Ellis	N/A	N/A	N/A	N/A	N/A	<input checked="" type="checkbox"/> Item 27
Committee Secretary, Mrs C Jones ( <i>Minutes</i> )	N/A	N/A	N/A	N/A	N/A	<input checked="" type="checkbox"/>

<b>FORMAL BUSINESS</b>	
PB1/ 03/24	<p><b><u>Welcome, apologies and Chair's opening remarks</u></b></p> <p>The Trust Chair, Mr Ian Haythornthwaite, welcomed all to the meeting.</p>
PB2/ 03/24	<p><b><u>Declarations of Conflicts of Interest with agenda items</u></b></p> <p>There were no declarations of interest raised in relation to agenda items.</p>
PB3/ 03/24	<p><b><u>Patient Story</u></b></p> <p>Matron for Outpatients, Ms A Woodard presented a positive patient story to the Board of Directors which focussed on a 'Thank you' received from a patient for the care they received from the Trust.</p> <p>The Trust Chair, Mr I Haythornthwaite, expressed thanks to Ms A Woodard for sharing this story and requested for thanks to also be passed to all involved.</p>
PB4/ 03/24	<p><b><u>Patient &amp; Family Experience Strategy 2024/27</u></b></p> <p>The Director of Nursing &amp; Quality/Deputy Chief Executive, Ms S Pemberton, presented the new Patient &amp; Family Experience Strategy based on a six steps model to encompass all stages of the patient journey.</p> <p>Non-Executive Director, Prof A Hassell, queried of the focus for the Quality &amp; Safety Committee and Ms S Pemberton confirmed the importance of looking at the measures. The Board of Directors recognised the importance of the development of this strategy in both the context of national updates and feedback from patients.</p>
PB5/ 03/24	<p><b><u>Research and Innovation Update</u></b></p> <p>Mr P Bamford, Clinical Director of Research, provided an update relating to Research and Innovation team and highlighted the following key points:</p> <ul style="list-style-type: none"> <li>• The size of the Research Team at the Trust and that it is funded externally via the Clinical Research Network.</li> </ul>



	<ul style="list-style-type: none"> <li>• The team's performance with regards to trial recruitment was shared, covering the last three years.</li> <li>• The desire of the team to be self-sufficient and an income producing service.</li> <li>• Capital Bids and the team being successful with c£230k bid to support the service.</li> <li>• Survey results from those involved in trials was shared.</li> <li>• A look forward into 2023/24 and reducing risk was reviewed.</li> <li>• A future of the Research team and its priorities was shared.</li> </ul> <p>The Chief Executive Officer, Ms J Tomkinson, expressed thanks to Mr P Bamford, Mrs C Jones and the team for their driven focus of research across the Trust</p> <p>Non-Executive Director, Mr D Williamson, acknowledged the enthusiasm and commitment from the team and queried of the reporting of the outcomes for patients from this and it was agreed for feedback to be provided in future reports to the Board of Directors together with further information relating to research trials too.</p>	
<p>PB6/ 03/24</p>	<p><b><u>Women &amp; Childrens Build Update</u></b></p> <p>A video was shared with the Board of Directors of the progress with the build.</p> <p>The Chief Financial Officer, Ms K Edge, noted the significant progress made to date in line with the project plan. The Director of Midwifery, Mrs N Macdonald, acknowledged the hard work of the construction team and highlighted that the relocation to the new build is a positive opportunity for the team. The Trust Chair, Mr I Haythornthwaite, added that the programme has been clinically led and that it will be great for the Board of Directors to receive further feedback from the Women's &amp; Children's Division in relation to this.</p> <p>Non-Executive Director, Ms W Williams, queried if there is expected to be a reduction in transfers to Alder Hey Children's Hospital, once the new build is open in 2025 and if there is research capability within the new build. Mrs N Macdonald advised there are not research capabilities due to the funding available. The Medical Director, Dr N Scawn, confirmed the transfers for paediatric surgery or neonatal care will continue as the Trust is not currently a level 2 unit. The Chief Executive Officer, Ms J Tomkinson, added that a case has been prepared for the regions consideration for the unit to be reestablished with level 2 status and the response from this will be communicated once received.</p>	
<p>PB7/ 03/24</p>	<p><b><u>Minutes of the previous meeting held on 30<sup>th</sup> January 2024</u></b></p> <p>The minutes of the previous meeting held on the 30<sup>th</sup> January 2024 were formally approved as a true and accurate record.</p>	
<p>PB8/ 03/24</p>	<p><b><u>To consider any matters arising and action log</u></b></p> <p>The Board of Directors noted the action log. The Acting Chief People Officer, Mr M Dale, confirmed that the Equality, Diversity, and Inclusive Annual Report 2023/24 has been published and it was agreed for this action to be closed.</p>	
<p>PB9/</p>	<p><b><u>Acting Chief Executive Officer's Report</u></b></p>	



03/24	<p>The Chief Executive Officer, Ms J Tomkinson, provided an overview of the relevant local, regional, and national issues which are or could have an impact on the Trust's strategic objectives:</p> <ul style="list-style-type: none"> <li>• The Trusts Care Quality Commission (CQC) inspection report from October 2023 as been formally published with the status requires improvement. There is a strong correlation between the report and action plan. The Director of Nursing &amp; Quality/Deputy Chief Executive, Ms S Pemberton updated the Board that the CQC is keen to reassess the Trust on action progress. It was noted that the CQC inspection regime has changed since the Trust's inspection in October 2023 and there is a need to understand how this will fit together. There is an improved view with staff and areas are continuing to be work towards improvement.</li> <li>• The CQC Maternity Survey results were published on the 8<sup>th</sup> February 2024 with the Trust performing above average in the majority of areas.</li> <li>• The National Staff Survey results were published on the 7<sup>th</sup> March 2024, roadshows have taken place to update staff on the results. There was a 42% response rate. Overall, the results show a positive movement, but improvement work remains.</li> <li>• Improvement with regards to patient flow remains a significant focus for the Trust towards the 4 hour, 12 hour and ambulance handover targets.</li> <li>• Staff are encouraged with the Patient Safety Incident Response Framework (PSIRF) immediate learning and risk management work is being triangulated.</li> <li>• The Trust's Commercial Procurement Services has been accredited as a Central Commercial Function (CCF) accredited framework host.</li> <li>• The Thirlwall Inquiry was launched in October 2023, the Trust has submitted its statements to the inquiry and await to hear regarding face to face hearings in the autumn of 2024.</li> <li>• Executive Director appointment updates were provided:       <ul style="list-style-type: none"> <li>- The Director of Strategy and Partnerships, Mr J Develing has been appointed to the position and will start with the Trust on the 1<sup>st</sup> April 2024.</li> <li>- The Director of Governance, Risk and Improvement, Mrs K Wheatcroft has been appointed and will take up the role in the coming months.</li> <li>- The Chief People Officer position is to be recruited to.</li> <li>- The Chief Digital and Data Officer position is to be recruited to.</li> </ul> </li> </ul> <p><b>The Board of Directors noted the Chief Executive Officer's Report.</b></p>	
PB10/ 03/24	<p><b><u>Board Assurance Framework (BAF) – Quarter 4 2023/24</u></b></p> <p>The Director of Governance, Risk and Improvement, Mrs K Wheatcroft, presented the Quarter 4 2023/24 BAF update noting that these are the strategic risks, against the strategic objectives facing the Trust. Mrs K Wheatcroft acknowledged the further work required to refocus the areas of the BAF and that this will be progressed with the Acting Director of Corporate Affairs, Mrs L Leadsom.</p> <p>Non-Executive Director, Mr M Guymer, requested further information of the risk tolerance levels and the link to the BAF areas. Mrs K Wheatcroft confirmed the</p>	



	<p>BAF review will include a review of both the content and format to include where the Trust is striving to be. Non-Executive Director, Mr P Jones, queried the level of acceptance for risks above the residual level and Mrs K Wheatcroft confirmed that the BAF review work will support detailing this and including those involved in discussion at Board if required.</p> <p><b>The Board of Directors noted the Board Assurance Framework (BAF) – Quarter 4 2023/24 and updates provided.</b></p>	
<p>PB11/ 03/24</p>	<p><b>a) <u>Nurse Safer Staffing Report</u></b></p> <p>Th Deputy Director of Nursing, Ms M Kynaston, provided an overview of the bi-annual Nurse Safe Staffing report:</p> <ul style="list-style-type: none"> <li>• The Trust has used the national methodology and the safer nursing care tool to review nurse staffing, it has taken ten months to get to this position.</li> <li>• There is now full visibility of what our wards need and an understanding of where resources are required.</li> <li>• This has allowed the review of staffing templates to align with patient need and with these recommendations the effective move of resource can be achieved.</li> <li>• Changes were made to the Care of the Elderly Wards at the end of September 2023 as these were high risk areas and evidence show that from these staff templates no further revision is not required as they are now adequate.</li> <li>• It was noted that Neonates and the Emergency Department (ED) are not included. Neonates will be covered in a separate report and due the challenges within ED there will be a separate workforce review in ED. Once the ED workforce review is complete, they will then become part of nurse safer staffing report moving forward.</li> </ul> <p>Non-Executive Director, Ms S Corcoran, noted the assurance provided querying if the report requires any further decision from the Board of Directors. The Trust Chair, Mr I Haythornthwaite, acknowledged the assurance to realign moving forward with the right establishment. Ms M Kynaston responded that this is a foundation to build on a reset for the Trust which will allow the basis for the right budget and financial control and the reduction in the reliance of temporary staffing workforces. Ms M Kynaston confirmed that meetings will also be held with the Heads of Nursing, Matrons and Ward Managers to map the budgets in a controlled way.</p> <p><b>The Board of Directors noted the assurance provided within the report.</b></p> <p><b>b) <u>Midwifery and Maternity Safer Staffing Report</u></b></p> <p>The Director of Midwifery, Mrs N Macdonald outlined that the report is for the period of July 2023 to December 2023, using the birthrate plus live acuity tool and highlighted the following:</p> <ul style="list-style-type: none"> <li>• There is a 7.2 vacancy rate in the community and inpatient workforce with a review on the rotation service for staff.</li> <li>• There is no impact to the midwifery birthrate ratio.</li> </ul>	





	<ul style="list-style-type: none"> <li>• A supernumerary labour ward coordinator is available to maintain a helicopter view and support honest reporting.</li> <li>• There is 100% one to one care for patients in established labour.</li> <li>• The establishment of a team for the continuity of care for the most vulnerable group of patients is under review.</li> <li>• The 100% attendance for Consultants is maintained.</li> </ul> <p>Ms S Corcoran raised the number and percentage of management actions taken and Mrs N Macdonald explained that this is detailing the view from the supernumerary shift leader and details any delays in care and actions taken from any concerns.</p> <p>Non-Executive Director, Prof A Hassell, queried if there is support in place for deliveries in the community. Mrs N Macdonald confirmed that home births are supported but this is suspended if there are staffing issues, and a more sustainable method is under review. It was noted that the home birth rate for the Trust is low.</p> <p>Non-Executive Director, Mr D Williamson, requested further information relating to the birthrate plus live acuity tool and Mrs N Macdonald confirmed that this is a tool for postnatal forward planning and that it is the only tool available to use.</p> <p><b>The Board of Directors noted the assurance provided within the report.</b></p>	
<p>PB12/ 03/24</p>	<p><b><u>Maternity Survey 2023: Management Report</u></b></p> <p>The Director of Midwifery, Mrs N Macdonald, advised that the Maternity Survey 2023: Management Report had been received at the Patient, Experience and Operational Group (PEOG). It was noted that the Trust has been compared by the Local Maternity and Neonatal System (LMNS) and is within the top five in the North West and is doing exceptionally well in the region, being twenty six out of sixty one with a 'good' response rate of 42%. Mrs N Macdonald explained that the Trust has a good Equality, Diversity, and Inclusion (ED&amp;I) reputation within the department and a response rate of 98% of patients treated with 'kind'. It was highlighted that the response rate with regards to partners being able to stay at the Trust remains low due to the current building capabilities, however, that the department has extended visiting to support. Mrs N Macdonald outlines the areas of improvement noting there is an action plan in place to monitor these through the Perinatal Assurance and Improvement Board.</p> <p>The Director of Nursing &amp; Quality/Deputy Chief Executive, Ms S Pemberton, requested an update following the recent engagement event. Mrs N Macdonald confirmed the event was successful and well attended by mums and babies with experiences detailed as outstanding. Mrs N Macdonald explained that service users were complimentary regarding the elective caesarean section service and the feeding team. It was noted that there are plans to have a further evening event in May 2024 with the availability of Microsoft Teams for partners. It was confirmed that 'Black Mums of Chester' and 'international mums' are also contacted as part of this ongoing engagement. Ms S Pemberton acknowledged the importance of engagement with patients and the rich feedback this provides to enable change. Ms N Macdonald confirmed that feedback is then provided to</p>	





	<p>General Practitioners (GPs) via Rolling Half Day session, Clinician to Clinician and via Patient-Led Assessments for the Care Environment (PLACE).  <b>The Board of Directors noted the update provided.</b></p>	
PB13/ 03/24	<p><b><u>Maternity Services Quarterly Update Report – 1<sup>st</sup> October 2023 – 31<sup>st</sup> December 2023</u></b></p> <p>The Director of Midwifery, Mrs N Macdonald, outlined that the Maternity Services Quarterly Report details no exceptional trends in still birth or neonatal death rates. It was noted that there was one still birth within the reporting period due to a placental condition with no neonatal deaths reported. Mrs N Macdonald highlighted that the Trust has been commended with regards to the information leaflets available for service users and the languages available. Mrs N MacDonald confirmed that no cases have been referred to the Maternity and Newborn Safety Investigations, with the Trust remaining a remaining a positive outlier. It was noted that three cases have been reported to the Strategic Executive Information System (StEIS), two unit closes and one neonatal, the twenty nine StEIS reports are historical. The Integrated Care Board (ICB) have reviewed all the Maternity StEIS reports and the process through the Serious Incident Panel.</p> <p>Non-Executive Director, Mr D Williamson, noted the positive progress with the triangulation of the report and queried if the Trust is an outlier. Mrs N Macdonald confirmed the Trust does sit as an outlier in blood loss and when measured the Trust has increased. Mrs N Macdonald provided assurance that one of the current patient safety projects is regarding PPH, with the aim to reduce bleeding with a more personal approach against NICE guidance. The Medical Director, Dr N Scawn, added that the team is an exemplar in the region but sits as an outlier in this area due to accurately measuring their position. Non-Executive Director, Prof A Hassell, queried if there is any benefit in the department visiting another unit with positive figures for PPH. The Director of Nursing &amp; Quality/ Deputy Chief Executive, Ms S Pemberton and Mrs Macdonald agreed to discuss this following the meeting.</p> <p><b>The Board of Directors noted the update report along with the supporting documents provided.</b></p>	
PB14/ 03/24	<p><b><u>Three year Delivery Plan for Maternity and Neonatal Care</u></b></p> <p>The Director of Midwifery, Mrs N Macdonald, confirmed that the Three year Delivery Plan for Maternity and Neonatal services was published on the 30<sup>th</sup> March 2024 outlining four main themes. It was noted that this supersedes the Ockenden recommendations and are the objectives are progressing. Mrs N Macdonald added that a five year strategy for the Women and Children’s Service has been developed and will be progressed for formal approval in June 2024. It was noted that the Board of Directors will receive quarterly updates, and this will be monitored through the Perinatal Assurance and Improvement Board and Quality and Safety Committee.</p> <p><b>The Board of Directors noted the update provided.</b></p>	
PB15/ 03/24	<p><b>a) <u>CQC Inspection Report – Published 14<sup>th</sup> February 2024</u></b></p>	



The Chief Executive Officer, Ms J Tomkinson, updated that following the recent CQC inspection of the Countess of Chester Hospital NHS Foundation Trust which took place from 17th October 2023 to 16th November 2023, the final inspection report was published on the 14<sup>th</sup> February 2024. To note the areas inspected included Women's & Childrens, the Emergency Department & Urgent Care, Paediatrics, Ellesmere Port Hospital, Medical Wards and also included an additional Well Led inspection.

It was noted that a CQC Improvement Plan and consolidated Well Led Action Plan are included as agenda items 15b and 15c, to provide assurance of the progress made to date against each of the required actions. The action plans will be monitored via the Executive Directors Group and reported via each meeting of the Board of Directors. It was noted that no enforcement notice was received and that organisation improvements are required within the existing resources.

**The Board of Directors noted the contents of the published report.**

**b) CQC Improvement Plan**

The Director of Nursing & Quality/Deputy Chief Executive, Ms S Pemberton, provided an overview of progress against the actions to date for each of the domains.

Non-Executive Director, Prof A Hassell, acknowledged the work outlined within the plan and welcomed the level of assurance, as part of his role as Chair of the Quality & Safety Committee. Ms J Tomkinson referenced the complexity of the action plan and confirmed it is crucial for the Trust to not to lose sight of the underpinning patient quality and safety experience agenda.

Non-Executive Director, Ms S Corcoran, commended the clear response collated and the level of assurance provided.

The Trust Chair, Mr I Haythornthwaite, queried how the plan is monitored and reported throughout the Trust. Ms S Pemberton confirmed that this is shared at the Operational Management Board (OMB) with the expectation for Divisions to share within their areas and for all Executive Directors to share with their teams to progress there areas within the agreed timescales.

**The Board of Directors noted the assurance on the development of the CQC Improvement Plan and the progress against the plan will continue via the Executive Directors Group.**

**c) Well-Led Peer Review and consolidated Action Plan progress**

Ms S Pemberton presented the action plan and highlighted there are a number of actions due for completion in April 2024 which are being progressed via the Executive Directors and their teams. Ms J Tomkinson acknowledged the improvement in rating within this area from inadequate to requires improvement and it was noted that moving forward strong leadership, governance and decision making will support further improvement. Ms J Tomkinson added that the Director of Governance, Risk, and Improvement, LHCH, Ms K Wheatcroft will also support this further as part of her role. Ms K Wheatcroft commented that the outcome



	<p>measures require continued full focus for the delivery of action plan and for the running of the Trust.</p> <p><b>The Board of Directors noted the assurance against the consolidated action plan and that progress against the plan will continue via the Executive Directors group.</b></p>	
<p>PB16/ 03/24</p>	<p><b><u>Integrated Quality Report – Quarter 3 – 1<sup>st</sup> October 2023 – 31<sup>st</sup> December 2023</u></b></p> <p>The Medical Director, Dr N Scawn, outlined that the Integrated Quality Report collates all Quality elements into one report. Dr N Scawn noted that there has been a reduction in incidents reported although there are themes highlighted, complaints have increased slightly but are now being acknowledged in three working days and good progress is being seen with regards to claims investigations. The patient safety incident fluctuation was noted which coincides with busier periods and the Trust being in OPEL 4 status. Dr N Scawn added that Divisions meet on a daily basis to review the incidents reported in the previous twenty hour, that there are daily safety huddles and that there are weekly patient safety and learning meetings pulling all the incidents of the week together for oversight.</p> <p><b>The Board of Directors noted the contents of the report.</b></p>	
<p>PB17/ 03/24</p>	<p><b><u>Serious Incidents Report - 1<sup>st</sup> January 2024 - 31<sup>st</sup> January 2024</u></b></p> <p>The Medical Director, Dr N Scawn, confirmed that there have been no serious incidents reported in January 2024 and that moving forward the data shared in the Serious Incident Report will be included within the Integrated Quality Reports.. Dr N Scawn confirmed that there have been permanent changes following the Glaucoma lost follow up incidents and with Stroke pathways following the Stroke patient management incident. It has been suggested by the Deputy Director of Nursing &amp; Quality Governance, Ms F Altintas that the Glaucoma incidents should be grouped into one area and the Stroke incident resulting in two incidents being reported to StEIS, Glaucoma Management and Stroke Management. The Director of Nursing &amp; Quality/Deputy Chief Executive, Ms S Pemberton confirmed that work has commenced on the review of these incidents for improvement.</p> <p>The Trust Char, Mr I Haythornthwaite, queried if the monthly patient safety incident data can be benchmarked and Ms S Pemberton agreed that this data can be benchmarked going forward.</p> <p>Non-Executive Director, Mr D Williamson, queried of the time period of the report covering one month of data only and Dr N Scawn replied that this is due to the reporting cycle and in line with the Quality &amp; Safety (Q&amp;S) Committee. Dr N Scawn confirmed that the next reporting period will cover three months of data but will be included in the Integrated Quality report rather than the current separate report. Mr D Williamson expressed that he felt that the KPI should be shared with future data and Dr N Scawn agreed that benchmarking can also be incorporated as part of this report.</p> <p>Non-Executive Director, Ms S Corcoran, queried if the Trust is certain that no never events have occurred or been reported. It was confirmed that Ms F Altintas</p>	



	<p>reviews the incident reporting on a daily basis and the Chief Executive, Ms J Tomkinson, provided assurance of the mechanisms in place within the Trust for staff to raise concerns.</p> <p>Mr I Haythornthwaite queried if the Board of Directors is required to see this level of detail if it is already reported via the Q&amp;S Committee. Ms S Pemberton confirmed that detail should be through the Committee with items for escalation raised through the Committee Chair's reports to Board if required. It was noted that the Director of Governance, Risk, and Improvement, LHCH, Ms K Wheatcroft, will also support a review of reporting as part of her role.</p> <p><b>The Board of Directors:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the status of Serious incident investigations open to the Trust and progress sustained to close historical cases.</b></li> <li>• <b>Noted the strengthening of mechanisms through which learning and sharing of learning occurs.</b></li> <li>• <b>Noted the ongoing monitoring mechanism of ongoing investigations.</b></li> </ul>	
<p>PB18/ 03/24</p>	<p><b><u>Quality &amp; Safety Committee Chair's Report – 7<sup>th</sup> March 2024</u></b> (Item taken after item PB20/03/24)</p> <p>Non-Executive Director, Prof A Hassell, provided an overview of the key discussion points of the Q&amp;S Committee held on the 7<sup>th</sup> March 2024. Prof A Hassell highlighted the following items for escalation to the Board of Directors:</p> <ul style="list-style-type: none"> <li>• The Committee raised concerns following receiving the Clinical Audit Report – Quarter 3 2023/24 regarding the one hundred and nine national and local audits and only twenty eight being on track, no assurance against thirteen and fifty eight yet to be started or awaiting approval.</li> <li>• The Committee raised the Resuscitation Report received and concerns in relation to the compliance level for basic life support and the trolley compliance. It was noted that a recovery plan is to be submitted to the April 2024 Quality Governance Group.</li> <li>• The Committee received an E-Discharge Update with partial assurance, the Trust has a high number of outstanding E-Discharge correspondences spread across several specialties. It was noted that there is Executive Director Group instruction to clear this backlog by the end of April 2024.</li> </ul> <p>The Trust Chair, Mr I Haythornthwaite, requested further information relating to the issue with regards to e-discharge. The Medical Director, Dr N Scawn, detailed the historic issue with regards to the process to record on the Patient Record (EPR) system to e-discharge the patient to the GP, noting that for inpatients this is completed by the Ward Clerks but for day case patients there is no identified individual to conclude this process. Dr N Scawn added that a Task and Finish Group has been set up to understand and simplify the process. The Strategic Digital Advisor, Mr J Bradley, added that the process is to be reviewed for how the EPR system can support the process effectively, with a view for this to be resolved prior to the upcoming EPR upgrade.</p> <p><b>The Board of Directors noted the Quality &amp; Safety Committee Chair's Report.</b></p>	



<p>PB19/ 03/24</p>	<p><b><u>NHS Oversight Framework Report</u></b></p> <p>The Chief Operating Officer, Ms C Chadwick, introduced the item and provided a summary of the key performance indicators.</p> <p>Ms C Chadwick highlighted the following areas of positive assurance:</p> <ul style="list-style-type: none"> <li>• Hospital Standardised Morality Ratios (HSMR).</li> <li>• The sustained reduction is open complaints.</li> <li>• Zero Never Events.</li> <li>• Zero 78-week breaches.</li> <li>• A reduction in long waiting elective patients.</li> <li>• A Sustained reduction in Nursing agency spend.</li> </ul> <p>Ms C Chadwick highlighted the following areas requiring improvement:</p> <ul style="list-style-type: none"> <li>• Sepsis treatment.</li> <li>• The spend on medical equipment.</li> <li>• Annual appraisal compliance.</li> </ul> <p>Ms C Chadwick continued highlighting the following:</p> <ul style="list-style-type: none"> <li>• Emergency Department (ED) attendance increase, c250 on average is a 'normal' day's attendance.</li> <li>• Ambulance handover delays, this has decreased for February and March 2024 following the ED reset.</li> <li>• There have been several improvements following the ED reset but no improvement against the ED target.</li> <li>• The Urgent Treatment offer is moving into the Same Day Emergency Care building (SDEC) to support ED with the use of that footprint. Once this move is completed it should result in one hundred a day less attendances to ED.</li> <li>• A super Multi Agency Discharge Event (MADE) has taken place with internal colleagues reviewing each patient within the hospital and whether they meet the criteria to reside. Cheshire &amp; Merseyside (C&amp;M) are doing the same and feedback will be shared.</li> <li>• The Trust is on target to deliver zero 65 week waiters by the end of March 2024 and will be the only acute Trust to achieve this.</li> <li>• The cancer standard has significantly improved with the Trust having one of the best performances in C&amp;M for cancer.</li> <li>• The Trusts Diagnostic standard has improved, with work continuing within Endoscopy.</li> </ul> <p>The Director of Nursing &amp; Quality/Deputy Chief Executive, Ms S Pemberton highlighted the following in relation to nursing and quality:</p> <ul style="list-style-type: none"> <li>• There were 0 MRSA cases in February 2024.</li> <li>• There are currently 13 open complaints.</li> <li>• There were 7 C-Diff cases in February 2024 and 12 reported, at this point, for March 2024. With the main theme being due to the prescribing of antibiotics which will be raised with the Infection Prevention and</li> </ul>	





	<p>Microbiology teams to understand any issues. A harms reduction day is scheduled on the 27<sup>th</sup> March 2024 which includes C-Diff. The Medical Director, Dr N Scawn, confirmed that 11 of these cases were independent.</p> <p>The Acting Chief People Officer, Mr M Dale, highlighted that sickness absence is on a decrease across the Trust and confirmed that the Staff Wellbeing Hub is due to open in April 2024.</p> <p>The Chief Financial Officer, Mrs K Edge, updated that the Trust is on track to meet meeting the financial planned deficit for the end of the financial year 2023/24. Mrs K Edge highlighted that the Cost Improvement Programme (CIP) is a significant risk and will be taken into the new year financial planning, the Trust cash position has deteriorated, and an interim finance facility has been put in place with NHS England. The Trust Chair, Mr I Haythornthwaite, queried if the finance facility with NHS England has been approved with the Finance &amp; Performance (F&amp;P) Committee and Ms K Edge confirmed this has had F&amp;P Committee approval.</p> <p>Non-Executive Director, Ms W Williams, acknowledged the progress across all areas as outlined within the report and requested for the main improvement impacts from the report to be highlighted. Ms C Chadwick advised that the Trust is continuing to join up the areas of leadership and visibility which in turn has positively impacted on improvements.</p> <p>Non-Executive Director, Mr P Jones, queried if Betsi Cadwaladr University Health Board were involved in the super MADE event and Ms C Chadwick advised the main input is from the Flintshire Local Authority but noting this is not from a senior level and that the Flintshire numbers have reduced this month.</p> <p>Non-Executive Director, Mr D Williamson, queried if the upper and lower targets for the complaints data need adjusting within the report as it is showing as over achieving and Ms C Chadwick agreed to review this with the Strategic Digital Advisor, Mr J Bradley.</p> <p><b>The Board considered and noted the contents of the Report.</b></p>	
<p>PB20/ 03/24</p>	<p><b><u>Patient-Led Assessment of the Care Environment (PLACE) Results – 12<sup>th</sup> &amp; 13<sup>th</sup> October 2023</u></b></p> <p>The Chief Operating Officer, Ms C Chadwick, explained that PLACE is an assessment undertaken by a team of patient representatives and healthcare staff, inspecting the cleanliness, food, privacy &amp; dignity, maintenance of the environment and the dementia &amp; disability arrangements in place. The criteria included are not mandated standards, but they do represent those aspects of healthcare which patients and the public have identified as important. During the Covid-19 pandemic the decision was taken to stop these assessments at the Trust and colleagues at Liverpool Heart and Chest Hospital have supported the Trust to recommence these and supported an assessment in October 2023. It was noted that the Trust scored slightly lower than the national average and an action plan is being finalised to be monitored through the Patient, Experience and Operational Group. It was noted that Matrons are undertaking 'PLACE lite' inspections on a monthly basis to assess each other's areas.</p>	





	<p><b>The Board of Directors noted the results provided and the ongoing work to progress the action plan which will be monitored by the PLACE Committee and the Patient Experience Operational Group.</b></p>	
<p>PB21/ 03/24</p>	<p><b><u>Finance &amp; Performance Committee Chair’s Report – 27<sup>th</sup> February 2024</u></b></p> <p>Non-Executive Director, Mrs P Williams, provided an overview of the key discussion points of the F&amp;P Committee held on the 27<sup>th</sup> February 2024. Mrs P Williams highlighted the following items for escalation to the Board of Directors:</p> <ul style="list-style-type: none"> <li>• The Emergency Preparedness, Resilience and Response (EPRR) progress to achieve compliance with the standards, with a target date of September 2024 and the Committee has requested further assurance on progress at the June 2024 meeting.</li> <li>• The Women and Childrens new build. £2 million additional funding has been received for re-providing Ward 34, although there will be fewer beds. Work is in progress regarding the rephasing of capital spend and any risks will be identified. There is a potential financial risk in relation to expenditure on reinforced Autoclaved Aerated Concrete (RAAC) work undertaken which may not be recoverable</li> <li>• Non Referral to Treatment (RTT) follow up waiting list although work is being progressed to review the size of the list.</li> </ul> <p><b>The Board of Directors noted the Finance &amp; Performance Committee Chair’s Report.</b></p>	
<p>PB22/ 03/24</p>	<p><b><u>Audit Committee Chair’s Report – 21<sup>st</sup> February 2024</u></b></p> <p>Non-Executive Director, Mr M Guymer ,provided an overview of the key discussion points of the Audit Committee held on the 21<sup>st</sup> February 2024. Mr M Guymer highlighted the following items for escalation to the Board of Directors:</p> <ul style="list-style-type: none"> <li>• The investigation into Duplicate Supplier Payments, concerns were raised relating to the current procedures in place.</li> <li>• The High Level Risks report, concerns were raised regarding the lack of assurance of the timelines of the progression of the review of risks.</li> <li>• The Policy Recovery Programme and the lack of progress since the last Committee held in October 2023.</li> <li>• The low compliance rate with Conflicts of Interest declarations. It was noted that this would be raised at Executive Directors Group (EDG) to progress and improve compliance at pace. It was agreed a further update would be provided at the April 2024 Committee meeting.</li> <li>• The ‘limited assurance’ rating of the Bank &amp; Agency Staffing MIAA review. It was agreed that the Executive Lead would be invited to the April 2024 Committee meeting to discuss further.</li> <li>• The compliance rate for Fraud Training and it was noted that this would be raised with at EDG in the first instance to determine which staff members this should be mandatory for.</li> </ul> <p>The Chief Executive, Ms J Tomkinson, confirmed that there is a recommendation being taken through EDG on the 27<sup>th</sup> March 2024 with regards to the Fraud training and to agree the areas of staff that this will be mandatory for.</p>	



	<p>The Trust Chair, Mr I Haythornthwaite, highlighted the 'limited assurance' Bank &amp; Agency Staffing MIAA review report issued and Mr M Guymer confirmed this is regarding the management of 'limited assurance' reports and the Audit Committee review reports of this nature, together with the Executive Lead.</p> <p><b>The Board of Directors noted the Audit Committee Chair's Report.</b></p>	
<p>PB23/ 03/24</p>	<p><b><u>Operational Planning 2024/25</u></b></p> <p>The Chief Financial Officer, Mrs K Edge, informed the Board of Directors that a draft plan has been submitted in line with the national timetable and is awaiting formal acceptance. Mrs K Edge advised that the Trust is in the process of reviewing all budgets with the budget holders, developing the CIP, reviewing cost pressures, and working with operational colleagues to confirm levels of activity and workforce, weekly meetings are scheduled to progress. A further submission is required at the beginning of May 2024 with further work progressing internally whilst engaging at system level.</p> <p><b>The Board of Directors noted the update provided.</b></p>	
<p>PB24/ 03/24</p>	<p><b><u>Electronic Patient Record (EPR) Update Report</u></b></p> <p>The Strategic Digital Advisor, Mr J Bradley, updated the Board of Directors that the team is in a detailed planning stage with Cerner regarding the upcoming EPR upgrade. Mr J Bradley explained that progress updates and assurance will be reported through the F&amp;P Committee and a Project Manager has also commenced to support this.</p> <p>The Trust Chair, Mr I Haythornthwaite, highlighted the need to ensure users are also involved as part of this to support the upgrade roll out across the Trust.</p> <p><b>The Board of Directors noted the update provided.</b></p>	
<p>PB25/ 03/24</p>	<p><b><u>National Staff Survey 2023 National Benchmark Report (including Employee Engagement Plan)</u></b></p> <p>The Acting Chief People Officer, Mr M Dale, updated the Board of Directors that although improvement has been seen there are areas requiring further improvement and themes are shown within the report. Mr M Dale explained that the next step is the development of an engagement plan which the Head of Organisation Development, Ms F Jones, is developing together with the Divisions. It was noted that the plan will be shared with the Executive Directors Group on the 10th April 2024 and will include corporate themes and divisional actions.</p> <p>Non-Executive Director, Ms S Corcoran, raised concerns will regards to equality standards and an upward trend and Mr M Dale provided assurance that the Equality, Diversity, and Inclusive Steering Group are reviewing these areas in detail and recognise that this is a key area for improvement.</p> <p><b>The Board of Directors noted the updated provided within the report.</b></p>	



<p>PB26/ 03/24</p>	<p><b><u>People &amp; Organisation Development Committee Chair’s Report – 13<sup>th</sup> February 2024</u></b></p> <p>Non-Executive Director, Ms P Williams, provided an overview of the key discussion points of the People &amp; Organisation Development Committee held on the 13<sup>th</sup> February 2024. Ms P Williams advised that no items were agreed to be highlighted for escalation to the Board of Directors.</p> <p><b>The Board of Directors noted the People &amp; Organisation Development Committee Chair’s Report – 13<sup>th</sup> February 2024.</b></p>	
<p>PB27/ 03/24</p>	<p><b><u>Freedom to Speak Up - Update Report</u></b></p> <p>The Freedom to Speak Up (FTSU) Guardian, Ms H Ellis, provided a summary with regards to FTSU and highlighting the following:</p> <ul style="list-style-type: none"> <li>• Two years ago, there were eight to ten concerns raised a quarter, last quarter there were thirty seven concerns raised.</li> <li>• There are trends around behaviours such as staff feeling uncomfortable talking to colleagues and managers. Staff are being reassured that the Trust will not tolerate people causing detriment within a department or to their colleagues.</li> <li>• There is a lot of work to do with regards to the management of expectations, noting that FTSU is not an informal service and there is a policy to be followed.</li> <li>• The FTSU Guardians and Champions are developing with the Champions Network. This has strengthened with forty six now in place and there activity is being recorded.</li> <li>• Freedom to Speak Up training is now mandatory for all staff.</li> </ul> <p>The Trust Chair, Mr I Haythornthwaite, acknowledged the importance of FTSU and the mechanisms in place across the Trust.</p> <p>Non-Executive Director, Ms W Williams, queried of the process when concerns are heard. Ms H Ellis replied that the Champions role is to be the first point of contact and if the concern is escalated to them, it becomes about what the individual wants to do moving forward. If there are themes emerging in any areas these can be highlighted. There is the possibility for the individual to escalate concerns to Human Resources (HR). Ms W Williams asked if FTSU is involved in the Civility Roadshows and Ms H Ellis confirmed that she is linking in with the Head of Leadership, Talent &amp; Skills, Ms L Gresty for any themes as well as from the NHS staff Survey.</p> <p>The Director of Nursing &amp; Quality/Deputy Chief Executive, Ms S Pemberton, informed the Board of Directors that she has been involved in a number of listening events and reiterated that it is positive to see the higher number of concerns being raised. It was noted that the Chief Executive, Ms J Tomkinson, shares the Trusts pledge at all Team Briefs.</p>	



	<p>Non-Executive Director, Prof A Hassell, queried the approach if any individual is reported. The Acting Chief People Officer, Mr M Dale. responded that if an individual is named from a number of sources the team can try to gain permission to raise the issues with that individual, noting there is a fair approach followed in these cases.</p> <p>Non-Executive Director, Mr D Williamson, queried if the civility roadshows include teaching staff to have open conversations and challenge if felt necessary and Mr M Dale confirmed that the roadshows pick up the themes and are listening events.</p> <p><b>The Board of Directors noted the report and assurance that local Freedom to Speak Up arrangements are in place and continue to meet best practice.</b></p>	
<p>PB28/ 03/24</p>	<p><b><u>Items for noting and receipt</u></b></p> <p><b>The Board of Directors noted the following minutes which had been approved by the relevant Committees:</b></p> <ul style="list-style-type: none"> <li>a) Approved minutes of the Quality &amp; Safety Committee – 15th January 2024</li> <li>b) Approved minutes of the People &amp; Organisation Development Committee – 13<sup>th</sup> December 2024</li> <li>c) Approved minutes of the Finance &amp; Performance Committee – 22<sup>nd</sup> November 2023 and 20<sup>th</sup> December 2023</li> <li>d) Approved minutes of the Audit Committee – 17<sup>th</sup> October 2024</li> <li>e) Approved minutes of the Operational Management Board (OMB) – 21<sup>st</sup> December 2023 and 25<sup>th</sup> January 2024</li> </ul> <p>Non-Executive Director, Mr D Williamson raised the e-roster system following discussion at OMB querying that the right processes are in place to get the right system for value for money. The Acting Chief People Officer, Mr M Dale replied that there are a number of issues with e-rostering with the medical and nursing workforce which is a longer term piece of work at regional level, and it is not at a stage to move forward with at present. Mr M Dale confirmed that the correct process, when at the correct point, will be followed.</p> <p><b>The Board of Directors noted the following items:</b></p> <ul style="list-style-type: none"> <li>f) Board Workplan 2024/25</li> <li>g) CMAST Updates January 2024 &amp; February 2024</li> <li>h) A Framework of Quality Assurance for Responsible Officers and Revalidation - Annual Board Report and Statement of Compliance</li> </ul>	
<p>PB29/ 03/24</p>	<p><b><u>Any Other Business</u></b></p> <p>Non-Executive Director, Mr P Jones, queried how the positive reports received at the Board of Directors are communicated wider and the Chief Executive Officer, Ms J Tomkinson, confirmed that they are communicated through the weekly Chief Executive Blog and monthly Team Brief sessions. It was noted that more positive news stories are starting to be shared wider outside of the Trust also.</p>	
<p>PB30/ 03/24</p>	<p><b><u>Questions from Governors and members of the public relating to items on the meeting agenda</u></b></p>	



	No questions were raised.	
PB31/ 03/24	<b><u>Closing remarks</u></b> The Trust Chair, Mr I Haythornthwaite, thanked the Board members for their input into the discussions.	
PB32/ 03/24	<b><u>Date &amp; Time of next meeting</u></b> The next public meeting of the Board of Directors will be held on the Tuesday 4 <sup>th</sup> June 2024 (timings to be confirmed).	

Approved 4th June 2024



**PUBLIC MEETING OF THE BOARD OF DIRECTORS (PUBLISHED ITEMS)**  
**Tuesday 4<sup>th</sup> June 2024, 8.30am – 11.30am**  
**Boardroom, 1829 Building**

**A G E N D A**

**Chair:** Mr I Haythornthwaite

**Apologies:** Ms S Corcoran, Non-Executive Director, Mr P Jones, Non-Executive Director, Mr J Bradley, Chief Digital and Data Officer and Mrs D Herring, Interim Chief People Officer

Time	Agenda Number	Agenda Item	Lead	Page Number	Decision Required
<b>FORMAL BUSINESS</b>					
8.30 am	1.	Welcome, apologies and Chair's opening remarks (verbal)	Trust Chair		For noting
8.30 am	2.	Declarations of Conflicts of Interest with agenda items (verbal)	Trust Chair		For noting
8.30 am	3.	Patient Story (to be presented on the day)			
8.40 am	4.	Service Showcase – Milk Bank (to be presented on the day)			
8.55 am	5.	Minutes of the previous meeting held on 26 <sup>th</sup> March 2024 (attached)	Trust Chair		For approval
9.00 am	6.	To consider any matters arising and action log (attached)	Trust Chair		For noting
9.05 am	7.	Chief Executive Officer's Report (attached)	Chief Executive Officer		For noting
<b>QUALITY OF CARE</b>					
9.15 am	8.	Maternity Service Update – Quarter 4 2023/24 (attached)	Director of Midwifery		For assurance & for noting
9.25 am	9.	Integrated Incidents, Complaints, Claims and Inquests Quarter 4 2023/24 (attached)	Director of Nursing & Quality / Deputy Chief Executive		For assurance & for noting
9.35 am	10.	a) CQC Improvement Plan (attached)	Director of Nursing & Quality / Deputy Chief Executive		For assurance
		b) Consolidated Well Led Action Plan (attached)	Director of Nursing & Quality /		For assurance





			Deputy Chief Executive		
9.45 am	11.	Quality & Safety Committee Chair's Report – 30 <sup>th</sup> April 2024 (attached)	Non-Executive Director		For assurance
9.50 am	12.	Striving for Excellence Ward Accreditation Programme (attached)	Director of Nursing & Quality / Deputy Chief Executive		For approval
<b>Comfort Break – 10.00am – 10.10am</b>					
<b>OPERATIONAL PERFORMANCE</b>					
10.20 am	13.*	IR(ME)R Inspection - Nuclear Medicine submitted action plan and closure Letter and (attached)	Chief Operating Officer		For noting
<b>FINANCE, USE OF RESOURCE AND PERFORMANCE</b>					
10.20 am	14.	Finance & Performance Committee Chair's Report – 17 <sup>th</sup> April 2024 (attached)	Non-Executive Director		For assurance
10.25 am	15.	Audit Committee Chair's Report – 16 <sup>th</sup> April 2024 (attached)	Non-Executive Director		For assurance
<b>LEADERSHIP, IMPROVEMENT, CAPABILITY, ORGANISATION DEVELOPMENT AND PEOPLE</b>					
10.30 am	16.	People & Organisation Development Committee Chair's Report – 9 <sup>th</sup> April 2024 (attached)	Non-Executive Director		For assurance
10.35 am	17.*	Council of Governors Update Report (attached)	Director of Governance, Risk & Improvement		For noting
<b>GOVERNANCE</b>					
10.35 am	18.	Revised Terms of Reference: People & Organisation Development Committee, Audit Committee, Quality & Safety Committee and Finance & Performance Committee (attached)	Director of Governance, Risk & Improvement		For approval
10.45 am	19.	a) Fit and Proper Person checks Report (attached)	Director of Governance, Risk & Improvement		For assurance
		b) Board of Directors – Register of Interests (attached)	Director of Governance, Risk & Improvement		For noting



10:55 am	20.	Non-Executive Director Roles (attached)	Trust Chair		For approval
<b>ITEMS FOR NOTING</b>					
11.05 am	21.	<p>Items for noting and receipt (attached):</p> <p><b><u>Sent under separate cover:</u></b></p> <p><b>Minutes of Committee Meetings:</b></p> <ul style="list-style-type: none"> <li>a) Approved minutes of the Quality &amp; Safety Committee – 7<sup>th</sup> March 2024</li> <li>b) Approved minutes of the People &amp; Organisation Development Committee – 13<sup>th</sup> February 2024</li> <li>c) Approved minutes of the Finance &amp; Performance Committee – 27<sup>th</sup> February 2024</li> <li>d) Approved minutes of the Audit Committee – 21<sup>st</sup> February 2024</li> <li>e) Approved minutes of the Operational Management Board – 28<sup>th</sup> March 2024</li> <li>f) Research and Innovation Committee Chair’s Report – 3<sup>rd</sup> May 2024</li> </ul> <p><b>Other items:</b></p> <ul style="list-style-type: none"> <li>g) Board of Directors Workplan 2024/25</li> <li>h) CMAST Briefing – March 2024</li> <li>i) CMAST Trust Board Update – April and May 2024</li> </ul>	Trust Chair		For noting
<b>OTHER ITEMS</b>					
11.10 am	22.	Any Other Business (verbal)	Trust Chair		For noting
11.15 am	23.	<p>Questions from Governors and members of the Public relating to items on the meeting agenda - <b><i>Questions to be submitted in writing in advance of the meeting to: <a href="mailto:coch.membershipenquiriescoch@nhs.net">coch.membershipenquiriescoch@nhs.net</a> by Friday 31<sup>st</sup> May 2024.</i></b></p>	Trust Chair		For noting
11.25 am	24.	Closing remarks (verbal)	Trust Chair		For noting
11.30 am	25.	<p><b>Date &amp; Time of next meeting:</b> The next public meeting of the Board of Directors will be held on the Tuesday 30<sup>th</sup> July 2024.</p> <p><b>Future Dates:</b> Tuesday 24<sup>th</sup> September 2024 Tuesday 26<sup>th</sup> November 2024</p>			For noting



		Tuesday 28 <sup>th</sup> January 2025 Tuesday 25 <sup>th</sup> March 2025			
--	--	--	--	--	--

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



## Committee Chair’s Report

<b>Committee:</b>	Quality & Safety Committee
<b>Date of meeting:</b>	30 <sup>th</sup> April 2024
<b>Chair:</b>	Professor Andrew Hassell, Non-Executive Director

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

<b>ALERT</b>
<p><b>NatSSIPs and LocSSIPs</b> – The Committee felt there was limited assurance provided as the Trust is significantly behind other organisations in terms of a consistent approach, audit of compliance and assurance. It was agreed for a further update to be provided to the September 2024 meeting. It was noted that assurance has also been requested by the Integrated Care Board (ICB) in these areas, for the ICB contract meeting to be held in May 2024.</p> <p><b>Resuscitation Trolley Compliance</b> – The Committee felt there was limited assurance provided as trolley compliance remains below the 90% target for the past 7 months. It was noted that this has been escalated via the Operational Management Board (OMB) for the Divisions to progress.</p> <p><b>Transfusion Training Compliance</b> – The Committee felt there was limited assurance provided as the compliance rate remains at an unacceptable level (42%) and the pace to address compliance is of concern.</p> <p><b>Clinical Audit</b> - Concerns were raised that 34 audits if 2023/24 have no assurance or are overdue. It was agreed for the Committee to receive an update paper at the July 2024 meeting detailing the current clinical audit process and where it aspires to be in confirming the audits to take place.</p> <p><b>Unendorsed Results</b> –The Committee felt there was limited assurance as there remains a large volume of unendorsed results (57,917), with some dating back to July 2021 and clinical incidents have also been reported in relation to unendorsed results and communication of urgent results. It was agreed for the Committee to receive a further update at the July 2024 meeting, to include further detail relating to timescales or overdue results.</p>
<b>ASSURE</b>
<p>The Committee noted contents of the Key Risks and Assurance report from the Quality Governance Group held on the 4<sup>th</sup> April 2024. The follow items were noted:</p> <ul style="list-style-type: none"> <li>• Performance Dashboard was noted as moderate assurance. C-Difficile performance, MUST and e-Discharge compliance and pressure ulcer and falls risk assessments were highlighted. It was agreed that the Committee would</li> </ul>

receive a further CDifficile performance update at the next meeting to be held in July 2024.

- NEWS2 Compliance was noted as moderate assurance.
- Fasting Compliance was noted as limited assurance and it was agreed that the next update is expected to detail that the audit programme is established and would be monitored via the Quality Governance Group.
- Ward Accreditation was noted as moderate assurance.
- NHS England Cancer Survey Results and Action Plan were noted as significant assurance.
- CQUIN Quarter 3 2023/24 report was noted as moderate assurance.
- Emergency Department/Urgent Care Patient Safety Action Plan – Quarter 3 2023/24 was noted as moderate assurance. It was agreed for the Committee to receive an update presentation at the next meeting to be held in July 2024 with regards to the NEWS2 compliance improvements.
- 6 Steps to patient safety was noted as moderate assurance.
- The Deteriorating Patient Annual Report was noted as moderate assurance. It was agreed that the training compliance report would be provided to the next meeting to be held in July 2024.
- The Falls Annual Report was noted as moderate assurance.
- The Translation Service Annual Assurance was noted as limited assurance. It was agreed that the Committee would receive a further update on the service at the meeting to be held in September 2024.
- The Draft Quality Accounts were presented and it was noted as moderate assurance.
- The CQC Action Plan was noted as moderate assurance.
- Nutrition and Hydration Group noted as limited assurance. The Committee is to receive an update on the service at the September 2024 meeting.
- Resuscitation Training compliance was noted as moderate assurance.
- The Patient Safety and Learning report was noted as limited assurance.

The Committee received a presentation regarding implementing the nursing observations (OBS) Cymru pathway and Postpartum Hemorrhage (PPH) quality improvement journey at the Trust with the possibility of raising a blood loss survey with the Care Quality Commission (CQC) with the region to align processes.

The Committee received a Maternity Service Quarterly update, and it was agreed that future reports would include benchmarking data regarding the number of NHS Claims in this area.

The Committee acknowledged the assurance provided with regards to PSIRF implementation and noted that updates will be included in future Integrated Quality Reports.

#### **ADVISE**

The Committee received a patient story.

The Committee noted the contents of the System Oversight Framework/Dashboard.

The Committee noted the update provided relating to the Audit Tracker.

The Committee noted the current position of the Quality Impact Assessments (QIA).

The Committee received the Draft Quality Account 2023/24 and it was agreed that a further updated version would be provided to members by the end of May 2024. The Committee received the Quarter 4 Board Assurance Framework (BAF) 2023/24 update, noting that this is currently being reviewed further and that an updated version is due to be presented to the Executive Directors Group and the Board of Directors, as part of the next steps.

The Committee noted the IRMER Action Plan submitted to the Care Quality Commission (CQC), which will be monitored by the Radiology Head of Department monthly meeting and the CQC IRMER inspection of the Trust closure letter.

The Committee noted the following items:

- Quality & Safety Committee Work plan.
- Quality Governance Group Minutes – 1<sup>st</sup> February 2024.
- Cancer Services Committee Chairs Report – 19<sup>th</sup> March 2024.
- Quality & Safety Committee - updated Terms of Reference.

#### **RISKS DISCUSSED AND NEW RISKS IDENTIFIED**

No new risks were identified.





## Committee Chair’s Report

<b>Committee:</b>	Finance and Performance Committee
<b>Date of meeting:</b>	17 <sup>th</sup> April 2024
<b>Chair:</b>	Non-Executive Director, Pam Williams

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

<b>ALERT</b>
<ul style="list-style-type: none"> <li>• There were no new items agreed for escalation to the Board from the Committee.</li> </ul>
<b>ASSURE</b>
<ul style="list-style-type: none"> <li>• System Improvement Board (SIB) – The Trust has been working to a revised criteria which was re-baselined as per the current position following the outcome of the Care Quality Commission (CQC) inspection. It was noted that the Trust continues to deliver at pace against the exit criteria with a view to full exit in September 2024.</li> <li>• The Committee received a report on performance relating to relevant elements of the NHS Oversight Framework for February 2024.</li> </ul>
<b>ADVISE</b>
<ul style="list-style-type: none"> <li>• EPRR – Work continues in support of compliance with core standards (due for completion by September 2024) which includes:             <ul style="list-style-type: none"> <li>• Training for On Call Managers/On Call Executives</li> <li>• A review of the Major incident plan is underway and action cards have been refreshed for the control centre.</li> <li>• Training has been offered from North West Ambulance Service (NWS)</li> <li>• A Business Continuity Group is now in place with the first meeting held in April 2024.</li> <li>• Business Continuity training for identified leads across the Trust is scheduled for April – June 2024.</li> </ul> </li> <li>• Laboratory Information Management System (LIMS) – A business case was re-presented to the Committee to review implications, risks and benefits to enable a decision to be made under previously agreed delegated authority from the Board of Directors . The Committee was supportive of the collaborative approach, however, felt that there was insufficient assurance to make a final decision. Further assurance was requested in relation to the 12 risks identified with mitigations to be included. To note, a further single item Finance &amp; Performance Committee was held on the 26<sup>th</sup> April 2024 with an updated risk information provided and it was confirmed that all risks identified have been further reviewed and mitigations and plans have been incorporate, together with allocated owners</li> </ul>

against each of the areas. The Committee confirmed approval of the recommendations within the report and to support the formal approval of the business case.

- The Committee noted the updates provided in relation to progress with MIAA recommendations and reports relating to Finance, Performance, Digital and Data.
- The Committee noted the updates to the Board Assurance Framework for Quarter 4 2023/24, noting that the newly appointed Director of Governance, Risk & Improvement will further review the content and format of the BAF to ensure alignment with risk tolerance levels.
- The Committee received an update relating to Cyber Security and noted measures being rolled out across the Trust to mitigate risks identified.
- The Committee noted the Month 12 (March 2024) financial update in which it was reported that the Trust delivered the planned deficit of £25.2 million. However, it was noted that utilisation on non-recurrent contingencies are required to achieve that position.
- The Committee noted the cash position at the end of March of £12.2 million. However, this required draw down of emergency cash support. Further draw down for April 2024 has been approved. However, change in guidance requires a further process to be followed for May and June 2024 for cash draw down.

The Committee noted the following items:

- SBAR – Reconciliation of data submission to Secondary Users System (SUS)
- Electronic Patient Record (EPR) Update
- Finance Strategy update
- Finance Report – Month 12 2023/24
- Clinical Waste update.

#### **RISKS DISCUSSED AND NEW RISKS IDENTIFIED**

No new risks were identified.



## Committee Chair’s Report

<b>Committee:</b>	People & Organisation Development Committee
<b>Date of meeting:</b>	9 <sup>th</sup> April 2024
<b>Chair:</b>	Ms Wendy Williams, Non-Executive Director

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

<b>ALERT</b>
<ul style="list-style-type: none"> <li>• The Committee received an update with regards to the Leadership Development Programmes Implementation, which was highlighted as risk for the available funding to deliver the programmes. It was agreed to bring back actions taking place back to the Committee.</li> <li>• The Committee received the Employee Wellbeing – Annual Report with concerns raised within the Committee regarding the cohort of international nurses and their pastoral care, c350 staff members.</li> </ul>
<b>ASSURE</b>
<ul style="list-style-type: none"> <li>• The Committee received and noted the Board Assurance Framework (BAF) Quarter 4 2023/24 update provided for areas specifically relating to people and organisation development. The Committee agreed not to reduce the rating for BAF 3 Staff Engagement following the Staff Survey Results.</li> <li>• The Committee noted the assurance provided from the Workforce Dashboard.</li> <li>• The Committee received the Nursing Establishment Review (excluding ED) noting the assurance to the patient experience and reducing harm.</li> </ul>
<b>ADVISE</b>
<ul style="list-style-type: none"> <li>• The Committee noted the Chief People Officer report and the key updates provided.</li> <li>• The Committee received a staff story from the Laura Atherton, Milk Bank Operational Manager – Milk Bank Chester.</li> <li>• The Committee received a deep dive presentation relating to the National Staff Survey 2023 National Benchmarking Report (including Employee Engagement Plan. It was agreed for the Committee to review this again in advance of the October 2024 Survey.</li> <li>• The Committee noted the System Improvement Board (SIB) - Exit Criteria (February 2023) and the positive position against the agreed exit criteria.</li> <li>• The Committee received a Workforce Planning Update.</li> </ul>

- The Committee received an update regarding the Apprenticeship & Levey Spend Report – February 2024, the Committee agreed to receive a follow up update with regards to the Levy and its maximisation.
- The Committee received the updated Audit Tracker noting the ESR Payroll Review Assignment Report 2023/24 HR & Wellbeing Service ESR Payroll Review 2023/24
- The Committee received an Equality Delivery System 2023/24 update with agreement for a further update at the next Committee detailing timeframes for deliverables.
- The Committee noted the Strategic Workforce Group Chair's Report from the meeting held on the 27<sup>th</sup> February 2024.
- The Committee noted the Equality, Diversity, and Inclusion Strategy Group Chair's Report from the meeting held on the 19<sup>th</sup> March 2024.
- The Committee noted the following items:  
 Joint Local Negotiating & Consultation Committee (JLNC) Minutes – 14<sup>th</sup> September 2023  
 Health & Safety Committee Chair's Report – 21<sup>st</sup> March 2024  
 Partnership Forum Minutes – 7<sup>th</sup> December 2023  
 Equality, Diversity & Inclusion Steering Group Minutes – 25<sup>th</sup> January 2024  
 Strategic Workforce Group Minutes - 23<sup>rd</sup> January 2024  
 People & Organisation Development Workplan 2024/25  
 People & Organisation Development Terms of Reference

#### **RISKS DISCUSSED AND NEW RISKS IDENTIFIED**

There were no new risks discussed or identified by the Committee.



## Committee Chair’s Report

<b>Committee:</b>	Audit Committee
<b>Date of meeting:</b>	16 <sup>th</sup> April 2024
<b>Chair:</b>	Mr Mick Guymer, Non-Executive Director

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

<b>ALERT</b>
No areas of alert were discussed or identified.
<b>ASSURE</b>
<ul style="list-style-type: none"> <li>• The Committee received an update with regards to the Bank and Agency Review Final assessment Report 2023/24 which received limited assurance from Mersey Internal Audit Agency (MIAA). The Committee felt assured with regards to the updates provided and progress made relating to the nursing aspects, however, were not assured with regards to the medical aspects. The Committee is to receive a further update with regards to the Medical Staffing elements in July 2024.</li> <li>• The Committee reviewed and approved the Head of Internal Audit Opinion Report 2023/24, noting that the overall opinion provides moderate assurance.</li> </ul>
<b>ADVISE</b>
<ul style="list-style-type: none"> <li>• The Committee received and reviewed the draft Annual Governance Statement 2023/24.</li> <li>• The Committee received a verbal update regarding the progress of the draft Annual Report 2023/24 and the Quality Account Report 2023/24. It was agreed that a copy of the draft documents would be provided by the end of May 2024 to allow time for review &amp; comments to be provided ahead of the Extraordinary Audit Committee and Board of Directors to be held on the 25<sup>th</sup> June 2024.</li> <li>• The Committee noted the Anti-Fraud Annual Report 2023/24.</li> <li>• The Committee reviewed and approved the External Audit Significant Risk Update and VFM Risk Assessment for the year ending 31<sup>st</sup> March 2024.</li> <li>• The Committee noted the External Audit KPMG Health Technical Update.</li> <li>• The Committee noted the Board Assurance Framework (BAF) Quarter 4 2023/24 update report and the High Risks Update report, noting that the content and format of the BAF is currently being reviewed further and will be shared with Executive Directors Group and then to the next Board of Directors to be held on the 4<sup>th</sup> June 2024.</li> <li>• The Committee received an update of the Declarations of Interest Compliance, including improvements which have been made to the process for monitoring and</li> </ul>

following up outstanding compliance. It was noted that this will be monitored via the People and Organisation Development Committee.

- The Committee reviewed the Register of Interests which is presented to the Committee on an annual basis.
- The Committee received an update with regards to the Out of Date Policy Review and recovery programme and it was agreed for the content of this report to be reviewed further to ensure this addresses the initial concerns raised by the CQC and it was agreed that an updated report would be shared with the Committee via e-mail (noting the next Committee is not due to be held until July 2024).
- The Committee received an update with regards to the investigation into duplicate supplier payments & requested that MIAA bring this forward as part of their financial systems review for 2024/5.
- The Committee reviewed and approved the Significant issues in finalising the Financial Statements for year ending 31<sup>st</sup> March 2024, subject to minor changes.
- The Committee reviewed and approved the Accounting Policies.
- The Committee reviewed and approved the Internal Audit Plan for 2024/25.
- The Committee received an update with regards to the MIAA – Premium Pay and Service Review – Estates Assignment Report 2023/24 noting assurance will be received and monitored via the Finance & Performance Committee.
- The Committee noted the Internal Audit Charter and Progress Report noting the following published reports.
  - Risk Management - Core Controls Reviews Assignment Report 2023/24
  - Assurance Framework Review Assignment Report 2023/214
  - ESR Payroll Review Assignment Report 2023/24
  - HR & Wellbeing Service ESR Payroll Review Assignment Report 2023/24.
- The Committee received the Internal Audit Follow Up Report, Audit Tracker and MIAA NHS Monthly Insight Report for the period of February 2024.
- The Committee noted the update with regards the revised Global Internal Audit Standards.

The Committee received and noted the agendas & Chair's reports of the following Committees:

- Finance & Performance Committee - Agenda 27<sup>th</sup> February 2024 and Chair's Report 27<sup>th</sup> February 2024
- People & Organisation Development Committee - Agenda 9<sup>th</sup> April 2024 and Chair's Report 13<sup>th</sup> February 2024
- Quality & Safety Committee - Agenda 7<sup>th</sup> March and Chair's Report 7<sup>th</sup> March 2024

The Committee received and noted the following items:

- Draft Business Cycle 2024/25
- MIAA NHS Monthly Insight Report – March 2024
- MIAA News – March 2024
- TIAN News – March 2024

#### **RISKS DISCUSSED AND NEW RISKS IDENTIFIED**

No new risks were discussed or identified.