Countess of Chester Hospital NHS Foundation Trust

Committee Chair's Report
Thursday 23rd January 2025, 8.00am – 1.00pm
Boardroom, 1829 Building

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

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

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

- Nothing to alert to the Board, all areas were aligned to the System Oversight Framework (SOF) and wider Board reporting.

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

- Update from the Acquired Brain Injury working group including benchmarking from other Trusts and next steps to develop policy, collaborate with clinicians and agree leadership and coordination, and seek an update from the Cheshire & Merseyside (C&M) commissioning review.
- Update on Trust position in implementing Marthas Rule, which as part of a national pilot we have introduced through our outreach team for 3 adult patient wards and a Trust wide roll out planned for April 2025.
- Trust operational performance, financial position and people update. Operational update included C&M profile, some key updates on cancer, diagnostics and waiting times, and Urgent Emergency Care (UEC) with the Trust focus on 72 hour Emergency Department (ED) breaches and importance of being proactive and accountable for this.
- Review of Quality & Safety performance, incidents, hand hygiene audit findings, safeguarding training compliance and a planned webinar on the Mental Health Capacity Act.
- Financial performance with current position £7.7M under performance against planned deficit impacted by Public Inquiry (now received confirmation this will be funded), under-funding of pay award, and undelivered Cost Improvement Programme (CIP) (partially off-set by underspends in other areas).
- People update on workforce plan monitoring, people related Key Performance Indicators (KPIs), variable pay, and people risks. Early staff survey results including an increase in completion rates and improvements across a number of areas. Full survey results and feedback will be reviewed, shared and action plans developed.
- Divisional risk and performance reports received with a range of assurances across all areas of quality, people, operational performance, and finance. Updates demonstrated a lot of work taking place across Divisions on the quality improvement workstreams (including pressure ulcers, falls, Infection Prevention & Control (IPC), risk assessment), mandatory training compliance (including safeguarding and resuscitation), e'discharge completion, finance performance (including CIP), operational performance, thematic reviews, and Patient Safet Incident Investigation (PSIIs), and digital developments (including

patient portal). Specific areas of action include mandatory training action plans, ACA approval processes, Emergency Department and hospital flow, stroke coordinators, sickness absence, radiology results to GPs, and pharmacy clinical services KPI performance.

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

- OMB supported a high level proposal for the Therapies estate and medical wards to establish a stroke unit with greater space, closer to ED, increase in beds and ambulatory area, trolley space and better therapy space. Further work needed at pace to ensure timeframes are met for decant and within agreed financial envelope.
- Haematology workforce and ward 60 business case supported, with clear benefits for our patients and staff, and anticipated income exceeding investment.
- Update on the development of the clinical strategy including clinical engagement, 'we will' statements and proposed structure for the strategy which will be finalised and launched in April 2025.

Risks discussed and new risks identified

- Risk Management improvement plan update and high risks report (noting that Divisional risks were reviewed at Risk Management Committee (RMC) in January 2025). Making progress but significant work still to do.