Countess of Chester Hospital NHS Foundation Trust

Committee Chair's Report
Thursday 24 April 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)*

- No alerts to the Board of Directors recognising the key areas discussed are already sighted through the Board of Directors and/or Assurance Committees.

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

- The Association for Perioperative Practice (AfPP) update on progress against the action plan with a revisit expected May 2025. Still some actions to be fully completed and a number of audits progressing.
- Divisional performance and governance:
  - Diagnostics and Clinical Support Division update included work on outpatient room utilisation, pharmacy Key Performance Indicators (KPIs), and the focus on Cost Improvement Programme (CIP) schemes which are being developed including laboratory practices, private patients, allergy testing, workforce rotas and demand management.
  - Urgent Care Division update included quality improvements (recognising there is more work to do), focus on E-discharge compliance, diagnostics waiting times DM01 performance (Echo and Gastroscopy), cardiology Referral to Treatment (RTT), financial performance, and improvements to governance.
  - Planned Care Division update included quality improvements (recognising there is more work to do), focus on improving processes and compliance, and an update on vascular services requested for the next meeting. CIP plans including theatre utilisation, service reviews and private patient's opportunities.
  - Therapies and Integrated Community Care Division update included improvements in RTT (recognising still work to do), therapies staffing pressures, working with partner organisations, Non criteria to reside support required, increased funding for beds at Pinetum, opportunity on re-enablement services and community collaborations, Tarporley and Ellesmere Port Hospital Patient-Led Assessments of the Care Environment (PLACE) inspection results and the request for assurance on the action plan at the next meeting.
  - Women and Children's Division update included incident reviews, national influence through the milk bank work, reductions in gynae cancer referrals, risks regarding obstetrics and gynae consultant staffing, follow up waiting list validation, and updates to risk register with actions required including assurance on security.

Advise *(items presented for the Board's information)*
• Urgent Emergency Care (UEC) leadership development session (23rd April) supported by national experts with a focus on how they will lead the changes needed, including specific actions on roles and responsibilities, setting expectations and standards, culture and behaviours. We will work together to support them to deliver the agreed next steps and demonstrate the outcomes from this. • Human Resources & Wellbeing Board update including local pharmacy provision, Cheshire West plan refresh, and devolution. • Overview of Care Quality Committee (CQC) warning notice following UEC inspection (February 2025) and action taken. Whilst the report has not yet been shared, the CQC have rejected our representation on publication and have confirmed the warning letter will be published. • Received an update on the Trust's operational performance, Quality & Safety, finance and people. Trust performance overview included the work ongoing to review the operational plan and specifically RTT including the specific specialties that need greater focus and ambition, and a report was requested for OMB next month. Annual planning and CIP had been a focus of the extraordinary meeting on 23rd April 2025. • Received full draft of the clinical strategy which has been brought together as a single document from all the sessions and feedback provided.
Risks discussed and new risks identified
• Number of non-criteria to reside patients' risk on Therapies & Integrated Community Care (TICC) risk register has been increased from 12 and is now on the high risk register. • Financial challenges and risks discussed following the extraordinary session with senior leaders on 23rd April 2025. • Discussed risk management improvement plan, high risk report and the need to continue to develop the embed risk management locally.

Committee Chair's Report

Tuesday 22nd April 2025, 9.30 – 13.00, Boardroom 1829 Building

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

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

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

- No areas to alert to the Board of Directors.

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

- The Committee received the Committee Effectiveness reports and presentations from each of the Assurance Committee Chairs confirming delivery against Terms of Reference (TOR). The Audit Committee's own annual report was also reviewed. These would be reported to the Board of Directors for assurance along with any revisions to the TOR for approval. It was agreed that the reporting to the Audit Committee for 25/26 would comprise AAA reports and annual committee effectiveness reports.
- The Committee received and reviewed the External Audit significant risk update and value for money (VFM) Risk Assessment; there were no surprises to the Committee from the report.
- A newly formatted External Audit Health Technical Update was received.
- The Head of Internal Audit Opinion 2024/25 provided moderate/substantial assurance based on the work completed by internal audit across the year, the approach the Trust had to using internal audit and the implementation of action plans.
- Internal Audit Progress report including **moderate assurance** for Patient Safety Incident Response Framework (PSIRF) and **substantial assurance** for System Oversight Framework (SOF) data quality for Urgent Emergency Care (UEC) targets, ESR Human Resources (HR)/Payroll, HR & Wellbeing Services (HRWBS), and Cost Improvement Programme. The Board Assurance Framework (BAF) opinion provided independent assurance on the effectiveness of the BAF.
- Assurance on follow up progress against Internal Audit recommendations.
- Receipt of the position on Declaration of Interest 24/25 confirming 92% compliance and a significant increase from the previous year.
- Progress against the risk management improvement plan was received. There is still work to do to complete the actions and embed risk management. The risk maturity workshops had taken place with Divisions and would form a good basis for local action plans and priorities to be determined.
- Received the Anti-Fraud annual report providing an overview of activity in year and assurance on compliance with counter fraud standards.
- Anti-Fraud plan progress report including awareness raising, referrals and ongoing cases noting long timeframes for some investigations especially where referred externally.

- Review of draft Annual Governance Statement 2024/25 which had been updated to reflect year end position including the Head of Internal Audit Opinion, with a request to add a sentence on the Care Quality Commission (CQC) UEC inspection.

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

- Out of date policies continue to be a focus but significant work is clearly still needed. The Committee requested that timeframes were more clearly identified and updates to RAG ratings to be reviewed.
- The Committee approved the risk based Internal Audit Plan 2025/26, noting the areas that were not included but would be kept under review during the year.
- The Committee received the National NHS Counter Fraud Authority thematic report, with Mersey Internal Audit Agency (MIAA) confirming that learning was built into their work for the Trust.
- Audit Committee workplan to be updated to reflect timing of papers, operational leads and changes following the committee effectiveness review. The committee relies on the work of the Finance and Performance Committee for data quality and cyber security and the workplan will be updated accordingly.
- Following the transfer out of payroll services, the Trust would receive third party assurance on these processes in 2025/26 and this would be added to the workplan.

Risks discussed and new risks identified

- The Committee received the extract of the BAF and high risk report as part of the work of the Committee. No new risks were identified.

Committee Chair's Report

Wednesday 30th April 2025 at 1.30pm-4.30pm

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

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

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

- Urgent Emergency Care (UEC) performance continues to be an area of concern. Internal focus and external support together with system engagement continues.
- 2025/26 Annual Financial Plan-additional changes reported. The Committee noted it's serious concerns about the risks of the delivery of the plan. A key focus will need to be monitoring the delivery of the efficiency target.

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

- The Risk Management Improvement Plan was received. Good progress and actions ongoing (mainly around data and training) to achieve full assurance.
- Emergency Preparedness Response and Resilience Core Standards Compliance update. Work is ongoing to progress the 11/62 partial compliance areas by September 2025.
- Health and Safety Update first quarterly assurance report. Progress has been made to strengthen the function; however, several challenges remain in order to achieve full assurance. An action plan will be developed for quarter 2.
- Strategic Oversight Framework at March 2025
- Digital and Data strategic programme update including cost improvement programme, annual planning, digital strategy, prioritisation, Electronic Patient Record (EPR) development, clinical applications, digital Project Management Office (PMO) and Artificial Intelligence (AI). Congratulations to the team for achieving Level 3 accreditation in the national Towards Excellence in Digital Standards.
- Data Governance update. A permanent data governance team is now in place and moving to a more proactive approach to ensuring the quality of data.
- Senior Information Risk Owner update including cyber security, data security, and information governance.
- Progress against the actions in the Audit Tracker
- Month 12 Finance Position reporting a balanced plan position, subject to audit.
- Radiology Services oversight report. Performance against KPIs remains good, notwithstanding workforce and demand challenges.
- Annual Committee Effectiveness Review 2024/25
- Chair triple AAA reports from Commercial Procurement Group, Women's and Children's New Build project group, Estates and Facilities Divisional Group, Operations and Performance Executive Led Group (OPELG), Digital Transformation Group, EPR group, Health and Safety Committee, Mersey

Internal Audit Agency (MIAA) NHS Medical benchmarking, MIAA Insight Technology and Data Analytics, F&P workplan.
Advise *(items presented for the Board's information)*
• Review of Terms of Reference for the Committee • A presentation on the development of the Estates Strategy
Risks discussed and new risks identified
• Extracts of the Board Assurance Framework (BAF) and high risks register were reviewed, with updates provided. • More work to do on the Risk Management Improvement Plan • Residual risks pending work on the Emergency Preparedness Response & Resilience (EPRR) action plan. • A number of risks and challenges remain in relation to the Health and Safety function. • Delivery of the 2025/26 finance plan

PUBLIC – Board of Directors
20th May 2025

Report	**Agenda Item 20.**	**Equality, Diversity and Inclusion (EDI) Annual Report 2024/2025**						
Purpose of the Report	Decision	**X**	Ratification		Assurance	**X**	Information	
Accountable Executive	Vicki Wilson			Acting Chief People Officer				
Author(s)	Ashley Vaughan–Pearson Philip Makin			EDI Co-Ordinator EDI Lead (interim)				
Board Assurance Framework	BAF 1 Quality, BAF 2 Safety BAF 3 Operational, BAF 4 People BAF 5 Finance, BAF 6 Capital BAF 7 Digital, BAF 8 Governance BAF 9 Partnerships, BAF 10 Research			**X**	BAF impact is the challenge in ensuring a high quality, engaged, diverse and inclusive workforce would affect our ability to deliver care.			
Strategic goals	Patient and Family Experience, People and Culture, Purposeful Leadership Adding Value, Partnerships, Population Health							**X** **X**
CQC Domains	Safe Effective Caring Responsive Well led							**X**
Previous considerations	This is an annual compliance requirement under the Public Sector Equality Duty and was considered by People Committee on 8 April 2025.							
Executive summary	This report provides an overview of workforce diversity and highlights progress the Trust has made in promoting equality, diversity, and inclusion during the previous year. It also details future priorities and outlines work to be done. Highlights since last year in relation to workforce profile include: **Age** – There has been a drop in headcount across all age bands within the Trust except for an increase in ages 61-70 & 71 and over. **Disability** – The number of colleagues who indicated they have a disability in 2024 was 302 which equates to over 5% of the total workforce. This figure has increased over the previous year's indicating a positive trend. **Race/Ethnicity -** Colleagues from a BAME background made up of 18% of the total workforce with an increase of 1.73% compared to 2023 with a significant increase of Band 2, Band 3, Band 6, Band 7 & Medical & Dental Career Grade.							

	Religion & Belief - The number of colleagues disclosing their Religion or Belief has remained broadly comparable to last year. This is also the case with new starters and leavers. **Sex** – There has been an increase in the percentage of male new starters (23.11% to 30.61%) and male promotions (19.73% to 22.53%). **Sexual Orientation** - The new starter population for colleagues who identify as LGBTQ+ has increased from 3.36% to 7.93%. The report outlines that during the last 12 months, we have: • Significantly increased our activity with staff networks, supporting inclusion and engagement across the organisation. • Made progress in recruiting staff from Black Asian and Minority Ethnic (BAME) backgrounds in substantive roles across entry level non-clinical, medical, and dental roles and work has been done to improve internal promotions to higher banding. There is still work to do to improve access to career development and progression opportunities. • Made significant progress on addressing gender pay equity of women across the higher paid quartile but there has been a drop in representation across entry level to middle management although there has been a drop in total headcount compared to last year. • Made progress on increasing response rate for the national Staff survey including Bank staff but still have work to do to reduce incidents of workplace bullying and harassment which is not reflective of our inclusive values. The EDI coordinator will progress the actions identified above and progress against these will be monitored through the People & Culture sub-committee and reported up to People Committee.
Recommendations	The Board of Directors is asked to: • Note the contents of the report and identified actions. • Receive assurance that in producing the report, the Trust has complied with its obligations in respect of the Public Sector Equality Duty. • Approve publication of the report on the Trust's website.

Corporate Impact Assessment	
Statutory/regulatory requirements	Meets the Trusts compliance with Equality Act 2010 and Public Sector Equality Duty.
Risk	Failure to comply with the review of EDI objectives and publish the Annual Report will result in reputational risk and may run the risk of attracting fines. Poor staff experience (BAME and staff with disabilities) risk included on strategic risk register
Equality & Diversity	Meets Equality Act 2010 duties & PSED
Communication	Not confidential

Countess of Chester Hospital
NHS Foundation Trust

Equality, Diversity & Inclusion Annual Monitoring Report 2024-25

Equality, Diversity & Inclusion Annual Monitoring Report 2024-2025

Forward

We are pleased to release our 2024 EDI Annual Report which shares the progress we have made towards the objectives we set last year.

Our EDI Strategy focusses on embedding equality for our patients, people and partners with a view to making the Countess of Chester Hospital NHS Foundation Trust the place where everyone counts.

This annual report shares some of our achievements as we continue to make our organisation a fairer and more inclusive place to work and receive care.

Our 2024 workforce data shows we have:

- Made significant progress in recruiting disabled candidates from shortlisting across all posts.
- Made significant progress in promoting colleagues from Black, Asian and Minority Ethnic (BAME) backgrounds and now need to focus on shortlisting during the recruitment process of BAME candidates.
- Made progress on increasing response rate for the national Staff Survey including Bank staff, but still have work to do to reduce incidents of workplace bullying and harassment which is not reflective of our inclusive values.

We are very grateful to everyone who is supporting us on our journey to embed equality, diversity, and inclusion at the Countess of Chester and improve outcomes for our people and patients.

V. Wilson

Vicki Wilson (She/Her)
Chief People Officer

Contents

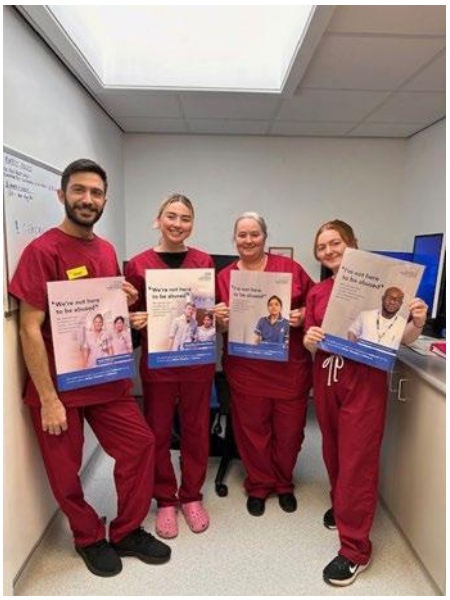
1. Introduction

The purpose of this annual report is to provide an overview of progress towards creating an inclusive workplace where all employees are treated fairly and with respect. It outlines the strategies/ approaches, initiatives, and actions planned and taken by the Trust to promote Equality, Diversity, and Inclusion and highlights the achievements and challenges faced in this area. It gives detail about protected characteristics across the workforce and draws comparisons with the local population for representative analysis.

The key areas covered in this report include:

- An overview of the organisation and its approach to Equality, Diversity, and Inclusion.
- Information on the organisation's workforce diversity profile, including data on representation at different pay bandings and different roles.
- A progress review/highlight summary of initiatives and actions taken during the year to promote Equality, Diversity and Inclusion, including good practice activity related to Equality, Diversity and Inclusion.
- An outline of the organisation's plans for future Equality, Diversity and Inclusion initiatives.

The Equality, Diversity and Inclusion annual report is a valuable tool for promoting transparency, accountability and progress towards creating a diverse and inclusive cultural development. The Trust recognises the priority of this agenda and the work that is still to be done to create a truly inclusive workplace.



2. Overview

2a. COCH EDI Objectives and Strategy at a Glance

Our Vision is that, by 2026 the Countess of Chester NHS Foundation Trust will be and feel like a place where we all truly count.

Our strategic objectives state by March 2026 we commit to achieving the following outcomes:

1. To grow a compassionate and inclusive culture, which is evidenced by our employee and patient voices.
2. To evidence that we can meet the communication needs of patients and others, so that they are able to access all the services we offer.
3. To widen participation in the delivery of Trust services for our local community by increasing employment opportunities across all protected characteristics.
4. To evidence our people are better equipped and feel confident to spot and deal with EDI issues in their day-to-day work.
5. To evidence social disadvantage and health inequalities are addressed by putting EDI at the heart of our institutional processes and decision making.
6. To evidence out commitment for promotion of EDI best practice by being recognised as exemplar in the Northwest Region and beyond.

These strategic objectives will be delivered through a work plan and monitored by the People Committee. An evidence-based approach will be at the centre of measuring achievements over the life of the strategy. As a three-year strategy, we aim to demonstrate improvements over time via annual reporting at a minimum, highlighting both successes and challenges in a transparent “you said, we did” approach. The strategy has three essential themes that enables success, alongside the personal leadership of all Board Members and their senior leadership teams. These themes are:

- Our People: Understanding our workforce, transparency, and scrutiny, developing our workforce.
- Our Patients: Understanding our patients, engagement, and good relationships, increasing confidence.
- Our Partners: Understanding the partnership landscape, joint service delivery, tackling health inequality.

What will good look like?

- Increased diversity amongst our workforce characteristics.
- Improved patient and colleague experience as measured by our surveys and assessments.
- Improved engagement and inclusion scores in the Staff Survey and People Pulse surveys.
- Higher declaration rates for protected characteristics amongst our workforce.
- Improved staff retention and workforce stability.
- A reduction in the number of people reporting personal experience of harassment, bullying or abuse in our Trust and a reduction in patient complaints.
- Growing staff networks and increased intersectionality between them.
- Improved experiences of our ethnic minority and disabled workforce evidenced through the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reports.
- Improvements in our Gender Pay Gap Report.
- Improved scores in the Equality Delivery System process.

2b. Profile

The Trust employs 5,892 staff including temporary bank staff (a reduction in headcount of 125 from last year's total of 6,017).

2c. Key Principles

The diversity of our workforce enriches everyone and allows the trust to deliver high quality services for the benefit of our diverse patient population. There are three overall key principles, alongside the principles of the NHS Equality Delivery System, for considering and delivering employment-related opportunities:

- Our employees have diverse needs shaped though circumstances and resource (e.g., a carer may require more flexible working hours).
- Our role as an employer gives us powers to tackle wider accumulation of disadvantage through targeted interventions ('positive action'), e.g., bespoke leadership programs for under-represented groups.
- Our employers should not experience unlawful disadvantage because of their age, disability status, sex, race, religion or belief, gender identity, civil, sexual orientation or pregnancy and maternity status.

2d. Equality Monitoring Drivers

- Reducing Inequalities within national, regional, and local policy.
- Statutory requirements, meeting the legal requirements governing public bodies.
- Meeting the Care Quality Commission outcomes for quality and safety.
- NHS Workforce Race Equality Standard (WRES) launched in July 2015.
- NHS Workforce Disability Equality Standard (WDES) launched in July 2019.
- Equality Delivery System – EDS2/EDS2022 – that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010.
- Gender Pay Gap Report.
- NHS Staff Survey results.
- Workplace best practice standards such as Disability Confident.
- Equality and Human Rights Commission (EHRC) codes of practice.
- Guidelines and directives from the Government Equalities Office (GEO)

3. Diversity Profile

3a. Diversity and Report Data – Principles

The data used in this report is sourced from Electronic Staff Record (ESR), NHS Jobs/TRAC Recruitment System, OLM (Oracle Learning Management), NHS Staff Survey 2023 and Census 2021. Within ESR certain protected characteristics may have data quality gaps, where colleagues have been given the option not to disclose. This is a common dynamic across most NHS Organisations. Low numbers of colleagues who have experienced formal procedures during their employment mean that any comparative analysis will not have high statistical value.

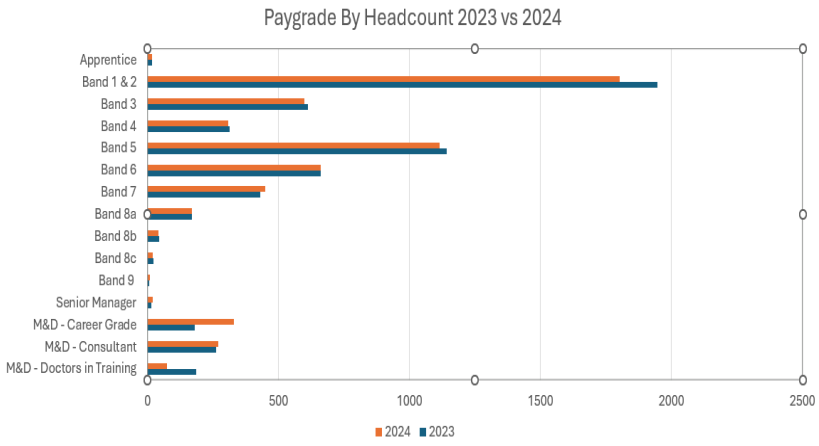
3b. Workforce Metrics

This data below provides insights into how the workforce has changed over the previous twelve months.

i. Total Staff in Post (Including by Pay Grade)

The overall staffing headcount as of 31st December 2024 was 5,892, which is a decrease of 125, (2.08%) from the previous year. The highest numbers of colleagues employed were across Bands 1 and 2 followed by those employed in Band 5 positions.

Pay Grade	Headcount 2023	Headcount 2024
Apprentice	18	18
Band 1 & 2	1946	1802
Band 3	611	598
Band 4	312	307
Band 5	1141	1114
Band 6	660	661
Band 7	430	449
Band 8a	170	169
Band 8b	45	42
Band 8c	23	20
Band 8d	12	11
Band 9	7	8
Senior Manager	13	19
M&D - Career Grade	181	330
M&D - Consultant	262	269
M&D - Doctors in Training	186	75
Trust Total	**6017**	**5892**



ii. Race / Ethnicity

Ethnicity	2023 Percentages	2024 Percentages
BAME	16.14%	17.87%
White	82.32%	80.45%
Not Stated	1.55%	1.68%

When compared to the previous year, the percentage of colleagues from a BAME background in our workforce increased by 1.73%. Over the previous year, colleagues from a BAME background accounted for over 17.87% of our workforce. The BAME population across Cheshire West and Chester is approximately 7.35%.

Ethnicity declaration rates for the Trust Workforce was around 98% in 2024. This provides increased assurance of accuracy throughout the workforce analysis; gaps in the known status in any of the protected characteristics can hinder statistical analysis.

BAME Groupings – Race / Ethnicity

The Asian BAME grouping remains the largest within the Black and minority ethnic profile, accounting for around 41.74% of all BAME staff groups, followed by Black approximately at 20.58%.

BAME Groupings (Including White - Other)	Headcount 2023	Headcount 2024
Asian	40.85%	40.65%
Black	19.57%	21.67%
Mixed	6.62%	6.44%
Other	5.21%	5.81%
White - Other	27.75%	25.42%

BAME Groupings (Including White - Other)	Substantive Headcount 2023	Substantive Headcount 2024
Asian	42.69%	41.74%
Black	18.93%	20.58%
Mixed	5.90%	6.01%
Other	4.40%	5.42%
White - Other	28.08%	26.25%

iii. Sex

Women make up 77.75% of the workforce compared to 51.19% within the local population.

Gender	Headcount 2023	Headcount 2024
Female	78.63%	77.75%
Male	21.37%	22.25%

Pay Grade by Gender	Headcount - 2023		Headcount - 2024	
	Female	Male	Female	Male
Apprentice	0.27%	0.03%	0.25%	0.05%
Band 1 & 2	26.52%	5.82%	24.76%	5.82%
Band 3	8.21%	1.94%	8.10%	2.05%
Band 4	4.27%	0.91%	4.31%	0.90%
Band 5	16.47%	2.49%	16.21%	2.70%
Band 6	9.51%	1.46%	9.64%	1.58%
Band 7	5.83%	1.31%	6.31%	1.31%
Band 8a	2.11%	0.71%	2.26%	0.61%
Band 8b	0.55%	0.20%	0.53%	0.19%
Band 8c	0.28%	0.10%	0.29%	0.05%
Band 8d	0.13%	0.07%	0.14%	0.05%
Band 9	0.07%	0.05%	0.08%	0.05%
Senior Manager	0.08%	0.13%	0.17%	0.15%
M&D - Career Grade	1.38%	1.63%	2.36%	3.24%
M&D - Consultant	1.53%	2.83%	1.63%	2.94%
M&D - Doctors in Training	1.41%	1.68%	0.71%	0.56%
Trust Total	**78.63%**	**21.37%**	**77.75%**	**22.25%**

iv. Disability

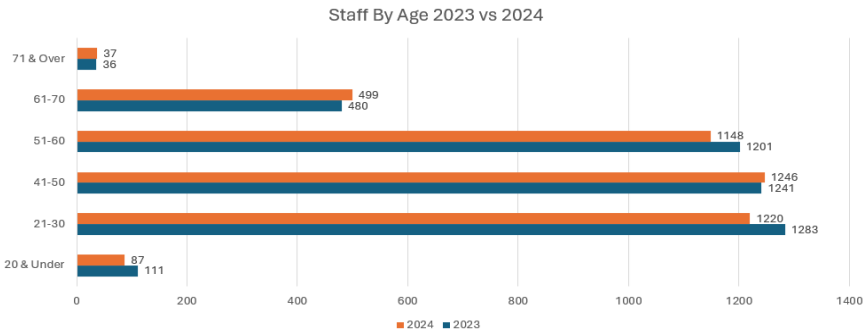
The number of colleagues who indicated they have a disability in 2024 was 302 which equates to over 5% of the total workforce. This figure has increased over the previous year's indicating a positive trend. However, this figure is significantly below the number of disabled people living in West Cheshire and Chester which is around 16 percent. The record reflects the NHS profile that there is still an under declaration of employees indicating they are disabled. Studies commissioned by the Equality & Human Rights Commission, NHS England and Disability Organisations show that disabled people are more likely to face discrimination in society, so this may be a contributing factor.

Disability	Headcount 2023	Headcount 2024
No	86.07%	85.78%
Not Declared	9.06%	9.08%
Yes	4.87%	5.13%

v. Age

The age profile of the Trust's workforce has remained broadly similar to the previous year.

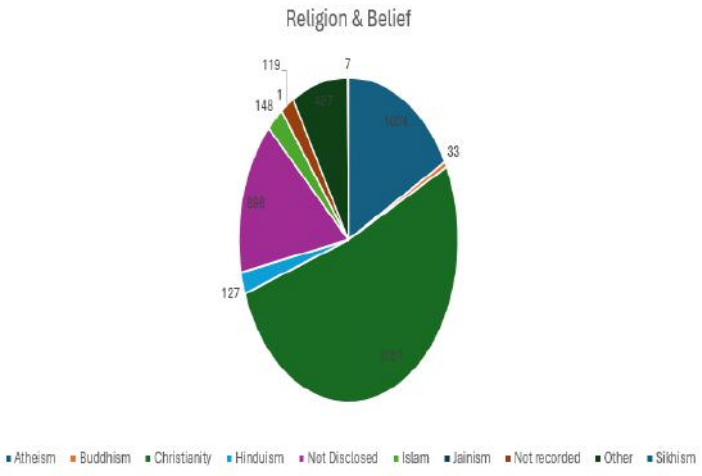
Age Band	Headcount 2023	Headcount 2024
20 & Under	1.84%	1.48%
21-30	21.32%	20.71%
31-40	27.67%	28.09%
41-50	20.62%	21.15%
51-60	19.96%	19.48%
61-70	7.98%	8.47%
71 & Over	0.60%	0.63%



vi. Religion & Belief

Christianity remains the predominant religion or belief at 51.95%. Those who did not want to disclose decreased slightly from 15.99% to 15.24%.

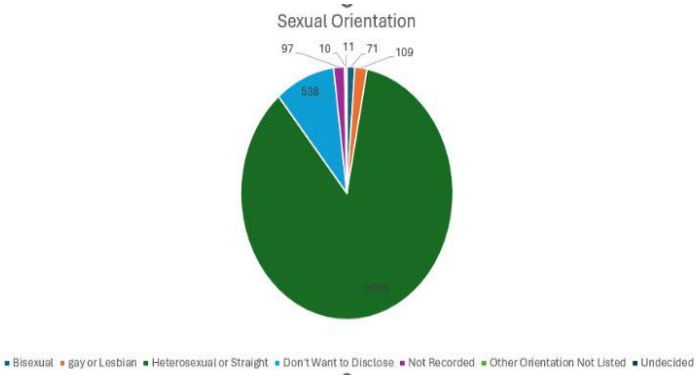
Religious Belief	Headcount 2023	Headcount 2024
Atheism	17.13%	17.04%
Buddhism	0.57%	0.56%
Christianity	52.57%	51.95%
Hinduism	1.96%	2.16%
I do not wish to disclose my religion/belief	15.99%	15.24%
Islam	2.19%	2.51%
Jainism	0.02%	0.02%
Judaism	0.07%	0.12%
Not Recorded	0.75%	2.02%
Other	8.59%	8.27%
Sikhism	0.17%	0.12%



vii. Sexual Orientation

There is little change within the data from the previous year. The highest sexual orientation is 'Heterosexual' which has decreased slightly. The total number of colleagues identifying as 'Lesbian,' 'Gay,' and 'Bisexual' (LGB) over the previous year was 180. There was a slight reduction in the percentage of colleagues who did not wish to disclose. 18% of people identify as 'Heterosexual' in the local population.

Sexual Orientation	Headcount 2023	Headcount 2024
Bisexual	0.85%	1.21%
Gay or Lesbian	1.86%	1.85%
Heterosexual or Straight	86.92%	85.81%
I do not wish to disclose my sexuality	9.66%	9.13%
Not Recorded	0.37%	1.65%
Other sexual orientation not listed	0.17%	0.17%
Undecided	0.18%	0.19%



3c. Key Workforce Trends

- BAME – Percentage of BAME colleagues has increased by just over 1% overall as compared to the previous year. The number of promotions for substantive staff in this group increased to 12.38% compared to 6.88% in 2023.
- Age – There is a continuing trend to shortlist job applicants in older age groups (age 41+); this dynamic continues into appointment stage with around 28% of new starters being aged 41 years and above. The biggest increase in promotions since last year was in in the 21-30 age bracket at 5.31%.
- Disability –The number of disabled job applicants shortlisted increased over the previous year to 9.56% compared to 3.43% in 2023.
- Sexual Orientation – The population of new starters who identify as Gay or Lesbian increased from 1.62% to 4.44%. Bisexual new starters increased from 1.74% to 3.49%.
- Religion & Belief – 46% of new starters are Christians followed by Atheism at 21.4%. The number of people who recorded their religion as Islam appointed from shortlisting compared to the previous year has increased by just over 1%.

4. Progress Review

4a. Staff Health and Well-Being

Mindful of the continuing pressures and additional challenges faced by staff over the previous year, we have continued to grow our staff wellbeing offer and have put in place further plans to ensure staff have multiple avenues of accessible and meaningful support. Domain 2 of the NHS Equality Delivery System focuses on staff health and wellbeing. Examples of some of the wellbeing focused activity over the last year has been summarised below.

- The wellbeing hub and wellbeing team provide self-help resources/information and signposting to specialist support for a wide range of health conditions including the specific conditions included within the EDS (Diabetes, Obesity, COPD, Asthma, Mental Health). Staff can access resources from the Wellbeing hub to help them manage their health conditions and wellbeing.
- A total of 256 colleagues have engaged in the health check events this year. Health initiatives for staff throughout the year include liver scans, blood pressure, cholesterol and blood glucose checks – staff are free to drop in during events to access the health checks and advice, support and information from specialist teams (Diabetes, Hepatology, Alcohol support, Cardiac rehab, Wellbeing Team, Occupational Health)
- Within the last 12 months the wellbeing team have provided 479 staff with individual one to one wellbeing support for their health and wellbeing.
- All events over the last year have included over 1210 attendees (this includes a series of health/wellbeing promotion events across the year which provide self-help resources, information and delivery of workshops to encourage self-awareness and management techniques.
- The staff intranet also provides a wide range of self-help resources, videos and signposting materials for staff to access which will support the management of the key health conditions and general wellbeing. These include resources around weight management, healthy eating, reducing alcohol consumption, looking after mental health, staying physically active and how to sleep well.

4b. Development of Staff Skills and Competencies to Identify and Address EDI Issues in Day-To-Day Work

Equality, Diversity, and Inclusion Training is a mandatory requirement for all staff across non-clinical, clinical, medical, and dental roles across the Trust.

The following table highlights the mandatory training status by Staff Group:

Staff Group	Modules Required	Modules Achieved	Compliance %
Add Prof Scientific and Technic	133	129	96.99%
Additional Clinical Services	1017	934	91.84%
Administrative and Clerical	921	887	96.31%
Allied Health Professionals	332	322	96.99%
Estates and Ancillary	419	346	82.58%
Healthcare Scientists	96	94	97.92%
Medical and Dental	460	408	88.70%
Nursing and Midwifery Registered	1377	1293	93.90%

In addition to the mandatory training, colleagues have access to training on specific topics including:

- Defeating Barriers training.
- Oliver McGowan training.
- Unconscious bias training.
- Fair and inclusive recruitment training.
- Active Bystander training.
- Reverse mentoring training.
- EIA training for policy and service managers.
- Neurodiversity Toolkit.
- Freedom to Speak Up Champions Training.
- Aspire Leadership Programme.

4c. Development of Staff Networks

NHS People Plan requires boards of local NHS institutions to recognise the expertise of staff networks and use it to:

- Inform senior-level-decision-making for workforce development.
- Improve employee experience and retention.
- Influence policy and patient care positively.
- Staff Networks are the main stay of inclusive workplaces.
- They are bound by lived-experience, individual characteristics, common purpose, and shared heritage. They help engender trust, promote belonging, enable individuals to thrive, and contribute to progressive change.

staff networks

Over the previous year, work has been undertaken to revive existing Staff Networks and establish new ones. These include:

- Black and Asian Minority Ethnic (BAME)
- Carers
- ENABLED
- LGBTQ+
- Faith & Belief
- Women's

BAME (Black & Asian Minority Ethnic) Network

We relaunched our BAME Staff Network and have two new chairs to help develop this important support mechanism for staff. The group helps to share the lived experience of people to inform decision-making and improvements, support equality, diversity, and inclusion and helps the Trust reach seldom-heard voices, supports the identification and development of future leaders and can advise on the different needs of our people and how best to meet these needs so everyone feels a sense of belonging and can thrive

ENABLED (Enhancing Abilities and Leveraging Disabilities) Staff Network

We have combined the Disability Advice & Welfare Network (DAWN) and Neurodiversity Staff Networks to create a new Enhancing Abilities and Leveraging Disabilities (ENABLED) Staff Network. The ENABLED Network is for anyone working at the Trust who has a disability, neurodiversity or long-term health condition, as well as for allies. Our aim is to help anyone who needs us, and to work with other networks to help make the Trust a safer, happier, supportive and inclusive place to work.

LGBTQ+ (Lesbian, Gay, Bisexual, Trans, Questioning/Queer Plus) Staff Network

The Trust is keen to promote and support colleagues to identify their sexual orientation. The LGBTQ+ (Lesbian, Gay, Bisexual, Trans, Questioning/Queer Plus) Staff Network has over 100 members who identify as part of the community and their allies. Work is underway to obtain a more accurate data capture regarding staff sexual orientation status and encourage colleagues to update their personal information. The Trust supports and promotes Chester Pride every year and in 2024 there was active participation with over 30 colleagues and family members attending the parade through the city to represent the Trust. The Trust also held an NHS Inspirational Speaker Event talking about 'life in my shoes' by trans, non-binary colleagues and patients.

Women's Staff Network



The Trust's Women's Network is co-chaired by three amazing female colleagues and has been very active during 2024, holding a number of events. These have included celebrating World Menopause Day, a Cervical Cancer Awareness session, a series of Lunch and Learn sessions on topics including 'Adore your Pelvic Floor' and 'Myth Busting Breast Care Tips'.

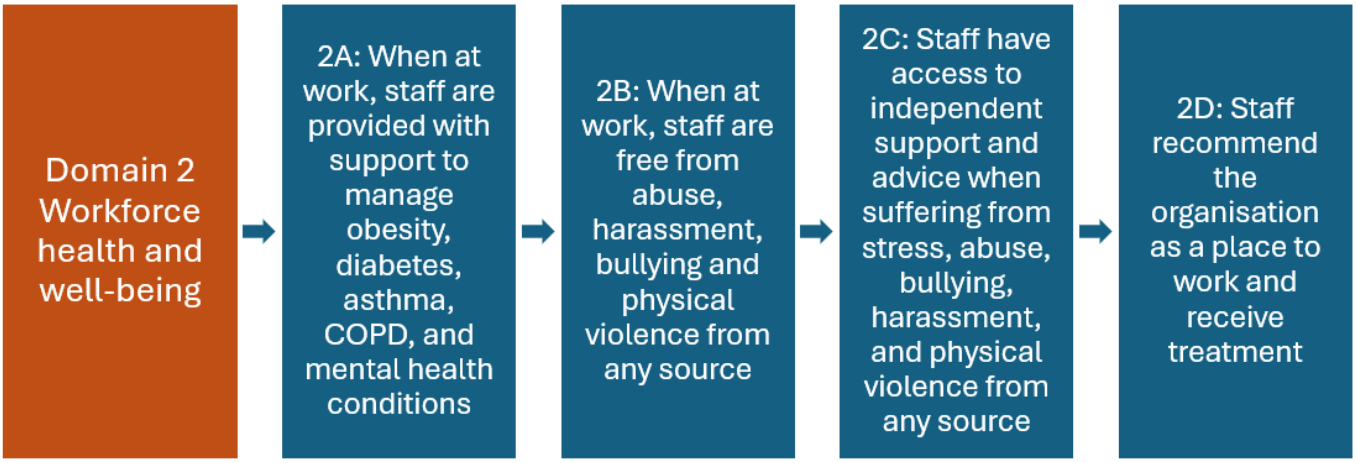
Some other network events during the previous year include:

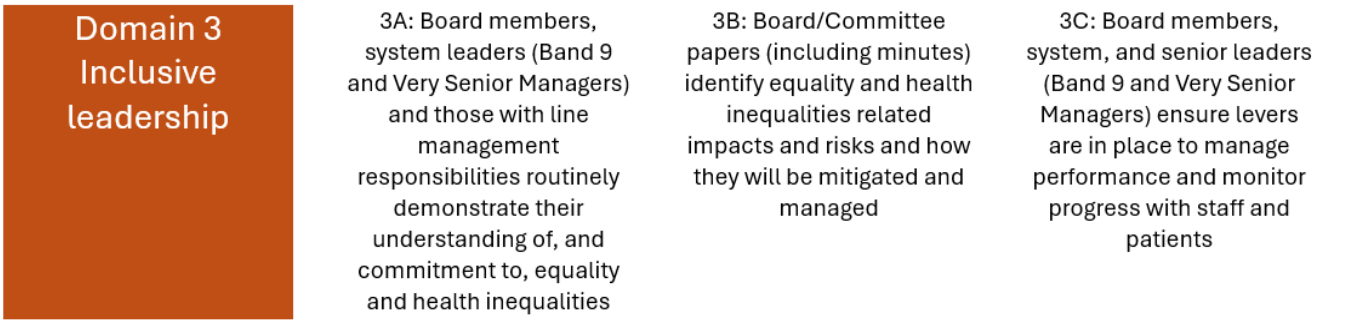
- Introduced allies who are experts in their field to support the Staff Networks.
- Assigned an Executive Sponsor to each network.
- Local carer societies attending the Trust, talking to colleagues who are carers outside of work.

We have established the Staff Networks Working Group (SNWG) which brings together network leads, People Promise, Communications, Colleagues, FTSU (Freedom to Speak Up), Well-Being and EDI to improve planning and coordination of network events and activities.

4d. Equality Delivery System Assessment (EDS)

- EDS is an accountable improvement tool for NHS organisations in England.
- It is designed to be used in active conversations with patients, public, staff, staff networks and trade unions to review and develop patient services, workforce, and leadership and is driven by evidence and insight.
- The tool can help NHS organisations meet the Public Sector Equality Duty (PSED) and to set equality objectives.





Our detailed EDS report is available at this link: **Current Equality Objectives | Countess of Chester Hospital**

4e. Workforce Race Equality Standard (WRES)

The NHS Equality and Diversity Council agreed in July 2014 that action across the NHS needs to be taken to ensure employees from black and ethnic minority backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

Whilst Equality, Diversity and Inclusion feedback from the NHS Staff Survey indicates that this is one of our strongest themes and that we are amongst the highest when compared with other Mental Health/Learning Disability and community trusts, responses from BME staff members which inform certain parts of the WRES highlight some areas for improvement which will remain a focus moving forward as we also look to further develop our network for colleagues from a BME background.

The WRES consists of nine metrics, four of which are specifically on workforce data and one of which is concerned with the percentage difference between Trusts' Board membership and the overall workforce.
Our detailed report is available at this link: **Corporate Documents | Countess of Chester Hospital**

4f. Workforce Disability Equality Standard (WDES)

From 2019, the Workforce Disability Equality Standard (WDES) has formed part of the NHS Standard Contract. It consists of a set of specific measures to enable us to compare the experiences of disabled and non-disabled staff since research shows that a motivated, included and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved patient safety. The report will enable us to better understand the experiences of disabled staff and will support positive change for existing employees, enabling a more inclusive environment for disabled people delivering our services.

This is the sixth year that Trusts have completed a WDES report and **o**ur detailed report is available at this internet link: **Corporate Documents | Countess of Chester Hospital**

4g. Gender Pay Gap (GPG)

COCH is passionate about creating a fulfilling, diverse and inclusive place to work, with equality and fairness at the heart of our values, policies and everyday practices. We are committed to be an employer of choice and work hard to ensure that our colleagues have equality of access to vacancies, promotion and training. This and other supportive policies make COCH a more inclusive place to work.

The Gender Pay Gap is a measure of comparisons between average hourly rates and bonuses. It does not cover equal pay as this would look at comparing the individual earnings of a female and a male doing equal work.

In line with our Gender Pay Gap obligations, we publish on our website and on a government website, the following:
• mean gender pay gap
• median gender pay gap
• mean bonus gender pay gap
• median bonus gender pay gap
• proportion of males and females receiving a bonus payment
• proportion of males and females in each pay quartile.

For our full Gender Pay Gap report**,** please see the link below: **Current Equality Objectives | Countess of Chester Hospital**

4h. Actions that have Progressed or Been Completed in the Last Year

Actions that have been completed are as follows:

- We have consulted on and published our Equality Objectives, and identified actions aligned to our EDI Strategy. This includes specific actions that stem from the analysis of our WRES, WDES and GPG Metrics. It also includes actions from the public grading of the Trust's performance against the refreshed Equality Delivery System 2022 and high impact actions identified in the NHS EDI Improvement Plan.
- The Trust has renewed the Disability Confident Employer accreditation and has a robust disability equality policy, with extensive guidance on making reasonable adjustments for

disabled employees.

- Working with Occupational Health the Trust has to provided training sessions for managers on how to provide effective reasonable adjustments for colleagues.
- The Trust's wellbeing service has grown in the last year with the introduction of the Wellbeing Hub and is placing a focus on developing wide-ranging support for colleagues with disabilities, invisible disabilities like mental health and neurodiverse conditions, and proving colleagues and managers with mental health first aid training.
- Involvement in the Trust Civility and Culture Charter to take action in reducing incidents of bullying and harassment experienced by colleagues who share a protected characteristic and those who do not.
- Working jointly with East and Mid Cheshire and the Liverpool University Foundation Trust Hospitals, we have refreshed formerly the Elevate Leadership Programme which has been shortlisted for the Health Service Journal (HSJ) Award under the NHS Race Equality Category.
- Aligned the six high impact actions in the NHS EDI Improvement Plan into Trust EDI priorities and have set specific EDI objectives for each Board member.
- We have developed the Managers' Guide to Equality Impact Assessments (EIA) and commenced work to establish a refreshed EIA programme and develop a credible evidence base.
- We have improved communications by ensuring the designated sections are allocated within the weekly bulletin and EDI information is presented during the monthly team brief.
- We have refreshed the EDI intranet pages with a link from the main page linking colleagues to EDI information and Staff Networks.
- We have supported the launch of the Trust's Zero Tolerance campaign to violence and aggression.
- We have signed up to the anti-racism statement and the NHS Northwest BAME Assembly Pledge on Anty-Racism.

5. Future Priorities

Our priorities for 2025 have been informed by our EDI Strategy. We will:

- Increase diversity of our workforce at senior levels.
- Further develop the Staff Networks and increase membership including launch of new Staff Networks such as the Armed Forces Staff Network to ensure we are continuing to build an inclusive workplace.
- Consider initiatives to recognise and support our ageing workforce.
- Working in collaboration with the Wellbeing Team, set up a calendar of events to highlight awareness days/weeks/months that involve specific protected characteristics and staff networks.
- Increase access to EDI learning and development opportunities to colleagues across the Trust and tailor EDI training programmes to deliver to all levels within the Trust.
- Analyse available data to create non-mandatory reports looking at other protected characteristics such as workforce sexual orientation representation.
- Use workforce and patient data with equality impact assessments to develop learning and insights and build a credible evidence base of service improvements.
- Develop a guide to support managers in dealing with violence and aggression from patients and visitors to reduce incidents and support colleagues.
- Build on the Equality Delivery System Service Review objectives and undertake

comprehensive access audit to improve access to Trust services.

- Work with the Freedom to Speak Up (FTSU) Guardian to widen the group of FTSU Champions to include representation from a wider range of protected groups.
- Develop and roll out an Integrated EDI Action Plan to encompass actions from all COCH EDI reports and action plans.

With grateful thanks to our EDI networks, Workforce Information colleagues, Recruitment colleagues and everyone at Countess of Chester Hospital NHS Foundation Trust.

Appendix 1

All data has been provided from ESR (Electronic Staff Record) and TRAC Recruitment System. All data is shown below in percentages.

E, D & I Data - 2023 / 2024	Applications Submitted	Shortlisted	Applications Submitted	Shortlisted	New Starters		Leavers		Promotions	
ETHNICITY	**2023**		**2024**		**2023**	**2024**	**2023**	**2024**	**2023**	**2024**
BAME	54.52%	22.13%	78.36%	37.43%	25.96%	26.99%	19.47%	22.22%	6.88%	12.38%
Not Disclosed	2.27%	4.97%	1.55%	1.62%	2.78%	3.61%	3.56%	1.72%	0.22%	0.68%
White	43.21%	72.90%	20.09%	60.95%	71.26%	69.39%	76.97%	76.07%	92.90%	86.94%
DISABILITY	**2023**		**2024**		**2023**	**2024**	**2023**	**2024**	**2023**	**2024**
No	92.86%	86.71%	95.65%	88.35%	87.49%	88.58%	84.87%	86.59%	89.36%	92.20%
Not Disclosed	2.30%	5.58%	0.92%	2.08%	6.37%	4.18%	9.82%	5.87%	2.88%	2.73%
Yes	4.71%	7.72%	3.43%	9.56%	6.14%	7.24%	5.32%	7.54%	7.76%	5.07%
GENDER	**2023**		**2024**		**2023**	**2024**	**2023**	**2024**	**2023**	**2024**
Female	43.35%	70.28%	58.80%	67.87%	76.89%	69.39%	76.07%	73.94%	80.27%	77.47%
Male	56.38%	29.38%	40.80%	31.37%	23.11%	30.61%	23.93%	26.06%	19.73%	22.53%
Not Disclosed	0.27%	0.35%	0.40%	0.76%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
AGE BAND	**2023**		**2024**		**2023**	**2024**	**2023**	**2024**	**2023**	**2024**
20 & Under	2.10%	3.26%	1.13%	2.71%	3.71%	5.47%	2.66%	2.41%	2.22%	1.37%
21 - 30	37.76%	30.76%	50.86%	34.91%	35.46%	39.49%	22.29%	27.18%	28.82%	34.13%
31 - 40	36.12%	29.97%	33.65%	31.93%	28.62%	26.65%	25.15%	24.14%	33.70%	33.42%
41 - 50	14.13%	17.61%	9.60%	16.38%	16.57%	12.80%	14.31%	13.86%	21.06%	16.72%
51 - 60	8.16%	14.60%	3.88%	11.35%	12.17%	12.14%	20.25%	21.96%	12.20%	13.32%
61 - 70	1.35%	2.97%	0.88%	2.71%	3.48%	3.46%	13.29%	9.89%	2.00%	1.04%
71 & Over	0.37%	0.83%	0.00%	0.00%	0.00%	0.00%	2.04%	0.55%	0.00%	0.00%
SEXUAL ORIENTATION	**2023**		**2024**		**2023**	**2024**	**2023**	**2024**	**2023**	**2024**
Heterosexual	91.06%	86.54%	93.68%	89.94%	88.64%	85.63%	83.23%	88.11%	91.57%	87.47%
Gay or Lesbian	1.95%	3.03%	1.07%	1.75%	1.62%	4.44%	2.04%	2.22%	3.10%	2.32%
Bisexual	2.00%	2.52%	1.64%	2.85%	1.74%	3.49%	1.64%	1.94%	0.44%	3.14%
Other	0.15%	0.14%	0.21%	0.40%	0.23%	0.71%	0.20%	0.23%	0.22%	0.00%
Undecided	0.13%	0.10%	0.17%	0.26%	0.35%	0.18%	0.00%	0.23%	0.00%	0.34%
Not Disclosed	4.71%	7.65%	3.23%	4.80%	0.58%	5.55%	12.88%	7.27%	4.66%	6.73%
RELIGION / BELIEF	**2023**		**2024**		**2023**	**2024**	**2023**	**2024**	**2023**	**2024**
Atheism	11.17%	19.85%	6.30%	17.47%	19.81%	21.40%	16.97%	17.18%	25.06%	27.00%
Buddism	1.49%	0.73%	2.31%	1.26%	0.81%	1.28%	0.82%	1.36%	1.11%	0.00%
Christianity	49.45%	47.01%	41.37%	47.32%	47.51%	46.04%	47.03%	50.09%	51.22%	47.48%
Hinduism	6.83%	2.83%	15.56%	4.93%	4.29%	4.70%	2.04%	4.09%	0.22%	1.57%
Islam	16.21%	5.84%	24.19%	9.40%	4.52%	5.73%	5.93%	4.05%	0.67%	1.98%
Other	6.63%	9.81%	4.08%	8.74%	15.06%	8.33%	15.13%	9.48%	10.20%	10.66%
Not Disclosed	8.22%	13.93%	6.20%	10.89%	12.51%	12.52%	18.00%	13.75%	11.53%	11.31%

PUBLIC – Board of Directors
20th May 2025

Report	**Agenda Item 22.**	**2024-25 National Cost Collection (NCC) Pre-Submission Board Assurance Report**						
Purpose of the Report	Approval	**X**	Ratification		Assurance	**X**	Information	
Accountable Executive	Karen Edge			Chief Finance Officer				
Author(s)	Paula Jones Calkin			Costing & Performance Accountant				
Board Assurance Framework	BAF 1 Quality BAF 2 Safety BAF 3 Operational BAF 4 People BAF 5 Finance BAF 6 Capital BAF 7 Digital BAF 8 Governance BAF 9 Partnerships BAF 10 Research			**X**	BAF 5 – Failure to submit NCC would be a breach of the NHS Provider mandate			
Strategic goals	Patient and Family Experience People and Culture Purposeful Leadership Adding Value Partnerships Population Health							**X**
CQC Domains	Safe Effective Caring Responsive Well led							**X**
Previous considerations	Not applicable							
Executive summary	Understanding the cost of patient services is important, both locally and nationally, to help make decisions about how to manage and deliver sustainable, high-quality services. Costing provides clinical and operational teams with evidence to ensure that resources are used in the most effective way possible to provide high-quality care and support the reduction in unwarranted variation. To ensure that costs are calculated on a consistent basis, NHS England issues annual costing guidance that sets out the costing standards to be used by NHS providers. The guidance explains the approach to costing and cost collection that should be followed and sets out what service providers need to do to meet the conditions of their provider licence. The national cost collection (NCC) has 2 annual publications: • National schedule of NHS costs - showing the national average unit cost for each service							

	• National cost collection index (NCCI) – measuring the relative efficiency of NHS organisations from an index centred around 100 As part of NCC compliance a board assurance report in relation to the collection is required to be provided and approved by all organisations. This is the first of two reports that will be presented with the second report that will provide an update on NCC prior to submission (which will include how issues have been addressed and issues that are still being worked on).

Recommendations	The Board of Directors is asked to approve that:
	• The plan in Appendix A is sufficient to meet the requirements to produce the 2024/25 NCC submission by the deadline date. The plan includes:
	  ○ senior review and sign off to ensure the return has been prepared in accordance with the Approved Costing Guidance
	  ○ an information gap analysis and costing standards gap analysis will both be completed and any issues addressed as part of the planning process
	• The costing and other teams involved in the submission are sufficiently resourced to produce and validate the submissions with the planned timeline.

Corporate Impact Assessment	
Statutory/regulatory requirements	Not achieving financial duties will impact on the ability for the Trust to secure the economy, efficiency, and effectiveness in its use of resources.
Risk	BAF 5 – Failure to submit NCC would be a breach of the NHS Provider mandate
Equality & Diversity	Not applicable
Communication	This document is likely to be requested as part of NCC desktop audit by NHSE following submission

Board of Directors
National Cost Collection 2024/25

Introduction

Costing is the quantification, in financial terms, of the value of resources consumed by carrying out a particular activity or producing a certain unit of output.

NHS costing information is required for a number of reasons including:

- Informing value-based decisions
- Improving efficiency and effectiveness – providing evidence to ensure that resources are used in the most effective way possible to provide high quality care and support the reduction in unwarranted variation
- Understanding patient pathways – and to help organisations and services when developing new models of care
- Developing payment systems – costing data is used to inform payment mechanisms

NHS costing has gone through significant changes over recent years, moving from costing based on averages to costing the actual care individual patients receive. All NHS providers are required by NHS England to calculate their costs at patient level.

Patient level costing can be vital in improving the efficiency and effectiveness of how patient care is delivered. When analysed with other performance and quality information, they support an understanding of the delivery and performance of services.

To ensure that costs are calculated on a consistent basis, NHS England issues annual costing guidance that sets out the costing standards to be used by NHS providers as well as guidance for submission.

NHS England's guidance sets out 3 principles that should underpin good costing processes in an organization:

- Materiality – costing effort should focus on high-value and high-volume services
- Data and information – high quality activity data must be combined with financial data to generate costs that reflect the actual care received by patients
- Engagement and use – costing teams should actively engage with stakeholders to encourage the use of cost information to drive service efficiency and improvement

NHS National Cost Collection (NCC)

The NHS National Cost Collection (NCC) is an annual submission of costs and activity, made by all NHS Providers in England.

The Board is asked to review the costing plan (Appendix A) to ensure that it meets the expected requirements noted in the NCC Approved Costing Guidance.

This is the first of two reports that will be presented to the Board on the process for producing the National Cost Collection required under the NHS provider licence. The second report will update the Board on progress of the collection, any issues that have arisen which will be addressed before final

submission and any areas where the Trust is still working to implement the costing standards required.

Data collected

The data collected is the source data for work by the Model Health System. Therefore, the board assurance process reflects the importance of cost submissions to raise the profile of costing across the organisation, especially at a senior level.

Plan for submission

In line with the NHSE Approved Costing Guidance and in collaboration with the Trust's Costing Software Suppliers – Logex, a plan for submission of the 2024/25 NCC is provided as Appendix A to this paper.

The costing team is sufficiently resourced to carry out the collection by the deadline, but it should be noted that time to review the details of the collection costs and activity is unlikely to be carried out with services in the timescales we have available for the NCC submission this year.

Improvements to the internal and external costing process, including review with services, are on-going and will be reported to the Executive Directors Group separately to this mandatory paper.

Recommendation

The Board of Directors is asked to approve that:

- The plan in Appendix A is sufficient to meet the requirements to produce the 2024/25 NCC submission by the deadline date. The plan includes:
    - senior review and sign off to ensure the return has been prepared in accordance with the Approved Costing Guidance
    - an information gap analysis and costing standards gap analysis will both be completed and any issues addressed as part of the planning process
- The costing and other teams involved in the submission are sufficiently resourced to produce and validate the submissions with the planned timeline.

Appendix A: 24/25 NCC costing plan

TASKS	W/C
NHSE GUIDANCE	
NCC 24/25 Costing Grouper	complete
Data Specification Published by NHSE	complete
Guidance Published by NHSE	complete

NHSE WINDOW	
Submission Window - Open Submission	9 Jun
Submission Window - All Trusts must do a submission	30 Jun
Submission Window - NHSE/Trust DQ Checks	7 Jul
Submission Window - Resubmission Window	14 Jul
Submission Window - Contingency Window	21 Jul

PATIENT DATA	
Create NCC 24/25 Workflow	complete
Request 24/25 data from Informatics (FLEX/FREEZE)	28 Apr
Process through 24/25 Reference Cost Grouper (FLEX/FREEZE)	2 May
Collect other PLICS data (non PL) e.g. CMDT etc	22 Apr
Process 24/25 Patient Data	3 May
Review Validations	5 May
Clear Validations - FixData or at Source	5 May
Patient Data validate and reconciled in Costing	12 May
Information Gap Analysis - report to NHSE if applicable	12 May

COST MODELLING	
Create NCC 24/25 Scenario	28 Apr
Upload GL Data - Draft	5 May
Upload HR Data	5 May
Identify and Cost Exclusions	5 May
Identify and Cost Aggregate Data	5 May
Review Rules (2.2 and 3.1)	5 May
Upload GL if final Accounts are different to Draft	26 May
Populate INTREC	26 May
Initial Balanced Model	2 Jun
Review NCC Analytics - make any further changes	2 Jun
Approved Costing Guidance Gap Analysis - report to NHSE if applicable	2 Jun

NCC VALIDATIONS	
Review High/Low Cost Patients	2 Jun
Review Invalid Combinations	2 Jun
Review any additional DVE Validations	2 Jun

SIGN OFF	
DoF Sign Off	30 Jun

PUBLIC – Board of Directors
20th May 2025

Report	**Agenda Item 24.**	**Clinical Strategy**						
Purpose of the Report	Approval	**X**	Ratification		Assurance		Information	
Accountable Executive	Dr Nigel Scawn			Medical Director				
Author(s)	Jonathan Develing			Director of Strategy and Partnerships				
Board Assurance Framework	BAF 1 Quality BAF 2 Safety BAF 3 Operational BAF 4 People BAF 5 Finance BAF 6 Capital BAF 7 Digital BAF 8 Governance BAF 9 Partnerships BAF 10 Research			**X** **X** **X** **X** **X** **X** **X** **X** **X** **X**	BAF impact is positive assurance when designing in sustainability and future service development.			
Strategic goals	Patient and Family Experience People and Culture Purposeful Leadership Adding Value Partnerships Population Health							**X** **X** **X** **X** **X** **X**
CQC Domains	Safe Effective Caring Responsive Well led							**X** **X** **X** **X** **X**
Previous considerations	Board of Directors October 2024. Board of Directors Development Day February 2025. Operational Management Board.							
Executive summary	Our clinical strategy provides a clear direction for how we will provide care for our population our patients and our families. We want everyone who requires support from us, in whatever setting, to receive the best possible care, experience and outcomes from the services they receive. This strategy has been developed by our clinical and operational teams along with input from our stakeholders, partners and through patient engagement. The strategy focuses on the whole life course, and family experience and in all cases applies the Trust values of being Safe, Kind and Effective in the way we plan and deliver services. We believe that working in this more holistic way affords opportunity for earlier intervention, prevention and in focussing our joint efforts in areas of greatest inequality.							

	This clinical strategy **`Improving Lives`** is complementary with our corporate strategy **`Transforming Care Together`** and is aligned with emergent thinking within the governments ten-year plan for health and care. **Improving Lives** In the rapidly evolving health service, we believe that the foundation of success lies in a more strategic planning and visionary approach. A well-crafted clinical strategy empowers clinical and operational staff to not only adapt to change but to shape it, ensuring the delivery of high-quality patient care, improved outcomes, and sustainable growth. This approach is reflected in our clinical strategy as we work towards excellence with a commitment to innovation, collaboration, and whole patient and family-centred care, where each decision is driven by our goal: **improving lives.** Through our clinical strategy, we intend to harness emerging technologies, streamline operations, and foster a culture of continuous improvement. This journey is not just about achieving metrics—it is about making a meaningful impact and improving lives one patient at a time.
Recommendations	The Board of Directors is asked to approve the Clinical Strategy.

Corporate Impact Assessment	
Statutory/regulatory requirements	It is a requirement that Trusts have up to date clinical strategy.
Risk	Not applicable
Equality & Diversity	Meets Equality Act 2010 duties & PSED 2 aims and does not directly discriminate against protected characteristics
Communication	Not confidential

NHS
Countess of Chester Hospital
NHS Foundation Trust

WELCOME TO OUR

Clinical Strategy

2025-30

Safe **Kind** Effective

Foreword

Welcome to our Clinical Strategy 2025-2030

Our clinical strategy provides a clear direction for how we will provide care for our population our patients and our families. We want everyone who requires support from us, in whatever setting, to receive the best possible care, experience and outcomes from the services they receive.

This strategy has been developed by our clinical and operational teams along with input from our stakeholders, partners and through patient engagement.

The strategy focuses on the whole life course, and family experience and in all cases applies the Trust values of being Safe, Kind and Effective in the way we plan and deliver services.

We believe that working in this more holistic way affords opportunity for earlier intervention, prevention and in focussing our joint efforts in areas of greatest inequality.

This clinical strategy **`Improving Lives`** is complementary with our corporate strategy **`Transforming Care Together`** and is aligned with emergent thinking within the governments ten-year plan for health and care.

Improving Lives

In the rapidly evolving health service, we believe that the foundation of success lies in a more strategic planning and visionary approach. A well-crafted clinical strategy empowers clinical and operational staff to not only adapt to change but to shape it, ensuring the delivery of high-quality patient care, improved outcomes, and sustainable growth.

This approach is reflected in our clinical strategy as we work towards excellence with a commitment to innovation, collaboration, and whole patient and family-centred care, where each decision is driven by our goal: **improving lives.**

Through our clinical strategy, we intend to harness emerging technologies, streamline operations, and foster a culture of continuous improvement. This journey is not just about achieving metrics—it is about making a meaningful impact and improving lives one patient at a time.

Together, we in the Trust wish to embark on this mission with dedication, purpose, and the unwavering belief that we can transform healthcare both in and out of the hospital for the better.

We will inspire change, lead with compassion, and create a legacy of excellence in care.

A New culture of strategic thinking

When coproducing our strategy, we have promoted a culture of strategic thinking – that is a mindset that crafts solutions to historic challenges, transcends routine tasks and empowers individuals to view challenges and opportunities with a forward-thinking lens.

Cultivating this culture involves encouraging creativity, embracing innovation, and fostering an environment where long-term goals align with everyday actions.

We believe that every team member is not just a participant, but an active contributor to our organisation's vision and purpose. Everyone has the power and ability to shape outcomes, whether in patient care, operational efficiency, or overall organisational success.

By continuously asking "How can we improve?" and "What's next?" we empower ourselves and those around us to anticipate needs, adapt to change, and remain resilient in the face of uncertainty.

This culture does not just stay within our clinical and operational leadership team—it permeates every layer of our organisation, creating a unified approach where everyone is engaged in the process of strategic development.

Together, we will create an environment where innovation is valued, collaboration is key, and every step forward is a part of a broader vision for success.

Our Ethos

We recognise that people and patients present in a quite different way to that when the NHS was created. The wider determinants of health and multiple comorbidities mean that people often present with much more complex conditions than the single acute presentation of the past.

Consequently, we are adapting our approach to make a purposeful shift from the traditional provision to a population health approach.

Together with our Trust vales this approach ensures that whether you are a member of the public, a patient, a carer, family member or member of staff you can be assured of being treated holistically and with the utmost consideration for keeping you safe and being treated with kindness.

In developing our approach, informed by patients and the public, we have considered a whole life course approach

A "whole life course approach" refers to a perspective that considers all aspects of a person's life, recognising the relationship of physical, mental, emotional, and social well-being. In the context of our strategy this means treating people holistically rather than focusing on isolated symptoms or diseases. It also recognises the importance of making healthy choices at each stage of life to build a strong foundation for physical, mental, and emotional well-being in the future

Starting Well – This means adopting healthy practices during childhood and early adulthood—like balanced nutrition, regular physical activity, and positive social connections. Education & Self-awareness: Early education on mental health, emotional intelligence, and financial literacy also contribute to a strong start. Learning to manage stress, build resilience, and foster healthy relationships from an early age.

Living Well – This is maintaining a healthy balance in all aspects of life and includes things like eating nutritious foods, staying physically active, nurturing mental health, and ensuring adequate rest and relaxation. Having good social connections, building, and maintaining meaningful relationships, engaging in activities that bring joy and fulfilment and adapting to challenges in life, whether they are career-related, personal, or health-related.

Aging Well - As we age, maintaining mobility, strength, and flexibility is essential. Regular exercise tailored to ability helps maintain muscle mass, bone density, and cardiovascular health. Engaging in mental exercises like reading, puzzles, learning new skills, or socializing to keep our brain sharp. Continuing to stay socially active and involved in our community reduces the risks of loneliness and isolation, both of which can negatively affect mental and physical health.

Key elements of a whole life approach

Adopting a whole life approach within our services means we will provide

- Holistic Care: Addressing the physical, emotional, mental, and spiritual health of a person.
- Focus on prevention and lifestyle choices that promote long-term health, rather than just treating illnesses when they arise.
- Personalised Care: Tailoring medical care to the individual's unique needs, history, and circumstances.
- Interdisciplinary Collaboration: Involving multiple healthcare providers, such as doctors, mental health professionals, dietitians, and therapists, to provide comprehensive care.
- Empowerment and Education: Encouraging individuals to be active participants in their own health by helping them to make more informed decisions.

Our Commitments

Developing our strategy in this way has naturally led us to develop several key statements that describe how we would want to normalise care.

We will ….

- Design our services around the needs of the patients and families

- Deliver services that are safe, kind, and effective and aligned to the needs of the population.
- Target areas of health inequality
- Take a holistic approach to the way we provide care
- Take an integrated multidisciplinary approach in the way we provide care
- Have consideration for equality, diversity, and inclusion
- Collaborate with others at every opportunity
- Empower patients and families to help make choices about their care
- Empower staff to come forward with creative solutions to difficult challenges
- To not be afraid to disrupt the status quo
- Embed research and innovation in everything we do to improving treatments and services we will offer in the future.
- Continually learn and improve at every opportunity
- Develop our social and community value.
- Become a health promoting hospital considering prevention, early intervention, and net zero opportunities.

Our Organisation

The Countess of Chester is a general hospital located in Chester, England, providing the full range of acute and specialist services, and Ellesmere Port Hospital – a rehabilitation, intermediate and outpatient facility. In January 2022, the Trust agreed to take a lease on Tarporley War Memorial Hospital which is located twelve miles outside Chester in the village of Tarporley, providing outpatient and therapy services.

The Trust employs over 5,200 staff (including temporary bank staff) and provides acute emergency and elective services, primary care direct access services and obstetric services to a population of approximately 343,000 residents in Chester and West Cheshire which includes rural areas, Ellesmere Port and Neston as well as the Deeside area of Flintshire which has a population of just over 50,000.

The hospital is known for its commitment to patient care and community health, offering a variety of medical services for both inpatient and outpatient care. It also plays an important role in the local healthcare system, supporting both acute and elective treatments for people in and around Chester.

Our Population

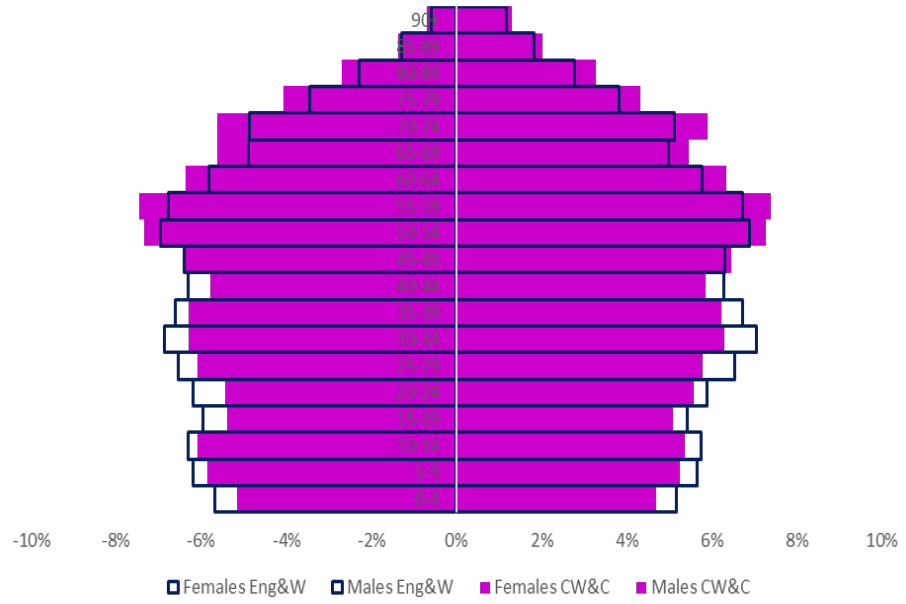
When the NHS was set up it focussed on treating single conditions or illnesses. Since then, things have changed, and we are now living longer (although this has slowed down in the last two years), and we are now living with multiple conditions that require on going care.

The 2021 Census population estimate for Cheshire West and Chester is 357,200. This is higher than the Office for National statistics had previously estimated the population (343,800 mid-2020 estimate).

The mid 2023 estimates reference our population is higher again at 365,106.

There are more people, male and female aged 65+ than the national average and over 80s are projected to double in the next ten years.

Considering the changing demographic and the historic way services are provided has helped define the values, ethos, and principles within this strategy.



Clinical Strategy

We believe that clinical strategy should be based on the core foundation of our shared values of providing Safe, Kind and Effective services. This foundation has helped developed the strategy which is pictured in summary form below

Core Values

Safe – We are dedicated to the health and happiness of every person in our hospital and in our community. We hold ourselves accountable to the highest possible standards of safety in our environments and practices. We want everyone in our care – our colleagues, patients, and visitors – to feel secure, valued and heard. We welcome everyone, whatever their background or beliefs

Kind - We care about the needs of our patients and each other, and we are humble in our expertise. We talk to our colleagues, partners, and patients as equals. Everything we do, we do together. We practise kindness in our everyday actions – speaking, listening, and behaving with warmth, empathy, and consideration. We understand the challenges faced by the people in our care and do everything in our power to improve their experience.

Effective - By effective, we mean that people's care, treatment, and support achieve good outcomes, promotes a good quality of life and is based on the best available evidence. Services that are responsive to our patients` needs

Principles

In developing the strategy, we have explored not just what services we provide and how we provide them but answered the fundamental question of purpose, the why and what drives our motivations. This has helped develop the following principles that we will apply.

- Patient and Family Centred Care:

We will be driven by the needs of people and families and prioritise their needs, preferences, in every aspect of care. We will focus on improving patient outcomes and experiences. Include patient involvement in decision-making and care plans.

For example - We will introduce front door frailty assessment, therapies, and surgical assessment within our same day emergency centre

- Evidence-Based Practice:

Use the best available research and clinical data to inform decision-making. Ensure that treatments, interventions, and protocols are based on proven clinical effectiveness. Regularly update the strategy to incorporate new evidence and emerging practices.

For example – We will share best practice in the rapid implementation of new NICE guidance (haematology being an exemplar of immediate adoption).

- Continuity of Care:

Ensure seamless transitions between various stages of care (e.g., hospital to home, primary to secondary care). Promote integrated care pathways that support collaboration between providers and services. Foster clear communication across all levels of care teams to avoid fragmentation.

For example – through our hospital at home services, provide innovative solutions in areas such as antibiotic therapy in the community and change protocols and pathways / care records that promote care and improve clinical, patient and family decision making.

- Quality and Safety Focus:

We will ensure that safety is the cornerstone, minimizing risks, errors, and harm. Establish quality metrics and benchmarks to evaluate clinical performance. Foster a culture of continuous quality improvement through audits, feedback, and learning from mistakes.

For example – we will continue to develop our operational, clinical, and aspirant clinical leaders, sharing learning and coproduction across all disciplines.

- Digital and Data

We will develop mechanisms to collect real-time patient data for better care planning and outcomes tracking. Use predictive analytics to anticipate patient needs and resource requirements.

For example – we will introduce predictive analytics, embrace quantum technologies to solve historic challenges and make best use of artificial intelligence to improve patient care. We will use auto-monitoring to predict deterioration in patient conditions

- Collaborative and Multidisciplinary Approach:

We will encourage teamwork across different clinical specialties, support staff, and leadership. Promote a culture of communication and mutual respect within teams. Design care pathways that involve input from diverse professional perspectives (e.g., doctors, nurses, therapists, social workers, people).

For example – We will collaborate with our partner organisations to develop neighbourhood teams and improve prevention and protection in area such as heart failure and multimorbidity within cardio-vascular disease.

- Scalability and Flexibility:

We will ensure that our strategy can be adapted to different patient populations, and care settings by aligning the development of services with the introduction of new technologies. We will be responsive to future challenges and opportunities, such as emerging health trends or demographic changes.

For example – we will partner with our patients to support empowerment and management of their health care needs.

- Efficiency and Resource Management:

We will design processes to maximize efficiency without sacrificing quality of care. Ensure that resources (staff, equipment, time) are allocated optimally. Identify and eliminate inefficiencies, such as unnecessary tests or prolonged waiting times.

For example - we will provide one stop clinics reducing the need for multiple appointments in areas such as our Breast Care, Endoscopy, and Gynaecology services. We will introduce a phased program of virtual appointments and explore virtual glaucoma developments.

- Technology Integration:

We will leverage digital tools and technologies for improved clinical decision-making (e.g., electronic health records, AI diagnostics). Incorporate telemedicine and remote monitoring where appropriate to enhance access and convenience. Ensure that technology enhances rather than disrupts patient care and clinical workflows.

For example – we will seek rapid adoption of AI and real time diagnostic reporting. We will integrate our electronic patient record with complementary systems to enhance intelligence and support improved flow in support of an improved patient experience.

- Sustainability and Long-Term Viability:

We will design strategies with sustainability in mind, considering the long-term financial, environmental, and social impact. Plan for workforce development and ensure clinical staff are well-supported, trained, and engaged. Ensure the strategy is adaptable to future healthcare system changes, such as policy shifts, funding constraints, or public health crises.

For example – we will facilitate safe, kind, and sustainable leadership programs, promoting apprentices and skills development with local education and businesses.

- Transparency and Accountability:

We will foster a culture of openness, where successes, challenges, and failures are openly shared and addressed. Ensure that clinical leaders and teams are accountable for delivering on strategic goals. Encourage transparency in decision-making processes and patient care outcomes.

For example – we undertake thematic reviews, safety summits and shared learning, triangulating feedback to improve outcomes. Working with our academic partners we will become a teaching hospital and over the lifetime of this strategy, a university hospital.

- Patient Empowerment and Engagement:

We will involve patients in their own care through education, support, and shared decision-making. Design strategies that promote self-management, particularly for chronic conditions. Ensure patients have access to resources, tools, and guidance to make informed choices about their health.

For example – we will support patient through our Hip and Knee, Gynaecology, and Diabetic `schools`, introduce electronic handheld records (app based) and prehabilitation in areas such as rheumatology, lung, and colorectal cancer

- Culture / Health Inequalities

We will design care strategies that are culturally sensitive and accessible to diverse patient populations. Address health disparities by incorporating inclusive practices and policies. Support staff to understand and respect cultural differences in patient care and communication.

For example – using advanced digital and data developments, we will provide access to services in areas of greatest need. Utilising our health bus, we will take opportunities to provide point of care screening at local events.

- Workforce Wellbeing

We will support the wellbeing of all our staff to prevent burnout and maintain high-quality care. Create a positive work environment that fosters professional growth and

job satisfaction. Address workforce challenges, such as workload stress to ensure sustainability.

For example – we will promote continued professional development, staff wellbeing hub, support flexible working wherever possible and develop the hospital as a health and wellbeing hospital park, including the ever-increasing use of our country park

- Prevention and Early Intervention

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

For example – We lead on health education programs and preventive screenings which can help prevent chronic diseases (e.g., diabetes, cardiovascular diseases).

We are supporting patients with chronic illnesses through education and management strategies can lead to improved quality of life and reduced hospital readmission rates. We partner with local organisations to address broader health issues that can strengthen community ties and health outcomes.
We are focusing on sustainability, reducing the environmental impact of the hospital, and implementing policies like smoke-free environments, healthy food options, and physical prehabilitation activity in the promotion and adoption of a holistic approach to health.

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

Key Strategic Challenges

- **Demographics / Health Inequalities**

Cheshire West is a growing population with significant inward investment in new housing and business development. There are more people, male and female aged 65+ than the national average and over 80s are projected to double in the next ten years.

Furthermore, there are cross boundary flows of people from North Wales who look to the hospital for their care.

Life expectancy and access to care differs within the catchment population of the Trust and we are committed to targeting resources where need is greatest, an approach known as proportionate universalism.

A holistic approach to care (as described in this strategy) and investment is required, focusing on preventing health risks and reducing the cumulative effect of long-term conditions and co-morbidities.

- **Urgent and Emergency Care**

The urgent care system in and out of the hospital is such that there is an overreliance on hospital care. The wider urgent care offer is less developed than in other parts of Cheshire and Merseyside. (lack of walk centres or minor injury units).

- **Demand on healthcare**

The way people present, be it primary, secondary, or urgent care has become more complex as people live longer and present with more than one longer term condition. This and population growth continues to put additional demand on the hospital and the wider system.

- **Lack of capital investment**

The restraint on capital to investment in new equipment and building maintenance means that the hospital infrastructure is less efficient than it could be.

- **Financial position**

Like other district general hospitals, the forward look for our financial position is challenged and we will consider how this strategy can support a shift from hospital to home, treatment to prevention and analogue to digital.

- **Workforce**

We will support the wellbeing of all our staff to prevent burnout and maintain high-quality care. Create a positive work environment that fosters professional growth and job satisfaction. Address workforce challenges, such as workload stress to ensure sustainability.

Expected Outcomes

As a result of adopting our new approach we expect the following outcomes to be delivered

Hospital to Home

- People will be managed closer to home, and for most people, care will be provided in a community setting and not in the hospital.
- People will only come to hospital when their need is for those services provided for in that setting.

- People will spend less time in hospital and be discharged home as soon as their condition allows.
- People will have high quality, personalised and consistent care.
- People will experience reduced waiting times, and timely access.

Analogue to Digital

- We will increasingly see the use of digital advances such as artificial intelligence (AI) in diagnostic testing and patient held records as we move from analogue system to a more modern integrated digital system.
- People will see improved co-ordination and working relationships with partners and a more seamless and consistent service.
- People will begin to see more appointments offered by video links.
- People will see an increased use of technology to keep them safe and well at home (Virtual Ward).

Treatment to Prevention

- People will see a shift in approach to preventing disease and promoting health and wellbeing.
- People will see less reliance on hospital care and be supported in the management of their conditions through strategies such as social prescribing.
- We will become a health promoting hospital.

Health Promoting Hospital

As a Health Promoting Hospital our goal is to improve the overall health and well-being of patients, staff, and the surrounding community.

By adopting health promotion strategies within the hospital, we expect to achieve include:

Improved Patient Health Outcomes:
Prevention of Disease: We lead on health education programs and preventive screenings which can help prevent chronic diseases (e.g., diabetes, cardiovascular diseases).

Better Management of Existing Conditions: We support patients with chronic illnesses through education and management strategies can lead to improved quality of life and reduced hospital readmission rates.

Enhanced Staff Well-being:

Healthier Work Environment: Promoting mental and physical health among staff to reduce burnout, absenteeism, and stress, improving overall productivity and job satisfaction.

Health Promotion Programs: We offer wellness programs, stress management techniques, and fitness activities can contribute to a healthier workforce.

Community Engagement and Support:

Health Education Outreach: Providing community education and resources on healthy living and disease prevention can lead to a healthier community.

Collaborative Partnerships: Partnering with local organisations to address broader health issues that can strengthen community ties and health outcomes.

Sustainable Health Practices:

Environmental Health Initiatives: Focusing on sustainability and reducing the environmental impact of the hospital (e.g., waste management, energy efficiency) supports both the planet and public health.

Health-Conscious Policies: Implementing policies like smoke-free environments, healthy food options, and physical activity promotion helps create a holistic approach to health.

Cost Savings:

Reduced Healthcare Costs: Preventive care and early intervention reduce the need for expensive treatments and hospital admissions, leading to lower healthcare costs in the long term.

Increased Efficiency: Health promotion efforts can lead to better use of resource and efficient use of healthcare services.

Increased Patient Satisfaction and Trust:

Holistic Care: Focusing on not only physical but also mental, social, and environmental factors of health can improve patient satisfaction.

Trust Building: Providing a supportive, patient-cantered environment promotes trust in the hospital and its services.

Excellence and Ambition

Our clinical strategy builds in a strategic mindset at its core. That is learning from past, delivering for today and developing for the future.

Examples of clinical exemplars

Milk Bank – As a regional leader the milk bank provides approximately 2,000 litres of donor milk per year from circa 250 donors. This milk is supplied to over seventy hospital trusts in England, Wales, and Ireland.

Hearing Implants – The Trust is leading the way in new innovative technology with an implant placed under the scalp for a completely invisible and infection free solution.

Liver screening – A significantly expanded offer for liver screening using an ultrasound like device known as a Fibro scan in community-based clinics

Breast Surgery – An innovative modern service providing the full range of oncoplastic surgery except, for autologous free flap reconstruction (this being a regional service), adapted to population needs.

Interventional Radiology – The Trust holds a strong reputation for delivering high-quality clinical care. Being a key hub in the hospital network the Trust has a leadership role.

Insulin Pump Management – The Trust has an advanced hybrid closed loop insulin pump management services supporting over 350 people. Reports as life changing, improving quality of life, improved sleep, and better time in range with improved glycaemic control and glucose levels.

Aseptic Services - The aseptic suite provides for the manufacture of injectable medicines to treat cancers and high-risk injectable medicines.

Examples of Clinical Ambition

Women and Children's services - Our new Women and Children's development aims to be the services of choice for women and children's healthcare in the Northwest, providing exceptional and safe services to patients and their families in a new outstanding facility.

Frailty – Development of a fully integrated frailty service both at the front door of the hospital and in the community.

Urgent Care – The Trust has strong patient pathways enabling primary care to refer into same day emergency care.

Community Partnerships – our new integrated community teams (Countess of Chester and Cheshire and Wirral Partnership Trust) are providing more seamless care across pathways.

Surgery – Ambulatory Surgery – working with orthopaedics, to increase the number of day cases for hip and knee replacement and a strategic intent to introduce robotic surgery across a variety of surgical specialties

Theatre - Redevelopment of our theatres, hybrid theatre and recovery areas to improve patient flow through theatres.

Research – Achieve university hospital status, make multiple joint appointments with the university, continue growth in clinical trials and begin to attract commercial research income.

Innovation – embrace innovation opportunities and new technologies to deliver improve patient experience, efficiency, and flow throughout the hospital.

Aligning National Priorities and Enabling strategies

Out Strategy has considered the emergent Ten-Year Health and Care plan and priorities within the operational planning guidance.

Our clinical strategy **`Improving Lives`** does not sit in isolation and we have ensured that there is a read across to themes within our corporate strategy **`Transforming Care Together`.**

`Transforming Care Together` and **`Improving Lives`** provide a framework for our enabling strategies in the following area.

- Quality and Safety
- Patient and Family Experience
- Finance
- Data and digital
- Research and Innovation
- Health Inequalities
- People and culture

Divisional and Service Priorities

The delivery of our strategy will be through the established departments / divisions within the Trust and new collaborative relationships that will develop with neighbouring hospitals, primary, community services and voluntary services.

Divisional Plans

Adopting our strategic approach Divisional plans have now been developed that describe how, over the lifetime of strategy, we will begin to make the improvement, development, changes and `shifts` in care we envisage.

The following appendices reflect this with each division describing

- Divisional Priorities, strengths, and opportunities
- Divisional Objectives, short, medium, and longer term
- Divisional Outcomes, expected outcomes in the short, medium, and longer term

Research, Education and Innovation

Underpinning our ambition is a passion to deliver, at scale research as a key enabler to improving practice and clinical outcomes.

A separate appendix is included describing our research strategy and ambitions to become a University Hospital, with a thriving educational offer.

Divisional and service priorities

Divisional Priorities: Planned Care

Initiatives	Breast	Metastatic holistic support clinic
	Dermatology	Artificial Intelligence for Skin analysis
	ENT	Trans-nasal Oesophagoscope in an outpatient clinic setting
	Surgery	Exemplar Stoma care provision
	Ophthalmology	Virtual Glaucoma service
	Orthopaedics	Improving hip fracture patient care
	Plastics	Align demand and workforce capacity
	Theatres / ICU	Medical emergency team successfully established
	Urology	Elective care transformation
	Vascular	Centre of excellence for amputation prevention
Strengths	Breast	An innovative breast surgery service
	Dermatology	28-day cancer performance
	ENT	Head and Neck cancer performance
	Surgery	28 Day cancer performance
	Ophthalmology	Provision of high volume any complexity cataract surgery
	Orthopaedics	Region leading day case arthroplasty, low infection rates
	Plastics	Consistent levels of day case surgery
	Theatres / ICU	Exemplar collaboration with medical and nursing and outreach
	Urology	Innovation – Optimum, LA Uro-lift. Exmis prosthetic stend
	Vascular	Excellent training reputation and outcomes
Opportunities	Breast	Menopause symptom management clinic and complimentary therapies
	Dermatology	Become a centre of excellence
	ENT	Walk In Walk Out for paediatric day case patients
	Surgery	Robotic surgery
	Ophthalmology	Elective hub for cataract outpatient and surgery
	Orthopaedics	Improve use of highly unstable bed base due to urgent and medical demands
	Plastics	Skin cancer/met one-stop shop
	Theatres / ICU	Enhanced preoperative medical model including No One At Home Pathway
	Urology	Become a Stone / benign centre
	Vascular	Integrate primary and secondary care to reduce hospital admissions

Divisional Objectives: Planned Care

Immediate	Breast	Maintaining faster diagnostics and improving 31- and 62-day targets
	Dermatology	Deliver higher levels of care to improve diagnostics and treatment
	ENT	Set up Audiology to request and review MRI scans for certain patient cohorts
	Surgery	Family history colorectal clinics
	Ophthalmology	Dedicated Electronic Patient record – standardised patient documentation
	Orthopaedics	Collaborate with other surgical centres
	Plastics	Research fellowship
	Theatres / ICU	Increase provision of percutaneous tracheostomy in intensive care
	Urology	Optimise access points to the service and use of continence service
	Vascular	Obtain training in advanced venous intervention
Medium Term (1-3 Years)	Breast	Introduction of Artificial Intelligence in Breast radiology
	Dermatology	Joint one stop clinics with plastic surgery
	ENT	Introduce Advanced Clinical Practitioner role and GPs with specialist interest to deliver direct patient care
	Surgery	Set up rectal one stop bleeding clinic
	Ophthalmology	Retinal scanner
	Orthopaedics	Dedicated orthogeriatric lead hip fracture unit
	Plastics	Develop International fellowships programme
	Theatres / ICU	Enhance Pre-Op anaesthetic offer, including full pre-habitation service
	Urology	Dedicated emergency theatre
	Vascular	Provide training to community teams in home-based wound care
Long Term (3-5 Years)	Breast	Develop training programme with primary care.
	Dermatology	Phototherapy utilised as a first option where appropriate
	ENT	Introduce a Vestibular Rehabilitation Service
	Surgery	Robotic surgery
	Ophthalmology	Improve clinical pathways
	Orthopaedics	Transfer of care from surgery to an orthogeriatric unit, rehab facility
	Plastics	Create a centre of excellence for microsurgery
	Theatres / ICU	Redevelopment of theatres, hybrid theatre and new recovery areas.
	Urology	Delivering nephrectomy, cystectomy and proctectomy procedures
	Vascular	Regional wound care centre at COCH in partnership with community

Divisional Outcomes: Planned Care

Immediate	More holistic assessment of frail patients and post operative outcomes Reduction in waiting times for routine and urgent appointments Improved patient experience Reduce incidents and levels risks Safer prioritisation of emergency surgery Reduction in clinic waiting times Streamlined diagnosis and treatment on a cancer pathway
Medium Term (1-3 Years)	Improve quality of life for women living with the effects of cancer treatment Reduced length of stay and optimal discharge Improvement in hip fracture outcomes Increase training opportunities Ability to offer access to new innovative treatments Introduce mentorships Increased academic appointments
Long Term (3-5 Years)	Meet increasing demand due to increased screening Increased research opportunities High quality clinical training Centres of excellence for Plastics and Vascular recognised More seamless and integrated care provided High quality outcomes and improved patient experience

Divisional Priorities: Urgent care

Initiatives	Delivery of 7-day medical cover across all inpatient areas by senior and junior medical staff.
	Integration with Northwest Ambulance to avoid ambulance conveyances
	Senior medical teams' job-planning. To clarify roles and effectively meet capacity and demand in services.
	Outpatient transformation: Effective demand management of elective pathways
	Project manage capital investment in ED
	Workforce planning: Senior medical teams' job-planning.
	Outpatient transformation: Effective demand management of elective pathways
Strengths	Elective: Maintain strong performance across DMO1 specialities and cancer within division
	Workforce with diverse roles working in integrated roles; clinical nurse specialists, ACPs, pharmacists, working alongside medical and nursing teams.
	Strong same day emergency care pathways enabling direct primary care and ED referrals
	Leadership: Continue to engage and enable the workforce to challenge the status quo and resolve issues. Workforce is diverse but committed to high quality patient care.
	Strong partnership in support of patients requiring mental health support on wards and ED
Opportunities	New medical equipment for diagnostics and surveillance – e.g. expansion of Zio patch pilot.
	Integration with the University of Chester medical school to develop opportunities for R&D
	Specialist medical teams now able to deliver improved elective and non-elective performance.
	Integration with NWAS and primary care to manage non-elective demand and expansion of UTC hours
	Specialised Medicine: Developing integrated model with Wirral Hospitals

Divisional Objectives: Urgent care

Immediate	Delivery of NHS Standards
	Workforce: Capacity and demand for imminent concerns – including CRV, general medicine and ED/UTC.
	Updated integrated model for Renal Services
	Integration of digital systems with the operational system to be configured for maximum benefit
	Further development of structures to ensure learning, escalation of issues, and celebrating concerns.
Medium Term (1-3 Years)	Prompt senior and junior medical review across wards and medical acute take.
	Capacity and demand model for specialities completed, triangulated with new digital opportunities
	Comprehensive Frailty geriatric care for increased numbers of patients:
	Expansion in the Same Day Emergency Care opening hours
	Closer integration of the community geriatric team with hospital at home, virtual wards.
	Development of a short-stay unit within the hospital with daily MDT frailty input
	Improve the management of patients who no longer require acute hospital admission awaiting care in the community.
	Develop experience and expertise across the divisional MDT to enable innovation and change.
Long Term (3-5 Years)	Horizon scanning for innovative technical solutions to issues. E.g. artificial intelligence
	Workforce development and succession planning enhancing specialist roles and clinical leadership
	Estate planning to maximise and upgrade current estate footprint – wards and departments
	Non-Elective: Comprehensive solution for bed base and clinical resource to manage all non-elective admissions, with increased delivery of same day emergency care.
	COCH biome's clinical leader in specialist medicine and urgent and emergency care.

Divisional Outcomes: Urgent care

Immediate	Improved patient safety (prompt reviews, shorter time to urgent and first appointments) Strong patient experience outcomes through greater access to clinical staff. Prioritisation of workload to release clinical time and improve access Enhanced staff engagement with improved quality of recruitment and retention delivering improved patient outcomes. Improved interface between clinical teams to improve patient pathways.
Medium Term (1-3 Years)	Overall improvement in patient safety across non-elective pathways Reduced long-term or temporary escalation spaces and boarding on wards and ED Use of new technologies in delivering patient care, reducing duplication and providing complete visibility of pathways Additional clinical capacity in clinical reviews of non-elective patients Improvement in the full range of inpatient and outpatient quality indicators.
Long Term (3-5 Years)	Improvement in non-elective indicators: length of stay, ambulance conveyances, Reduction in unwarranted variation in clinical outcomes and healthcare inequalities in the community through improved timely access. Improved patient outcomes for elderly frail patients in their last 1000-days with a comprehensive frailty and geriatric model integrated with the community. Be considered as the provider of choice for transformational opportunities and bids for new capital investment

Divisional Priorities: Diagnostics and Clinical Support Services

Initiatives	Biochemistry	Demand optimisation
	Diagnostics	Outpatient transformation programme
	Pathology	Service improvement through the promotion of dissection training.
	Pharmacy	Recommissioning of aseptic suite
	Radiology IR	Initial planning and design for two new IR theatres
	Radiology	Use of new referral technologies for improved demand management
Strengths	Biochemistry	Established service providing a UKAS accredited service
	Diagnostics	Proven history of regional presence and collaboration
	Pathology	Excellent turnaround times across blood sciences and cell pathologies.
	Pharmacy	Highly clinically skilled workforce
	Radiology IR	Reputation for Excellence
	Radiology	Excellent performance across key performance indicators
Opportunities	Biochemistry	Micro sampling techniques to decrease phlebotomy demand
	Diagnostics	Use of digital to automate processes
	Pathology	Increased automation and the expansion of in-house testing repertoire
	Pharmacy	Home office licences in place to facilitate collaboration
	Radiology IR	Expanding IR service and improving on-call coordination across hospital network
	Radiology	Advanced practice opportunities in imaging

Divisional Objectives: Diagnostics and Clinical Support Services

Immediate	Biochemistry	Ensure Biochemistry provide a safe service with inappropriate test repertoire
	Diagnostics	Horizon scanning for new technologies, changes in clinical pathways
	Pathology	Implementation of end-to-end blood product traceability.
	Pharmacy	Collaborative medicines value activities though invest to save plans
	Radiology IR	Develop second Interventional theatre to integrate into a fully operational day-case unit
	Radiology	Complete and secure funding for Interventional Radiology Phase 2
Medium Term (1-3 Years)	Biochemistry	maintain a safe and functional service whilst network forms
	Diagnostics	Implement digital opportunities
	Pathology	Progress collaboration with partners for a joint laboratory hub
	Pharmacy	Expansion of aseptically prepared product range (elastomeric devices)
	Radiology IR	Fully implement a multi-hospital on-call system
	Radiology	Ensure well-being strategies in place to support staff team
Long Term (3-5 Years)	Biochemistry	Provide an accredited point of care testing service
	Diagnostics	Adopt cutting-edge technologies at the forefront of clinical innovation
	Pathology	Wider use of digital opportunities in pathology
	Pharmacy	Adoption of digital opportunities to support patient centred decision making
	Radiology IR	Regional centre of excellence in interventional radiology
	Radiology	Wider use of digital opportunities in radiology

Divisional Outcomes: Diagnostics and Clinical Support Services

Immediate	Enhanced patient outcomes Improved turnaround times for test results and quality reporting Reduce inpatient admissions
Medium Term (1-3 Years)	Evidence-based modernised and efficient services Adoption of digital innovation for faster diagnosis, tests, and treatment Reductions in health inequalities Increased day case for interventional radiology
Long Term (3-5 Years)	Clinical services delivering national standards Increased provision of out of hospital care Digital innovation delivering faster diagnosis Overall patient outcomes will improve, with shorter hospital stays Reputation for early adoption of new innovations

Divisional Priorities: Therapies and Integrated Community Services

Initiatives	Virtual Wards & 2 Hour Crisis Response (Hospital at Home)
	Integrated community collaborative
	Community response hub development
	Acquired Brain Injury pathway development
	Ward based initiatives (no pass zones, no harm falls, pressure area protection, deconditioning & get moving)
Strengths	A significant out of hospital workforce delivering a wide range of community care
	Critical home care services including rapid response, rehabilitation, call before conveying.
	Demonstrating the impact that therapy interventions can make on safe/effective care
	Success in growing our own workforce
	Adaptable and flexible workforce able to work in and between traditional care settings
Opportunities	To expand the role of the advanced health practitioner workforce across a range of specialities
	To build on the successes of community-based rehabilitation & home first
	To support more patients to avoid admissions and be discharged earlier
	To provide more joined up community services with better integration with secondary & primary care
	Interfacing with more specialities across the trust to deliver new models of care

Divisional Objectives: Therapies and Integrated Community Services

Initiatives	Virtual Wards & 2 Hour Crisis Response (Hospital at Home)
	Integrated community collaborative
	Community response hub development
	Acquired Brain Injury pathway development
	Ward based initiatives (no pass zones, no harm falls, pressure area protection, deconditioning & get moving)
Strengths	A significant out of hospital workforce delivering a wide range of community care
	Critical home care services including rapid response, rehabilitation, call before conveying.
	Demonstrating the impact that therapy interventions can make on safe/effective care
	Success in growing our own workforce
	Adaptable and flexible workforce able to work in and between traditional care settings
Opportunities	To expand the role of the advanced health practitioner workforce across a range of specialities
	To build on the successes of community-based rehabilitation & home first
	To support more patients to avoid admissions and be discharged earlier
	To provide more joined up community services with better integration with secondary & primary care
	Interfacing with more specialities across the trust to deliver new models of care

Divisional Outcomes: Therapies and Integrated Community Services

Immediate	Reduced number of patients waiting to be discharged and shorter length of stay Reduced admission and re-admission rates Improved outcomes and less deconditioning of patients Increased numbers of patients having some or all of their care delivered in their own home
Medium Term (1-3 Years)	Reduced number of patients attending the trust with a condition which could be treated at home Increased number of patients remaining or returning home who are independent and self-caring Increase in patients managed with non-surgical interventions for therapies amenable conditions Increased role of prehabilitation for in patient pathways across the trust
Long Term (3-5 Years)	Wider range of specialities available in the community/primary Earlier interventions and improved outcomes Frail and elderly patients receiving more proactive care Happier workforce working across hospital and community boundaries Effective & established prehabilitation and rehabilitation improving surgical outcomes for patients

Divisional Priorities: Women's Services

Initiatives	Opening of the new Women & Children's Building in Summer 2025.
	Increasing Advanced Nurse Practitioner (ANP) and Consultant Midwife roles.
	Strengthening career pathways, particularly in paediatric care teams.
	Establishing patient-led service improvement groups.
	Strengthening digital access to services, including patient-held records and real-time
	Developing one-stop antenatal, gynaecology, and breast clinics to reduce multiple visits.
	Expanding community-based clinics for breast pain and menopause support.
	Increasing access to pelvic health and perinatal mental health services.
Strengths	High-quality outcomes
	A committed multi-disciplinary team who actively contribute to innovation and service improvement
	The new building (will be state-of-the-art, designed specifically for family-centred, high-quality care
	Commitment to Patient-Centred Care:
	Active use of service user feedback to drive change, supported by engagement events
Opportunities	Expansion of digital capabilities: leveraging patient-held digital records
	Strengthening training, retention, and flexible career pathways for midwives, nurses, and health professional.
	Expanding specialist outreach services for paediatrics, gynaecology, and neonatal follow-up.
	Collaborating with primary care, social services, and community networks to deliver holistic, wraparound care.
	Development of endometriosis services and strengthening of accreditation and expansion of services

Divisional Objectives: Women's Services

Immediate	Implement the Patient Safety Incident Response Framework to enhance patient safety learning and response.
	Transition into the new Women & Children's Building (opening 2025).
	Roll out the NEWTT-2 and Paediatric Early Warning Score
	Enhance one-stop clinics for maternity, gynaecology, and breast services.
	Patient Engagement: Expand real-time patient feedback and ensure user voices shape service improvements.
Medium Term (1-3 Years)	Achieve a CQC rating of 'Good' overall, with 'Outstanding' elements.
	Develop specialist pathways vulnerable maternity service users.
	Integrated transition pathways for paediatric patients moving to adult care.
	Improved early pregnancy loss care, ensuring sensitive and appropriate support.
	Increase community services, such as pain management clinic.
	Education sessions in schools on paediatric long-term conditions.
Long Term (3-5 Years)	Achieve a CQC rating of 'Outstanding' across multiple W&C services
	Sustain and further develop national excellence in maternity & neonatal services
	Expand paediatric home-care services to reduce hospital admissions.
	Increase one-stop diagnostic and treatment services for gynaecology and breast patients.
	Ensure all service leaders have completed leadership training, fostering a sustainable and resilient workforce.

Divisional Outcomes: Women's Services

Immediate	Full compliance with the Maternity Incentive Scheme One-stop clinics for maternity, gynaecology, and breast services Reduction in waiting times / pelvic health, perinatal mental health. & neonatal follow-up services. Increased use of the Hormone Replacement Therapy (HRT) pathway
Medium Term (1 - 3 Years)	Implementation of digital patient records and self-service appointment booking Growth of Advanced Nurse Practitioner (ANP) and Consultant Midwife roles Expanded community nursing and early intervention programmes. Increased accessibility for vulnerable service users and families with complex paediatric care needs. Integration of continuity of carer teams for high-risk maternity patients, improving patient experience and outcomes.
Long Term (3-5 Years)	CQC 'Outstanding' rating achieved across multiple Women & Children's services. Expansion of remote monitoring and telehealth services Development of a fully integrated digital patient journey Expansion of paediatric and maternity outreach services Increased early-stage cancer diagnosis through enhanced screening pathways. Increased number of endometriosis patients being treated at CoCH – Accepting regional referrals

Divisional Priorities: Children's Services

Initiatives	Same day emergency care being strengthened on Children's Assessment unit
	Hospital at Home and community nurse services keep patients out of hospital and reduce acute stays
	Hold a contract with regional children & young people's mental health team for specialist eating disorder service
	Developing the service to cope with the ever-increasing volume of neurodiversity referrals/requirements
	Family integrated care on the neonatal unit, community outreach team established and expanding to support care closer to home
	Provide safe, high quality screened pasteurised milk to a huge geographical area of neonatal units. (Milk Bank)
	Raising awareness, at a national level, around lactation choices following loss
Strengths	New facilities that improve patient experience, potential capacity in acute assessment, day case surgery recovery and outpatient activity
	Community Paeds: Strengthening more efficient processes for reducing number of appointments required to achieve diagnosis.
	Neonatal: Dedicated, hugely resilient team. Striving to continue to improve and innovate for the babies and families in our care
	Milk Bank: Increased visibility following awareness campaign.
	Ongoing work promoting and providing education across multiple platforms and to non-health agencies
Opportunities	Expand hospital@home using virtual ward model to increase community-based care
	Potential to achieve combined working with primary care offering specialist service in GP practices
	Co-location with Ancora house (children and young person inpatient mental health facility)
	Opportunity to develop specialist clinics such as obesity clinic as "spoke" with Alder Hey as "hub"
	Promote the new facilities as the best place for ongoing level 2 neonatal care to be placed for the local region
	Milk Bank: Lead on best practice at national level
	Lead on best practice for supporting lactation after loss
	Increase research opportunities

Divisional Objectives: Children's Services

Immediate	Utilising increased acute care at home (via hospital@home, virtual wards)
	Identify opportunities with primary care to establish combine primary care/secondary care working
	Identify gaps in transitional care for young people moving from paediatric to adult care
	Neonatal: Reduce the separation between baby and families by reducing numbers needing transfer out
	Milk Bank: support research to use DHM, lead nationally in raising awareness around Lactation after loss
	Support equitable access to donor milk, and ability to donate across all ethnic groups
Medium Term (1 - 3 Years)	Acute Paeds: Increase patients seeing right person, right time, right place in acute services
	Allow more patients to have care delivered at home with remote/virtual medical care delivered
	Provide physical health support to specialist (regional) mental health services
	Move referral pathways to a digital solution to improve community access
	Expand ne-natal offer at home to allow earlier discharge, i.e. treating jaundice and nasogastric tube
	Lactation choices on all pathways in bereavement care and reviewed by NCMD
Long Term (3-5 Years)	Acute Paeds: Establish one-stop clinics for anxious parents within a community setting
	Achieve better information sharing between primary care, secondary care, and tertiary care
	Comm Paeds: Service development in response to expanding need for neurodiversity services
	Robust service to support the increasing complex developmentally delayed population
	Milk Bank: Development of service following on from immediate and long-term service

Divisional Outcomes: Children's Services

Immediate	Acute Pead's: Increase number of patients who do not require admission following acute assessment Increase numbers treated in hospital@home/virtual ward setting Paeds: Reduce numbers of primary care referrals to acute assessment unit Community Paeds: Well validated data of population requirements for service Neonatal: Positive feedback from supported families receiving care. Milk Bank: Increased use of DHM across the UK, increased awareness of lactation-after-loss choices, equitable access to all women
Medium Term (1-3 Years)	Acute Paeds: Reduce number of referrals from mental health services and ED attendances Measurable improvement in physical health outcomes in paediatric mental health patients. Increased number of patients treated in community/home settings. Improved waiting list times for paediatric-specific patients on surgical waiting lists Comm Paeds: Improved timeframes from start of referral pathway, from e.g. school, to getting a diagnosis More babies receiving donor milk, as a bridge to breastfeeding with more infants establishing breastfeeding Increased numbers of infants receiving care in the community
Long Term (3-5 Years)	Acute Paeds: Reduce frequent attenders to ED, paeds, primary care with one-stop primary/secondary care specialist clinics Acute Paeds: improved information sharing reduces incidents occurring. Young adults having clear follow up confirmed with an adult service (secondary or primary care) Milk Bank: Continued provision of DHM to any baby who requires DHM regardless of location or gestation

Research: Priorities

Initiatives	Opening of a clinical research facility
	New mobile research vehicle for taking research into the community
	Development of bilateral working relationship with university
	Development of West Cheshire Research Collaborative
	Developing staff Team Charter for the staff in the department
Strengths	Increasing infrastructure for delivery of research activity
	Engaged teams within the trust and some regional/national research figures
	Research activity across many specialties and increasing numbers of specialties
	Recruitment of >1000 patients per year for 4 consecutive years
	HSRC for stroke research
Opportunities	Funds are available to continue growing the team – we need to establish the team required
	Complete GCSA accreditation for the unit and IAOCR for the team
	Opportunity to increase the number of specialties that we are supporting
	Increase income by increasing commercial studies done at the trust
	Creation of relationship with University of Chester

Research: Objectives

Immediate	Ensure a full team available to conduct clinical research at the countess
	Develop research activity and non-research activity for the mobile research vehicle
	Introduce clinical activity into the newly opened Clinical research unit
	Open more commercial trials in the next 6/12 months
	Accredit the research unit with GCSA
Medium Term (1-3 Years)	Develop specialty groups to develop research ideas between university and clinicians
	Develop research opportunities and relationships between primary and secondary care.
	Become an integral part of a Mersey and Cheshire wide commercial research delivery network
	Put the Countess at the heart of the West Cheshire Research collaborative
	Increase income to increase the size of the team
Long Term (3-5 Years)	Endeavour to have our first joint appointments with the university
	Development of Joint research office to coordinate research activity between the organisations
	Start developing research projects with West Cheshire Research Collaborative
	Aim for University Hospital status

Research: Outcomes

Immediate	Increase research activity across new specialties and maintain >1000 recruits per year Achieve GCSA Bronze accreditation Increase in commercial and non-commercial trial income Diversification of research activity including community-based research activity
Medium Term (1-3 Years)	Expanded team size including commercial trials manager/delivery team Multiple trials engaging the whole of Mersey commercial delivery network Trials setup between primary and secondary care – contracting all organised – resulting in an increase in both primary and secondary care research activity
Long Term (3 - 5 Years)	Increase in grants being applied for by clinicians University hospital status Multiple Joint appointments confirmed with University of Chester First research projects jointly develop by the members of the West Cheshire Research Collaborative

Countess of Chester Hospital NHS Foundation Trust

Committee Chair's Report

8th April 2025

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

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

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

- No matters to bring to the Board of Director's attention.

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

- The Committee received a presentation on Staff survey 2024 results noting the progress made since the 2023 survey showing that the foundations are in place to move forward.
- In accordance with obligations in respect of the Public Sector Equality
- Duty, the Committee received the Equality, Diversity & Inclusion (EDI) annual report which provided overview of workforce diversity and highlights progress the Trust has made in promoting EDI during the previous year and the future priorities.
- The Committee also received an update report on EDI together with a newly created integrated EDI action plan which collates workforce related EDI actions together, recording them in one place to enable effective reporting and monitoring.
- A People Policy update was provided outlining progress with reviewing policies and the Committee also ratified four policies (Disciplinary Policy, Medical Job Planning Policy, Senior Medical Staff Annual Leave Policy and Temporary Staffing Policy)
- The Committee received bi-annual Safer Staffing reports for Nursing and Maternity & Neonatal demonstrating our compliance with recommendations for safe and effective staffing.
- The Committee approved Terms of Reference of subsidiary groups; People and Culture Sub- Committee, Education, Learning and Organisational Development Sub-Committee, and Workforce Sub-Committee and received the first triple AAA Chair reports from those newly established meetings demonstrating further progress.

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

- The Committee received a draft of the new People Strategy setting out the Trust's ambition is to make the organisation a great place to work with refreshed actions and goals for the coming three years.
- The Committee received the NHS People Promise Exemplar Programme Closure Report summarising the work undertaken and noted that the programme has provided a great framework for focusing work throughout the Trust and continuing to embed and that this will be linked with the staff survey action plan.
- A report on monitoring of doctors' safe working hours in accordance with the 2016 Junior doctors' contract showed good engagement with the exception

reporting system although this continues to be skewed towards the foundation grades. • An update on the ongoing audits in relation to People services was received.
Risks discussed and new risks identified
• The Committee were informed that all quarter 4 reviews have taken place, with some risk scores reduced and some new risks highlighted to the Committee. • The 4 high risks reported to People Committee in February have reduced scores therefore are no longer reflected on the High-Risk Register. The five new risks reported to People Committee for the first time (all relating to staffing issues specific to local areas) follows on from improvements the process for oversight of people risks corporately. • It was noted that the Workforce Sub Committee will review risks moving forward.

PUBLIC – Board of Directors
20th May 2025

Report	**Agenda Item 26.**	**Fit ad Proper Persons (FPPT) Report**						
Purpose of the Report	Decision		Ratification		Assurance	**X**	Information	
Accountable Executive	Karan Wheatcroft			Director of Governance, Risk & Improvement				
Author(s)	Nusaiba Cleuvenot			Head of Corporate Governance				
Board Assurance Framework	BAF 1 Quality BAF 2 Safety BAF 3 Operational BAF 4 People BAF 5 Finance BAF 6 Capital BAF 7 Digital BAF 8 Governance BAF 9 Partnerships BAF 10 Research			x	BAF 8 - Failure to ensure effective corporate governance could impact our ability to comply with legislation and regulation.			
Strategic goals	Patient and Family Experience People and Culture Purposeful Leadership Adding Value Partnerships Population Health							x
CQC Domains	Safe Effective Caring Responsive Well led							x
Previous considerations	Not applicable							
Executive summary	The purpose of this report is to provide assurance that an annual Fit and Proper Person Test (FPPT) compliance check has been undertaken for all Board members. The new NHS England FPPT framework was published in 2023/24 and this has been adopted fully in the Trust's FPPT Policy. The annual FPPT compliance check included: • Self-attestations completed by each Board Member • Social media checks undertaken for each Board Member • Confirmation of enhanced CRB checks within the last 3 years Appendix A sets out the self-attestation checklist and Appendix B provides the summary of FPPT compliance for Board members.							

	This paper confirms that the Board remains compliant with the Fit and Proper Persons' requirement, with no areas of concern identified.
Recommendations	The Board of Directors is asked to note the ongoing compliance with the FPPT Framework and FPPT Policy.

Corporate Impact Assessment	
Statutory/regulatory requirements	Meets the Trust compliance with Foundation Trust provider license
Risk	BAF 8 - Failure to ensure effective corporate governance could impact our ability to comply with legislation and regulation.
Equality & Diversity	Meets Equality Act 2010 duties & PSED 2 aims and does not directly discriminate against protected characteristics
Communication	Not confidential

Appendix A – Self-attestation checklist

Fit and Proper Person Test annual self-attestation

Countess of Chester Hospital

I declare that I am a fit and proper person to carry out my role. I:

- am of good character.
- have the qualifications, competence, skills and experience which are necessary for me to carry out my duties.
- (where applicable) have not been erased, removed or struck-off a register of professionals maintained by a regulator of healthcare or social work professionals.
- am capable by reason of health of properly performing tasks which are intrinsic to the position
- am not prohibited from holding office (e.g. directors disqualification order).
- have not been convicted of a criminal offence.
- am not an un-discharged bankrupt nor have I been subject to bankruptcy restrictions, or have made arrangement/compositions with creditors that have not been discharged.
- do not appear on any 'barred' list.
- have not been responsible for, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity.
- hold any registration with a relevant professional body necessary to carry out my role, I have the entitlement to use any professional titles associated with this registration. If I no longer meet the requirement to hold the registration, I will inform the regulator in question.

Should my circumstances change, and I can no longer comply with the Fit and Proper Person Test (as described above), I acknowledge that it is my duty to inform the chair.

Appendix B – FPPT Compliance

Board Member	Date FPP Self-Declaration Signed	Social Media Check	Enhanced CRB within 3 years	Full compliance
Jane Tomkinson OBE, Chief Executive Officer	27/02/2025	Yes	Yes	Yes
Sue Pemberton, Director of Nursing and Quality/ Deputy CEO	14/02/2025	Yes	Yes	Yes
Nigel Scawn, Medical Director	21/02/2025	Yes	Yes	Yes
Karen Edge, Chief Finance Officer	11/02/2025	Yes	Yes	Yes
Cathy Chadwick, Chief Operating Officer	17/02/2025	Yes	Yes	Yes
Jason Bradley, Director of Digital and Data	28/02/2025	Yes	Yes	Yes
Karan Wheatcroft, Director of Governance, Risk and Improvement	11/02/2025	Yes	Yes	Yes
Jonathan Develing, Director of Strategic Partnerships	07/03/2025	Yes	Yes	Yes
Vicki Wilson, Interim Chief People Officer	18/12/2024*	Yes	Yes	Yes
Neil Large MBE, Interim Trust Chair	21/02/2025*	Yes	Yes	Yes
Mick Guymer, Non-Executive Director	19/02/2025	Yes	Yes	Yes
Paul Jones, Non-Executive Director	17/02/2025	Yes	Yes	Yes
Pam Williams, Non-Executive Director	14/02/2025	Yes	Yes	Yes
David Williamson, Non-Executive Director	15/02/2025	Yes	Yes	Yes
Andrew Hassell, Non-Executive Director	16/02/2025	Yes	Yes	Yes
Wendy Williams, Non-Executive Director	14/02/2025	Yes	Yes	Yes
Sarah Corcoran, Non-Executive Director	14/02/2025	Yes	Yes	Yes

*The mid-year dates reflect new members of the Board with the FPPT completed on appointment.

The following members of the Board of Directors left the Trust during 2024/25 and Board Member references were provided where required:

- Mark Dale, Acting Chief People Officer
- Laura Leadsom, Acting Director of Corporate Affairs
- Debbie Herring, Interim Chief People Officer
- Ian Haythornthwaite, Trust Chair

PUBLIC – Board of Directors
20th May 2025

Report	**Agenda Item 27.***		**Council of Governors Report – April 2025**					
Purpose of the Report	Decision		Ratification		Assurance		Information	**X**
Accountable Executive	Karan Wheatcroft			Director of Governance, Risk & Improvement				
Author(s)	Nusaiba Cleuvenot			Head of Corporate Governance				
Board Assurance Framework	BAF 1 Quality BAF 2 Safety BAF 3 Operational BAF 4 People BAF 5 Finance BAF 6 Capital BAF 7 Digital BAF 8 Governance BAF 9 Partnerships BAF 10 Research			**X** **X** **X** **X** **X** **X** **X** **X** **X** **X**	Relevant across all BAF areas.			
Strategic goals	Patient and Family Experience People and Culture Purposeful Leadership Adding Value Partnerships Population Health							**X**
CQC Domains	Safe Effective Caring Responsive Well led							**X**
Previous considerations	Not applicable.							
Executive summary	The purpose of this report is to provide an update from the Council of Governors meeting. The general duties of the Council of Governors include: • To hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors, and • To represent the interests of the members of the Trust as a whole and the interests of the public.							
Recommendations	The Board of Directors is asked to note the contents of this report.							

Corporate Impact Assessment	
Statutory/regulatory requirements	Meets the Trust compliance with Foundation Trust status.
Risk	Alignment with the Board Assurance Framework and Corporate Risk Register.
Equality & Diversity	Meets Equality Act 2010 duties & PSED 2 aims and does not directly discriminate against protected characteristics
Communication	Not confidential.

Council of Governors Report

1. PURPOSE

This report provides a summary update of recent activity related to the Council of Governors.

2. BACKGROUND

The Council of Governors meetings are held on a quarterly basis. In between, a less formal Governor Development Session is held, led by the Chair.

3. CURRENT POSITION

3.1 Council of Governors Meeting

The Council of Governors met on 23rd April 2025 and key items included the following:

- A patient story was presented.
- An update was provided from the Chair and the Chief Executive Officer on key matters.
- Chair's reports were received from the Quality and Safety Committee, People Committee, Audit Committee and Finance & Performance Committee.
- Lead Governor update.
- Staff Survey Outcomes.
- Trust Quality Priorities.
- Terms of References for the Membership and Engagement Committee and Governor Nomination and Remuneration Committee.
- The Trust SOF was provided setting out the Trust's performance in key areas from the NHS Oversight Framework Report including Operational Performance, Quality, Safety, Finance and People.

Governors also provided updates and feedback in relation to their attendance at any key meetings and events. Governors are invited to Public Board meetings and have an opportunity to ask questions at the end of the meeting on any matters on the agenda. Governors had also attended a number of walkabouts with Non-Executive Directors.

Following the Council of Governors meeting held in public, a private meeting was held. The Council of Governors received papers detailing CQC updates, 2025 Governor Election process and proposed Trust Chair Appointment process.

To note the meeting was not quorate and papers for approval were re-circulated to governors to seek approval.

3.2 Council of Governors Workshops and Informal Meetings

The Council of Governors workshop, led by Non-Executive Directors, was held on 20th March 2025, to discuss the role of Governors and the Council of Governors.

In addition, the Interim Trust Chair has introduced regular informal Governor meetings to support engagement and information sharing. The first informal meeting was held on 20th March 2025 with a second meeting taking place on 7th May 2025.

4. RECOMMENDATIONS

The Board of Directors is asked to note the report and the activity during this period.

PUBLIC – Board of Directors
20th May 2025

Report	**Agenda Item 28a.***		**Annual Committee Effectiveness Review 2024/25: Finance and Performance Committee**					
Purpose of the Report	Decision		Ratification		Assurance	**X**	Information	
Accountable Executive	Karan Wheatcroft			Director of Governance, Risk & Improvement				
Author(s)	Karan Wheatcroft Nusaiba Cleuvenot			Director of Governance, Risk & Improvement Head of Corporate Governance				
Board Assurance Framework	BAF 1 Quality BAF 2 Safety BAF 3 Operational BAF 4 People BAF 5 Finance BAF 6 Capital BAF 7 Digital BAF 8 Governance BAF 9 Partnerships BAF 10 Research			**X**	BAF impact – Linked to all areas of the BAF but specifically the actions within BAF 8.			
Strategic goals	Patient and Family Experience People and Culture Purposeful Leadership Adding Value Partnerships Population Health							**X** **X** **X** **X** **X** **X**
CQC Domains	Safe Effective Caring Responsive Well led							**X** **X** **X** **X** **X**
Previous considerations	Workshop took place on 7th March 2025. Audit Committee – 22nd April 2025							
Executive summary	The Audit Committee has an overarching responsibility to review the adequacy and effectiveness of governance systems in organisation; this includes reviewing and receiving assurance on the effectiveness of the Board Assurance Committees on at least an annual basis. The approach to assessing effectiveness includes a desktop review of the committee agenda items against it's Terms of Reference (ToR), attendance and observation, discussion with the committee Chair and a workshop with Committee members. The actions from the workshop held on 7th March include; • Updates to the ToR to reflect the areas delegated to sub-committees							

	• The workplan will be updated in accordance with key changes to the terms of reference and to ensure appropriate frequency to enable reporting to the Board and/or Audit Committee. • Agenda management and more time allocated to areas of priority • Increased focus on productivity, benchmarking and oversight of innovation and transformation programs. The committee effectiveness review has confirmed the ongoing effectiveness of the Finance and Performance committee. The actions identified above will be implemented and monitored.
Recommendations	The Board of Directors is asked to note the report and confirm that the committee has operated effectively in 2024/25

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

Committee Effectiveness Review 2024/25: Finance and Performance Committee

1. Executive Summary

The Finance and Performance Committee has met seven times during the financial year 2024/25 with good attendance demonstrated by all members. The purpose of the committee is to seek assurance that all appropriate action is taken to achieve financial and operational performance objectives and regularly review financial and operational strategies and performance, investments and capital plans.

The committee's work has continued to focus on addressing operational performance, including the backlog of patients on the waiting list and ED performance; delivering on the financial plan and capital programme within a challenging operating environment; and development and implementation digital and data strategies. Risks and issues have been escalated to the Board of Directors through the Chair's Alert, Assure, Advise (AAA) Reports.

2. Committee Effectiveness

The effectiveness of the Committee has been reviewed through:

- Review of Terms of Reference (TOR) and workplan
- Desktop exercise to confirm alignment of agendas/ papers to TOR
- Wider considerations (insight, assurance, foresight and hindsight)
- Workshop to discuss findings

2.1 Delivery of Objectives

During the year, the Finance and Performance Committee undertook the full range of its responsibilities including:

- Review of financial performance including cost improvement programme.
- Finance strategy development.
- Tracking of progress against the financial improvement support action plan.
- Consideration of the national requirements for operational and financial planning, and the approach taken by the Trust.
- Reviewing performance against the operational targets as set out in the Strategic Oversight Framework.
- Receiving digital and data updates including the Electronic Patient Record (EPR) and cyber security, with a new Senior Information Risk Officer (SIRO) Report developed in year.
- Review of the capital plan and progress including specific reports relating to the new Women's & Children's (W&C) Building developments
- An overview of the finance and performance related elements of the Trust Improvement Plan.

- Receiving Chairs reports from the Information Governance and Information Security Sub Committee.
- Reviewing the Board Assurance Framework for the risks associated with finance, capital, operational effectiveness, and digital and data.
- Receiving the Trust's submission for the Emergency Preparedness Response & Resilience (EPRR) Core Standards assurance annually with regular update reports throughout the year.
- Receiving proposals for major capital expenditure business cases and estates developments and their funding sources.

The committee has alerted the board to the following risks and issues this year:

- Financial position, Cost Improvement Plan (CIP) delivery, forecast and underlying cost pressures notwithstanding the mitigations and risks to delivering the planned out turn.
- Urgent Emergency Care (UEC) performance and increases in Non Criteria to Reside patients.
- Assurance regarding Health and Safety compliance.
- RAAC risk in Women's and Children's building.
- 2025/26 annual planning expectations.

2.2 Membership and Attendance

The attendance from members is confirmed below.

Members	17.04.24	26.04.24	19.06.24	25.09.24	20.11.24	21.01.25	07.04.25
Non-Executive Director, Mrs P Williams (Committee Chair)	☑	☑	☑	☑	☑	☑	☑
Non-Executive Director, Mr P Jones (via Microsoft Teams)	☑	☑	☒	☑	☑	☑	☒
Non-Executive Director, Mr D Williamson	☑	☑	☑	☑	☑	☑	☑
Chief Finance Officer, Mrs K Edge	☑	☒	☒	☑	☑	☑	☑

Chief Operating Officer, Ms C Chadwick (via Microsoft Teams) (part)	☑	☑	☑	☑	☑	☑	☑
Chief Digital & Data Officer, Mr J Bradley	☑	☑	☑	☑	☑	☑	☑

In addition, there were attendees who joined to present certain items.

3. Actions

A number of areas were discussed at the workshop including reporting, and relationships with other committees. The actions from the Finance and Performance Committee effectiveness review are:

A number of areas were discussed at the workshop including frequency and timing of meetings, reporting, and relationships with other committees.

Action	Responsibility	Timeframe
1. Agenda management and more time allocated to areas of priority	Chair and Committee Secretary	Across the Year
2. Increased focus on productivity, benchmarking and oversight of innovation and transformation programs.	F&P Committee Members	Across the Year
3. Workplan updates: • Update workplan to include oversight of F&P related policies and review date for delegated sub-committee • Update frequency for National Guidance Changes documents, data processing, cost modelling, senior review, PLICS extracts and submission.	Head of Corporate Governance and Committee Secretary	April 2025
4. TOR to be updated: • Remove review of cash management policy • Oversight of capital programme to sit with sub-committee.	Head of Corporate Governance	April 2025

Action	Responsibility	Timeframe
• Amend wording regarding Deep Dives to reflect this should only be put on the agenda if the committee have an area of concern • Amend wording regarding receiving procurement and commercial annual reports • Remove duplication of BAF responsibility		

4. Conclusion

The committee effectiveness review has confirmed the ongoing effectiveness of the Finance and Performance committee. The actions identified above will be implemented and monitored.

5. Recommendation

The Board of Directors is asked to **note** the report and confirm that the committee has operated effectively during 2024/25.

Appendix A – Summary Desktop review findings

TOR Duty	Items Received	Comments
Financial	• Finance Strategy • Review of Finance strategy • 2025/26 Operational and Financial Planning proposed process • Annual Plan Progress Update • Finance Report – Month 12(April 2024) • Cost Improvement Plan (CIP)Progress Update (Sept 2024) • LIMS Business Case • Clinical Waste Business Case • Update on the regional LIMS Business Case, following F&P Committee - 17th April 2024 • 2024 National Cost Collection (NCC) Pre-submission Board Assurance Report • Pricewaterhouse Cooper (PwC) financial support action plan update • Strategic Oversight Framework Report • Operations & Performance Executive Led Group (OPELG)Chairs Report • NHS England (NHSE) Grip and Control Checklist • Productivity Benchmarking Update Review Progress of the internal audit actions on the Audit Tracker including any published MIAA reports • Review Progress of the internal audit actions on the Audit Tracker including any published MIAA reports • Finance position/report • Cheshire & Merseyside Integrated Care System Financial Position Month 8 2024/25	-
Operational	• 2025/26 Operational and Financial Planning proposed process • Winter Planning • Cost Improvement Plan (CIP)Progress Update • Future of Payroll Services • PricewaterhouseCoopers (PwC) Financial Improvement Support Action Plan • Annual Health & Safety Report 2023/24 Update • Health & Safety Assurance Report • Health & Safety Committee Chair's Report • Health & Safety Committee	-

TOR Duty	Items Received	Comments
	• Minutes • Emergency Preparedness Response & Resilience (EPRR) Update • Compliance with Core Standards Update (Sept 2024) • Core Standards Update –Emergency • Preparedness, Resilience and Response • MIAA Insight – Cost Improvement Programmes – How do processes compare? • System Oversight Framework Report	
Digital and Data	• Digital Transformation Group Chairs Report • Senior Information Risk Owner (SIRO) Update • Electronic Patient Record (EPR) Update • SBAR – Reconciliation of data submission to Secondary Users System (SUS) • EPR Programme Board Chair's Report • Data Quality – Annual Report • Digital & Data Annual Report • Artificial Intelligence (AI) Update • Cyber Security Update & Data Security and Protection Toolkit - Action Plan 2022/23 Update 2023/24 • Information Governance and Information Security Committee Chair's Report • Information Governance Annual Report 2023/24 • Cyber Security Update 2024/25 • Senior Information Risk Owner (SIRO) Update • Digital and Data Strategy • LIMS Risk & Gain Share • Digital and Data Strategic Programme Update	-
Procurement	• Commercial Procurement Income Group Chair's Report • Commercial Procurement Services Year End Report Financial Year 2023/2024 • Procurement Regulation Update • Waiver Report	-
Estates	• Finance Report – Month 12 • LIMS Business Case • Clinical Waste Business Case • Women's and Children's New Building Project Chair's Report • Estates and Facilities Divisional Group Chair's Report	-

TOR Duty	Items Received	Comments
	• Estates & Facilities Divisional Group Chairs Report & Estates • Compliance Update	
Sustainability	• Carbon & Energy Fund (CEF) Report	-
Commercial Strategy and Policy	• Commercial Procurement Income Group Chair's Report • Commercial Procurement Services Year End Report Financial Year 2023/2024 • Procurement Regulation Update • Waiver Report	-
Cross Topic Duties	• System Improvement Board Revised Exit Criteria CoCH / ICB Assurance Update • Procurement Regulation Update • Review of the BAF – Q4 2023/24 • Board Assurance Framework • High Risks - Update report (June 2024) • Board Assurance Framework (BAF) – Quarterly and High Risks Report • Digital Transformation Group Chairs Report	-
Organisational Controls	• Audit Tracker update • Thirlwall Inquiry - Financial Spend Elements Update • PricewaterhouseCoopers (PwC) Financial Improvement Support Action Plan • Pricewaterhouse Cooper (PwC) financial support action plan update	-

PUBLIC – Board of Directors
20th May 2025

Report	**Agenda Item 28b.***		**Annual Committee Effectiveness Review 2024/25: Audit Committee**					
Purpose of the Report	Decision		Ratification		Assurance	**X**	Information	
Accountable Executive	Karan Wheatcroft			Director of Governance, Risk & Improvement				
Author(s)	Karan Wheatcroft Nusaiba Cleuvenot			Director of Governance, Risk & Improvement Head of Corporate Governance				
Board Assurance Framework	BAF 1 Quality BAF 2 Safety BAF 3 Operational BAF 4 People BAF 5 Finance BAF 6 Capital BAF 7 Digital BAF 8 Governance BAF 9 Partnerships BAF 10 Research			**X**	BAF impact – Linked to all areas of the BAF but specifically the actions within BAF 8.			
Strategic goals	Patient and Family Experience People and Culture Purposeful Leadership Adding Value Partnerships Population Health							**X** **X** **X** **X** **X** **X**
CQC Domains	Safe Effective Caring Responsive Well led							**X** **X** **X** **X** **X**
Previous considerations	Workshop took place on 24th March 2025. Audit Committee – 22nd April 2025							
Executive summary	The Audit Committee has an overarching responsibility to review the adequacy and effectiveness of governance systems in the organisation; this includes reviewing and receiving assurance on the effectiveness of the Board Assurance Committees on at least an annual basis. The approach to assessing effectiveness includes a desktop review of the committee agenda items against its Terms of Reference (ToR), attendance and observation, discussion with the Committee Chair and a workshop with Committee members. The actions from the workshop held on 24th March include: • Continued embedding of the BAF across Committees • Updates to the TOR to recognise the Council of Governors role in approving the appointment of the external auditors; and the Board receiving the Fit and Proper Persons assurance directly.							

	• Updates to the workplan to ensure clarity of agenda items and frequency, including the information received from the other Assurance Committees. The committee effectiveness review has confirmed the ongoing effectiveness of the Audit Committee. The actions identified above will be implemented and monitored.
Recommendations	The Board of Directors is asked to **note** the report and confirm that the committee has operated effectively during 2024/25.

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

Committee Effectiveness Review 2024/25: Audit Committee

1. Executive Summary

The Audit Committee has met 5 times during the financial year 2024/25 including an extraordinary meeting to focus on the annual financial statements and report, with good attendance demonstrated by all members across the year. The purpose of the committee is to monitor and scrutinise the robustness of the Trust's governance structures and assurance processes.

The committee's work has continued to focus on a wide range of work relating to governance, risk management and internal control. Risks and issues have been escalated to the Board of Directors through the Chair's Alert, Assure, and Advise (AAA) Reports.

2. Committee Effectiveness

The effectiveness of the Committee has been reviewed through:

- Review of Terms of Reference (TOR) and workplan
- Desktop exercise to confirm alignment of agendas/ papers to TOR
- Wider considerations (insight, assurance, foresight and hindsight)
- Workshop to discuss findings

2.1 Delivery of Objectives

During the year, the Audit Committee undertook the full range of its responsibilities, including:

- Review of the Annual Governance Statement and supporting assurance processes in conjunction with the Head of Internal Audit Opinion
- Approval of a risk-based internal audit plan, reviewing the findings of all audits and monitoring progress against the agreed actions
- Approval of the plan and reviewing the work of the local anti-fraud specialist
- Review of accounting policies and significant judgements (including the valuation of property, plant and equipment)
- Review and approval the standing financial instructions and scheme of delegation for adoption by the Board of Directors
- Approving the external audit plan and reviewing the reports, recommendations and management responses
- Review of the draft annual financial statements and recommending their adoption to the Board of Directors
- Review of procurement waivers
- Review of bad debt write-off
- Receiving updates on the risk management improvement work and policy recovery position
- Review of the effectiveness of the Audit Committee, and receipt of the Assurance Committees annual reports providing assurance on the effectiveness of their operation during the year

- Consideration of the effectiveness of internal audit, external audit and anti fraud services

The committee has alerted the Board to the following issue this year:

- Out of date policies and recovery plan – this has continued to be tracked by the Committee throughout the year.

2.2 Membership and Attendance

The attendance from members is confirmed below.

Members	16.04.24	24.06.24 Extraordinary Meeting	23.07.24	15.10.24	13.02.25
Non-Executive Director, Mr M Guymer (Chair)	☑	☑	☑	☑	☑
Non-Executive Director, Mrs W Williams	☑	☑	☑	☑	☑ via Microsoft Teams
Non-Executive Director, Mr D Williamson	☑	☑	☑	☑	☑

Regular attendees included the Director of Finance; Director of Governance, Risk and Improvement; Internal Audit (MIAA); External Audit (KPMG) and Anti Fraud Specialist (MIAA).

3. Actions

A number of areas were discussed at the workshop including reporting, and relationships with other committees. The actions from the Audit Committee effectiveness review are:

Action	Responsibility	Timeframe
1. To keep the BAF under review ensuring this is embedded through the Committees and pace of delivery and outcomes monitored.	Audit Committee Members	Across the Year
2. To continue to develop the anti fraud reporting.	Audit Committee Chair and Anti Fraud Specialist (MIAA)	October 2025
3. Workplan updates: • Separate annual report, annual accounts, letter of representation, accounting policies and significant issues as individual items. • Use of Resources Assessment Report needs timeframe/ frequency confirming • SIRO / data quality to be removed (covered by F&P Committee) • Provider Licence checklist to be scheduled June and December with a full review in February	Head of Corporate Governance and Committee Secretary	April 2025

Action	Responsibility	Timeframe
• Reports from other Committees: AAA reports throughout the year; detailed committee update in January and committee effectiveness annual reports in April • Policies to be confirmed and added underneath the workplan		
4. TOR to be updated: • Amend External Audit approval to COG (not the Board) • Fit and Proper Persons assurance to be removed (reported straight to the Board)	Head of Corporate Governance	April 2025
5. Consider how system/ partnership governance assurance would be reviewed.	Audit Committee Chair and Director of Governance, Risk & Improvement	Across the Year

4. Conclusion

The committee effectiveness review has confirmed the ongoing effectiveness of the Audit Committee. The actions identified above will be implemented and monitored.

5. Recommendation

The Board of Directors is asked to **note** the report and confirm that the committee has operated effectively during 2024/25.

Appendix A – Summary Desktop review findings

TOR Duty	Items Received	Comments
Governance, Risk Management, and Internal Control The Committee shall assure itself that the Trust has established and maintains an effective integrated system of governance, risk management and internal controls, across the whole of the Trust's activities (both clinical and non-clinical) that supports the achievement of the Trust's Objectives.	• Draft annual governance statement • Annual report and accounts • HOIA opinion • Risk management improvement plan updates • BAF opinion • Provider licence compliance • Code of governance compliance • Conflict of interest policy • Out of date policy updates • Business case benefits realisation forms/ process	-
Internal Audit The Committee shall ensure that there is an effective internal audit function that meets the public sector internal audit standards, 2017 and provides appropriate independent assurance to the committee, accountable/ accounting officer and board.	• Internal Audit Plan (incl. fees) • Internal Audit Progress Reports • Internal audit assignment reports (various) • Management updates/ presentations against MIAA assignment reports (moderate/ limited). e.g. bank and agency; premium pay and estates; EPR; DSPT • Internal Audit Charter • Internal Audit Annual Report confirms compliance with PSIAS • Internal audit standards update	-
External Audit The Committee shall review and monitor the external auditor's independence and objectivity and the effectiveness of the audit process. In particular, the committee will review the work and findings of the external auditors and consider the implications and management's responses to their work.	• External audit appt (Private meeting) with proposal to recommend to COG • External audit plan • Significant Risk Update and VFM Risk Assessment (Apr 24) • Letter of representation • ISA 260 • External Audit report • Policy for Engagement of External Auditors (Feb 25)	Approval of External Audit Appointment is COG (not the Board as noted in the TOR).
Other assurance functions The Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, where relevant to the governance, risk management and assurance of the organisation.	• Committee agendas and AAA reports • Committee effectiveness proposal • Committee annual reports (planned April 25) • Waivers process assurance (July 24) • SFI review and updates approved • BAF opinion (MIAA) • BAF 8 extract and update	-
Counter Fraud The Committee shall satisfy itself that the organisation has adequate	• Anti Fraud progress reports • Anti Fraud plan	-

TOR Duty	Items Received	Comments
arrangements in place for counter fraud, bribery and corruption	• NHS CFA standards self-assessment included within annual report	
Management The Committee shall request and review reports, evidence and assurances from Directors and Managers on the overall arrangements for governance, risk management and internal control	• Attendance and reports (e.g. bank and agency; premium pay and estates; EPR; DSPT)	-
Financial Reporting The Committee shall monitor the integrity of the financial statements of the organisation and any formal announcements relating to its financial performance. The Committee should ensure that the systems for financial reporting to the board, including those of budgetary control, are subject to review as to the completeness and accuracy of the information provided.	• Draft Annual Governance Statement • Annual report and accounts • Review of Accounting policies • Review of significant issues • ISA 260 • Letter of representation	-
System for Raising Concerns The Committee shall review the effectiveness of the arrangements in place for allowing staff (and contractors) to raise (in confidence) concerns about possible improprieties in any area of the organisation (financial, clinical, safety or workforce matters) and ensure that any such concerns are investigated proportionately and independently, and in line with the relevant policies.	• FTSU report on speak up processes	-
Governance and regulatory compliance The Committee shall review the organisation's process and the reporting on compliance with the NHS Provider Licence, NHS code of governance and the fit and proper persons test. The Committee shall satisfy itself that the organisation's policy, systems, and processes for the management of conflicts, (including gifts and hospitality and bribery) are effective	• NHS Provider Licence Compliance • Code of Governance Compliance • Conflicts of Interest Policy approved • Declarations of Interest Compliance Progress Summary • Review the Register of Interests • Draft Internal Audit Plan • Significant Risk Update and VFM Risk Assessment	Fit and Proper Persons test reported directly to the Board.

PUBLIC – Board of Directors
20th May 2025

Report	**Agenda Item 28c.***		**Annual Committee Effectiveness Review 2024/25: Quality & Safety Committee**					
Purpose of the Report	Decision		Ratification		Assurance	**X**	Information	
Accountable Executive	Karan Wheatcroft			Director of Governance, Risk & Improvement				
Author(s)	Nusaiba Cleuvenot			Head of Corporate Governance				
Board Assurance Framework	BAF 1 Quality BAF 2 Safety BAF 3 Operational BAF 4 People BAF 5 Finance BAF 6 Capital BAF 7 Digital BAF 8 Governance BAF 9 Partnerships BAF 10 Research			**X**	BAF impact – Linked to all areas of the BAF but specifically the actions within BAF 8.			
Strategic goals	Patient and Family Experience People and Culture Purposeful Leadership Adding Value Partnerships Population Health							**X** **X** **X** **X** **X** **X**
CQC Domains	Safe Effective Caring Responsive Well led							**X** **X** **X** **X** **X**
Previous considerations	Workshop took place on 31st March 2025. Audit Committee – 22nd April 2025							
Executive summary	The Audit Committee has an overarching responsibility to review the adequacy and effectiveness of governance systems in the organisation; this includes reviewing and receiving assurance on the effectiveness of the Board Assurance Committees on at least an annual basis. The approach to assessing effectiveness includes a desktop review of the committee agenda items against it's Terms of Reference (ToR), attendance and observation, discussion with the committee Chair and a workshop with Committee members. The actions from the effectiveness review include: • Reflect on work delegated to Quality Governance Group and how assurance is received, and update workplan to align with reporting from Quality Governance Group • Amend workplan, including addition of Infection Prevention & Control, Resuscitation and Safeguarding reports							

	• Review timing of Quality and Safety Committee, Quality Governance Group alongside quarterly Board reporting requirements The committee effectiveness review has confirmed the ongoing effectiveness of the Quality and Safety committee. The actions identified above will be implemented and monitored.
Recommendations	The Board of Directors is asked to note the report and confirm that the committee has operated effectively in 2024/25.

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

Committee Effectiveness Review 2024/25: Quality and Safety Committee

1. Executive Summary

The Quality and Safety Committee has met six times during the financial year 2024/25 with good attendance demonstrated by all members. The purpose of the committee is to support the Board of Directors in ensuring the Trust's management of clinical and non-clinical processes, managing comments, compliments, concerns and complaints, improving quality of services and embedding organisational learning and improvements across the Trust.

The committee's work has continued to focus on strengthening assurance and sub-committee reporting through the Quality Governance Group. Focus has included improving Infection Prevention Control compliance, delivery of quality improvement outcomes, embedding Organisational Learning, refreshing the clinical strategy, and education and training around mental health awareness. Risks and issues have been escalated to the Board of Directors through the Chair's Alert, Assure, Advise (AAA) Reports.

2. Committee Effectiveness

The effectiveness of the Committee has been reviewed through:

- Review of Terms of Reference (TOR) and workplan
- Desktop exercise to confirm alignment of agendas/ papers to TOR
- Wider considerations (insight, assurance, foresight and hindsight)
- Workshop to discuss findings

2.1 Delivery of Objectives

During the year, the Quality and Safety Committee undertook the full range of its responsibilities including:

- Reviewing the trends, response and learning from patient safety incidents, complaints and coroners cases.
- Reviewing mortality indicators and learning from death.
- Considering performance against key quality indicators, alongside the impacts from the harms improvement programmes including falls, pressure ulcers, and infection prevention and control.
- Receiving a number of annual reports relevant to its work, including, mortality, controlled drugs, resuscitation, and clinical audit,
- Service updates including stroke coordinators, paediatric audiology, nutrition, translation
- Reviewing maternity services safety assurance reports.
- Receiving updates on deteriorating patients, e'discharge completion, National Institute for Health Care Excellence (NICE) Guidance
- Receiving assurance on the quality impact assessments for cost improvement programmes.

- Reviewing the Board Assurance Framework and associated high risks impacting on quality and safety.

The committee has alerted the Board to the following risks and issues this year:

- Concerns raised regarding lack of assurance for clinical audit (2023/24)
- Limited assurance against out-of-date policies progress
- General Medical Council (GMC) postgraduate survey
- Limited assurance regarding resuscitation trolley, transfusion training, My KIT, NEWS2 with training compliance and e-discharge compliance
- Safe staffing levels and pressures that impact staff sickness and morale
- Emergency Department and ward accreditation

2.2 Membership and Attendance

The attendance from members is confirmed below.

Members	30/04/2024	04/07/2024	10/09/2024	07/11/2024	09/01/2025	06/03/2025
Non-Executive Director, Prof A Hassell (Committee Chair)	☑	☑	☑	☑	☑	☑
Non-Executive Director, Ms S Corcoran	☑	☑	☒	☑	☑	☑ via Microsoft Teams
Non-Executive Director, Mr P Jones	☑	☑	☑	☑	☑	☒
Director of Nursing & Quality/Deputy Chief Executive, Ms S Pemberton	☑	☑	☑	☑	☑	☑
Medical Director, Dr N Scawn	☑	☑	☑	☑	☑	☑
Chief Operating Officer, Ms C Chadwick	☒	☒	☑	☒	☑	☑ via Microsoft Teams
Deputy Director of Nursing & Quality, Ms M Kynaston	☑	☑	☑	☒	☑	☑
Deputy Director of Nursing & Quality Governance, Ms F Altintas	☑	☑	☑	☑	☑	☑
Deputy Medical Director, Dr I Benton	☒	☒	☒	☑	☑	☑
Director of Midwifery, Ms N Macdonald	☑	☑	☒	☑	☑	☑
Associate Director of Nursing, Planned Care, Ms F Hughes	☑	☑	☒	☑	☑	☑
Associate Director of Nursing, Urgent Care, Ms D Graham	☑	☑	☑	☑	☑	☒

In addition, there were attendees who joined to present certain items.

3. Actions

A number of areas were discussed at the workshop including reporting, and relationships with other committees. The actions from the Quality and Safety Committee effectiveness review are:

Action	Responsibility	Timeframe
1. Further development of QGG reporting including: a. Decision on what is received in full and what is summarised. b. Follow up on 'limited' assurance reports. c. If levels of assurance are going to be used, we need a clear 'tool' for categorisation. Alternatively, to reference where further assurance is needed, and the action being taken.	Director of Nursing and Quality/ Deputy Director of Nursing and Quality Governance	June 2025
2. Quality Governance Groups workplan to be reviewed to amend items to Chair reports where appropriate. Workplan to be shared with Quality and Safety Committee.	Director of Nursing and Quality	June 2025
3. Workplan updates: • ADD quarterly IPC report • ADD annual resuscitation report • ADD 6 monthly safeguarding report • ADD complaints annual report • AMEND to reflect safety surveillance report • ADD QGG TOR and workplan (Annual)	Head of Corporate Governance/ Committee Secretary	April 2025
4. TOR to be updated: • AMEND wording regarding complaints procedure to complaints report • REMOVE Duplication in TOR regarding reporting of Mortality • UPDATE terminology (e.g. references to NHSI/ DH • REMOVE duplication in TOR regarding reporting from QGG	Head of Corporate Governance	April 2025
5. Timing of QGG and Q&S needs aligning to quarterly reporting (and workplans for reports prior to Board and differentiation between which reports go where and the purpose).	Committee Chair/ Director of Nursing and Quality	April 2025
6. SOF needs more agenda time.	Head of Corporate Governance/ Committee Secretary	April 2025

4. Conclusion

The committee effectiveness review has confirmed the ongoing effectiveness of the Finance and Performance committee. The actions identified above will be implemented and monitored.

5. Recommendation

The Board of Directors is asked to **note** the report and confirm that the committee has operated effectively during 2024/25.

Appendix A – Summary Desktop review findings

TOR Duty	Items Received	Comments
Clinical Quality and Quality Impact Assessments	• Key Risks and Assurance from Quality Governance Group • System Oversight Framework / Dashboard • Maternity Service Quarterly update • Fasting Compliance Update • Progress against actions for performance and triage improvements along with improvements for NEWS2 • Deteriorating Patient Training Compliance Report • Unendorsed Results Update • E-Discharge Update • Mortality Annual Report 2023/24 • Mortality Quarterly Report • 2023/24 Controlled Drugs (CD) Annual Report 2023/24 • NatSSIPs and LocSSIPs position update • Deteriorating Patient Annual Report – Bank Staff Mandatory Training compliance • Translation Service position update • Nutrition and Hydration service position update • Stroke Practitioner Update • Paediatric Audiology Update • Provision of Surgical Tracheostomy Care • Discharge Letters within 24 hours Compliance Report • Extension of Stroke Coordinator Service • Resuscitation Annual Report • Quality Impact Assessments (QIA) Update • Quality Impact Assessment (QIA) for Cost Improvement Programme Update • Maternity Service Quarterly update • Maternity Safety and Support Programme (MSSP) Exit Criteria Update • Cancer Harm Review Report • Governor/Non-Executive Director Walkabout Feedback – Emergency Department • Governor/Non-Executive Director Walkabout Feedback –Haematology and Urology and CRV • Governor/Non-Executive Director Walkabout Feedback – Catering • Palliative Care End of Life Service Review	-

TOR Duty	Items Received	Comments
	• Governor/Non-Executive Director Walkabout Feedback – Research and Ward 33, Neonates and Antenatal (Jan 2025)	
Compliance and Regulation	• Audit Tracker • Clinical Audit / NICE Update) • Clinical Audit Annual Report 2023/2024 • IRMER Update • IRMER Regulations Update • IRMER Quarterly Update and submitted Action Plan to the Care Quality Commission • Response to the independent infected blood inquiry • National Institute for Health Care Excellence (NICE) Guidance Reporting • The Association for Perioperative Practice Review Briefing Paper • COCH response to the independent • infected blood inquiry • NW Neonatal Critical Care Service • Specification Benchmarking Paper • IRMER Quarterly Update and submitted Action Plan to the Care Quality Commission • Care Quality Commission - IR(ME)R inspection of Countess of Chester Hospital – Closure letter	-
Clinical governance and risk management	• Key Risks and Assurance from Quality Governance Group • PSIRF Update • Progress Report on Patient Safety Incident Framework • Quality Governance Group Minutes • Surgical Site Infection Surveillance (SSIS) and C.difficile improvement • System Oversight Framework / Dashboard • Board Assurance Framework Quarterly Update • High Risks Update Report • Cancer Services Committee/Group Chairs Report	-
Patient experience	• CQC National Inpatient Survey 2023 – Results Update • Draft Quality Account • Urgent and Emergency Care Patient Experience Survey Results – 2024 • CQC National Inpatient Survey 2023 – Results Update	-

TOR Duty	Items Received	Comments
Complaints and reviews	• Draft Quality Account • Integrated Incidents, Complaints and Claims Report – Quarter 1 • Safety Surveillance and Learning Report • Learning from Coroner's Cases	-

PUBLIC – Board of Directors
20th May 2025

Report	**Agenda Item 28d.***		**Annual Committee Effectiveness Review 2024/25: People Committee**					
Purpose of the Report	Decision		Ratification		Assurance	**X**	Information	
Accountable Executive	Karan Wheatcroft			Director of Governance, Risk & Improvement				
Author(s)	Nusaiba Cleuvenot			Head of Corporate Governance				
Board Assurance Framework	BAF 1 Quality BAF 2 Safety BAF 3 Operational BAF 4 People BAF 5 Finance BAF 6 Capital BAF 7 Digital BAF 8 Governance BAF 9 Partnerships BAF 10 Research			**X**	BAF impact – Linked to all areas of the BAF but specifically the actions within BAF 8.			
Strategic goals	Patient and Family Experience People and Culture Purposeful Leadership Adding Value Partnerships Population Health							**X** **X** **X** **X** **X** **X**
CQC Domains	Safe Effective Caring Responsive Well led							**X** **X** **X** **X** **X**
Previous considerations	Workshop took place on 1st April 2025. Audit Committee – 22nd April 2025							
Executive summary	The Audit Committee has an overarching responsibility to review the adequacy and effectiveness of governance systems in the organisation; this includes reviewing and receiving assurance on the effectiveness of the Board Assurance Committees on at least an annual basis. The approach to assessing effectiveness includes a desktop review of the committee agenda items against it's Terms of Reference (ToR), attendance and observation, discussion with the committee Chair and a workshop with Committee members. The actions from the effectiveness review include: • Improving quality of reporting • Reset workplan including formatting and ensure consistency with the agenda • Amend workplan, including addition of Employee Relations, workforce annual planning							

	• Review delegation of responsibilities to new sub-committees The committee effectiveness review has confirmed the ongoing effectiveness of the People Committee. The actions identified above will be implemented and monitored.
Recommendations	The Board of Directors is asked to note the report and confirm that the committee has operated effectively in 2024/25

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

Committee Effectiveness Review 2024/25: People Committee

1. Executive Summary

The People Committee has met six times during the financial year 2024/25 with good attendance demonstrated by all members. The purpose of the committee is to approve, oversee and scrutinise implementation of the Trust's People Strategy and assure the Board on all aspects of workforce and organisational development.

The committee's work has continued to focus on improving the workforce plan, enhancing staff experience, engagement, morale and culture, developing the Equality, Diversity and Inclusion (EDI) action plan, reviewing the education and development needs of the Trust and piloting the Leadership and Management programmes. Risks and issues have been escalated to the Board of Directors through the Chair's Alert, Assure, Advise (AAA) Reports.

2. Committee Effectiveness

The effectiveness of the Committee has been reviewed through:

- Review of Terms of Reference (TOR) and workplan
- Desktop exercise to confirm alignment of agendas/ papers to TOR
- Wider considerations (insight, assurance, foresight and hindsight)
- Workshop to discuss findings

2.1 Delivery of Objectives

During the year, the People Committee undertook the full range of its responsibilities including:

- Receiving a bi-monthly update report from the Chief People Officer highlighting key areas
- Noting a bi-monthly staff story
- Receiving presentations in relation to various deep dive topics including the Equality, Diversity, and Inclusion Strategy
- An overview of the people and organisation development related elements of the Trust Improvement Plan
- Update on progress against the People Strategy receiving the workforce dashboard, in place of the previously received Integrated Performance Report
- Noting Freedom to Speak Up activity
- Reviewing the Board Assurance Framework for the risks associated with the work of the Committee
- Annual review of the Terms of Reference of the Committee
- Reviewing and noting of the audit tracker, detailing all reviews undertaken by Mersey Internal Audit Agency (MIAA) relevant to the Committee

- Receiving regular reports relating to equality, diversity and inclusion including Workforce Race Equality Standard and Workforce Disability Equality Standard
- Reviewing and approval of policies, where required
- Other key items included People Strategy progress and receipt of the annual report from the Guardian of Safe Working Hours.
- Review of the annual staff survey report including narrative comments.

The committee has alerted the Board to the following risks and issues this year:

- Wellbeing support for BAME staff members and establishment of EDI network
- Funding for implementation of the Leadership and Development Programmes
- Low engagement with staff surveys and how to develop other ways of collating staff feedback
- Grievance regarding Band 2/3 pay
- Clarity of actions and progress in the Workforce Disability Equality Standard (WDES), Workforce Race Equality Standard (WRES) and EDI action plans.
- General Medical Council (GMC) postgraduate survey

2.2 Membership and Attendance

The attendance from members is confirmed below.

Members	09/04/ 2024	11/06/ 2024	13/08/ 2024	08/10/ 2024	10/12/ 2024	11/02/ 2025
Non-Executive Director, Ms W Williams (Chair)	☑	☑	☑	☑	☑	☒
Non-Executive Director, Mrs P Williams	☑	☑	☑	☑	☑	☑ (Chaired the meeting)
Non-Executive Director, Prof A Hassell	☑	☑	☑	☑	☑	☑
Acting Chief People Officer, Mr M Dale	☑	N/A	N/A	N/A	N/A	N/A
Interim Chief People Officer, Mrs D Herring	N/A	☑	☑	☑	☒	N/A
Medical Director, Dr N Scawn	☒	☑	☒	☑	☒	☑
Interim Deputy Chief People Officer, Ms V Wilson *(Interim Chief People Officer from January 2025)*	N/A	☑	☒	☑	☑	☑

In addition, there were attendees who joined to present certain items.

3. Actions

A number of areas were discussed at the workshop including reporting, and relationships with other committees. The actions from the People Committee effectiveness review are:

Action	Responsibility	Timeframe
1. Improving quality of papers:	Executive Directors	Ongoing

Action	Responsibility	Timeframe
a. Clarity on purpose of paper. b. Executive summary to reflect key messages of the report. c. Clarity on level of assurance provided.		
2. Reset workplan including frequency and timings for all agenda items as well as formatting to ensure consistency with the agenda	Committee Secretary and Chief People Officer	June 2025
3. Workplan updates: • ADD workforce annual planning • ADD employee relations report • ADD recruitment and retention report • ADD oversight of People related policies and review date for delegated sub-committee • ALIGN frequency of EDI reporting with Board of Directors workplan • ADD Equality Delivery System	Head of Corporate Governance/ Committee Secretary	April 2025
4. TOR to be updated: • AMEND wording regarding Freedom To Speak Up to reflect focus on themes and learning • AMEND wording regarding Health & Safety to reflect focus on violence and aggression towards staff and safe working environment. • ADD Chief Operating Officer to Committee Membership • ADD reference to monitoring High Risks • AMEND wording to reflect assurance level required for Equality Delivery System, staff survey, Guardian of Safe Working/Medical workforce responsibilities.	Head of Corporate Governance	April 2025
5. Review delegation of responsibilities to sub-committee and reporting structure e.g. assign sub-committees to lead on the key workstreams of the People Promise	Committee Chair/ Chief People Officer	April 2025
6. Workforce dashboard and indicators to be further developed to support the focus and reporting for the Committee	Chief People Officer	April 2025

4. Conclusion

The committee effectiveness review has confirmed the ongoing effectiveness of the People committee. The actions identified above will be implemented and monitored.

5. Recommendation

The Board of Directors is asked to **note** the report and confirm that the committee has operated effectively during 2024/25.

Appendix A – Summary Desktop review findings

TOR Duty	Items Received	Comments
Trust's People Strategy, sub strategies and Workforce Annual Plan and associate matters.	• Acting Chief People Officer Update • System Improvement Board Revised Exit Criteria CoCH / ICB Assurance Update • People Strategy Progress • Restructuring the People Services Update • Deep Dive – People Strategy & Strategic Workforce Plan • NHS People Promise Exemplar Programme Update • People Strategy 2021 – 2026 Progress Update • People Governance	-
Delivery of workforce plans, linking with education and training governance processes, including Chair reports from relevant committees.	• Workforce Planning Update • Nursing Establishment Review • Strategic Workforce Group Chair's Report • Strategic Workforce Group Minutes • Benefits and outcomes – ICU Team Days • COI Compliance • Deep Dive – Workforce Planning	-
Compliance with key statutory and NHS specific workforce, equality, diversity, and inclusion requirements.	• EDI Strategy Group Chair's Report • EDI Steering Group Minutes • Deep Dive – EDI • Workforce KPI Benchmarking C&M Trusts • EDI Steering Group Chair's Report • 2023-2024 Annual Submission to NHS England North West: Framework for Quality Assurance and Improvement • EDI Update • Workforce Disability Equality • Standard (WDES) Action Plan • Workforce Race Equality • Standard (WRES) Action Plan	-
Monitor internal workforce performance indicators, through regular reporting.	• Workforce Data Dashboard – including KPI benchmarking and all mandatory training • Audit tracker: ESR Payroll Review Assignment Report. HR & Wellbeing Service EST Payroll review 2023/24 • Appraisal Management Update	-
To provide assurance to the Board on workforce matters, with a focus on workforce activity in relation to organisational design, development and education, employee relations, recruitment	• Apprenticeship & Levy Spend Report • Leadership Development Programmes Implementation • Leadership Development Programmes Update • Leadership and Management Development Report • Leadership & Management Development and Appraisal Update • Development and Implementation of a Management Training Programme	-

TOR Duty	Items Received	Comments
and retention and employee engagement.	• Annual NHS England Quality Self-Assessment Education Report • NHS People Promise Exemplar Programme Update	
To monitor and provide assurance to the Board regarding specific workforce risks identified within the Board Assurance Framework.	• Board Assurance Framework • High Risk Report • Board Assurance Framework - additions/amendments	
Ratification of policies following review and approval at sub-committees	• Partnership Forum Minutes • People & Organisation Development Workplan • People & Organisation Development Terms of Reference • Updated Terms of Reference • Policy Development Update	
Receive assurance and monitor the implementation of Equality and Diversity Statutory delegations	• Equality Delivery System 2023-24	
Staff survey report and regular action plan updates	• Deep Dive – National Staff Survey 2023 • National Benchmark Report (including Employee Engagement Plan) • Staff Engagement – Pulse Report	
Focus on health, safety, and well-being of staff through all committee work.	• Staff Story • Employee Wellbeing Annual Report • Health & Safety Committee Chair's Report • Violence and Aggression 6 Monthly Report	
Updates from Guardian of Safe Working and Medical Workforce Updates	• Medical Staffing Annual Update (incl Consultant honorary appointments) • Joint Local Negotiating & Consultation Committee Minutes • Midwifery and Maternity Safer Staffing Report • Bi-annual Safer Nurse Staffing Report • General Medical Council (GMC) National Trainee Survey • Medical Staffing Review Report 2024/25 • Director of Medical Education Annual Report 2023/24 • Action Plan - GMC National Trainee Survey Results	
FTSU	• FTSU Update Report	

PUBLIC – Board of Directors
20th May 2025

Report	**Agenda Item 29.***	**Review of Register of Interests**						
Purpose of the Report	Decision		Ratification		Assurance		Information	**X**
Accountable Executive	Karan Wheatcroft			Director of Governance, Risk and Improvement				
Author(s)	Nusaiba Cleuvenot			Head of Corporate Governance				
Board Assurance Framework	BAF 1 Quality BAF 2 Safety BAF 3 Operational BAF 4 People BAF 5 Finance BAF 6 Capital BAF 7 Digital BAF 8 Governance BAF 9 Partnerships BAF 10 Research			**X**	BAF 8 – Failure to ensure effective corporate governance could impact our ability to comply with legislation and regulation, and our reputation.			
Strategic goals	Patient and Family Experience People and Culture Purposeful Leadership Adding Value Partnerships Population Health							**X**
CQC Domains	Safe Effective Caring Responsive Well led							**X**
Previous considerations	Audit Committee – 22nd April 2025							
Executive summary	The purpose of this report is to notify the Board of Directors of the Trust's compliance with the Conflict of Interest Policy. Staff who meet the requirements of a 'Decision Maker' should submit a declaration upon appointment and updated as necessary (by 31st March of each year, including a nil return) any potential or actual conflict. Declarations are made via the Electronic Staff System (ESR), and Governor, who do not have access to ESR continue to complete a Conflict of Interest Declaration Form. In addition, Board member interests are published on the Trust's website and the Trust's Register of Interest for Executive Directors, Non-Executive Directors and Governors is appended to the report This report confirms that the Trust's compliance is at 92.29%. Board members have renewed the annual declarations, and no risks have been identified in relation to these.							

	We continue to follow up the outstanding Governor declaration forms.
Recommendations	The Board of Directors is asked to **note** the Trust's compliance with the Conflicts of Interest Policy and review the Register of Interests for the Board of Directors and Governors.

Corporate Impact Assessment	
Statutory/regulatory requirements	Conflicts of Interest Policy reflects the NHS England model policy. Directors have a duty to declare interests held.
Risk	BAF 8 – Failure to ensure effective corporate governance could impact our ability to comply with legislation and regulation, and our reputation.
Equality & Diversity	Meets Equality Act 2010 duties & PSED 2 aims and does not directly discriminate against protected characteristics
Communication	Document to be published as part of the meeting pack. Board of Directors Register of Interests to be published on the Trust website and will be shared at the next Public Board meeting.

REGISTER OF INTERESTS, INCLUDING GIFTS & HOSPITALITY
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST – APRIL 2025

Please Note: After expiry, an interest will remain on this register for a minimum of 6 months and a private record of historic interests/registers will be retained for a minimum of 6 years, as per the Countess of Chester Hospital Conflicts of Interest Policy.

Date Received/ updated	No.	Name	Role	Description of Interest	Estimated Value	Relevant Dates From	Relevant Dates To	Actions agreed to mitigate risks & any approvals to adopt a certain course of action	Consent to declare
COUNCIL OF GOVERNORS									
March 2025	1	Janet Bellis (retired March 2025)	Partnership Organisations Governor – Flintshire CHC	Nil	N/A	N/A	N/A	N/A	Yes
	2	Angela Black	Public Governor Chester& Rural Cheshire	Awaiting form					
	3	Paula Edwards	Staff Governor – Nurses/Midwives Qualified	Awaiting form					
August 2024	4	Peter Folwell (Resigned August 2024)	Public Governor – Ellesmere Port & Neston (Lead Governor)	Cheshire-wide Patient Participation Groups – Chair Neston Surgery PPG – Chair Koala NW – Trustee, Vice Chair Neston Community Youth Centre, Trustee	N/A N/A N/A N/A	2016 2015 2019 2023	Present Present Present Present	No action required.	Yes

Date Received/ updated	No.	Name	Role	Description of Interest	Estimated Value	Relevant Dates From	Relevant Dates To	Actions agreed to mitigate risks & any approvals to adopt a certain course of action	Consent to declare
August 2024	5	Ella Foreman (Resigned August 2024)	Public Governor – Remaining England and Wales						
March 2025	6	David Foulds	Partnership Organisations Governor – Council for Voluntary Services	Employed by charity MHA (Methodist Homes) as the Communities Manager for Cheshire West. Member of the Cheshire West Voluntary Association. I represent the Cheshire West third sector on the board of Governors.	N/A	Feb 2017 Feb 2017	Present Present		
	7	Garol Gahan	Partnership Organisations Governor – Cheshire West and Chester Council	Awaiting form					
February 2025	8	Claire Hankinson (Resigned February 2025)	Staff Governor – Allied Health Professionals	Nil	N/A	N/A	N/A	N/A	Yes
September 2024	9	Patricia Hayes (Term of office ended September 2024)	Public Governor – Ellesmere Port and Neston	Awaiting form					

Date Received/ updated	No.	Name	Role	Description of Interest	Estimated Value	Relevant Dates From	Relevant Dates To	Actions agreed to mitigate risks & any approvals to adopt a certain course of action	Consent to declare
February 2025	10	Stephen Higgitt	Staff Governor – All other staff	Nil	N/A	N/A	N/A	N/A	Yes
March 2025	11	Robert Howe	Public Governor – Chester and Rural Cheshire	Nil	N/A	N/A	N/A	N/A	Yes
April 2025	12	Ashley Jayne Caple	Staff Governor – Allied Health Professionals	Nil	N/A	N/A	N/A	N/A	Yes
	13	Brian Jones	Public Governor – Ellesmere Port & Neston	Awaiting form					
February 2025	14	John Jones	Public Governor – Chester & Rural Cheshire	Nil	N/A	N/A	N/A	N/A	Yes
	15	Dadirai Kambasha	Staff Governor – Nurses/Midwives Qualified	Awaiting Form					
February 2025	16	Lucy Liang	Public Governor – Chester & Rural Cheshire	Chair/Trustee of voluntary sector board – CMV action	N/A	Feb 2025	Feb 2028	N/A	Yes

Date Received/ updated	No.	Name	Role	Description of Interest	Estimated Value	Relevant Dates From	Relevant Dates To	Actions agreed to mitigate risks & any approvals to adopt a certain course of action	Consent to declare
	17	Angel Lewis-Aaron	Staff Governor – Nurses/Midwives Qualified	Awaiting form					
May 2024	18	Prof Elizabeth Mason-Whitehead (resigned May 2024)	Partnership Organisations Governor – University of Chester						
September 2024	19	Malcolm McAdam (Term of office ended September 2024)	Public Governor – Flintshire	Nil	N/A	N/A	N/A	N/A	Yes
February 2025	20	Ruth Overington	Public Governor – Flintshire	Nil	N/A	N/A	N/A	N/A	Yes
March 2025	21	Chris Price	Staff Governor – All other Staff	Nil	N/A	N/A	N/A	N/A	Yes
October 2024	22	Caroline Stein (Term of office	Public Governor – Chester & Rural Cheshire (Deputy Lead Governor)	Nil	N/A	N/A	N/A	N/A	Yes

Date Received/ updated	No.	Name	Role	Description of Interest	Estimated Value	Relevant Dates From	Relevant Dates To	Actions agreed to mitigate risks & any approvals to adopt a certain course of action	Consent to declare
February 2025	23	Dr Chris Stockport (resigned Feb 2025)	Partnership Organisation Governor – Betsi Cadwaladr Health Board	Executive Director of Betsi Cadwaladr University Health Board	N/A	-	Present	Will declare and recuse self from relevant discussions	Yes
February 2025	24	Dr Salah Tueger	Staff Governor – Doctors	Nil	N/A	N/A	N/A	N/A	No
April 2025	25	Tim Wheeler	Public Governor – Chester& Rural Cheshire	Deputy Lieutenant for Cheshire Parish of St Peter with St John the Baptist, Chester – Member Cheshire Pitt Club – Member Chartered Institute of Management – Companion Freeman of the City of Chester Freeman of the City of London Lay Canon Emeritus Chester Cathedral Chair of the Board of Governors of Coleg Cambria, member of Board Committees and a Link Governor Member of Bangor University's Council					

Date Received/ updated	No.	Name	Role	Description of Interest	Estimated Value	Relevant Dates From	Relevant Dates To	Actions agreed to mitigate risks & any approvals to adopt a certain course of action	Consent to declare
	26	Maria Woodward	Staff Governor – Nurses/Midwives Qualified	Awaiting form					
February 2025	27	Dr Kate Knight	Partnership Organisations Governor – University of Chester	Partnership Governor	N/A		Ongoing	N/A	Yes
	28	Jan Chillery	Public Governor – Chester & Rural Cheshire	Awaiting form					
February 2025	29	Sheila Dunbar	Public Governor – Chester & Rural Cheshire	Member - Royal College of Nursing Patient at CoCH	N/A	1979 2021	Present Present	N/A	Yes
February 2025	30	Terry Peach (Resigned Feb 25)	Public Governor – Chester & Rural Cheshire						
March 2025	31	Louise Jha	Public Governor – Chester & Rural Cheshire	Director of Jamjha Consulting – Healthcare Consultancy	N/A	July 2022	Present	N/A	Yes
March 2025	32	Myrddin Roberts	Public Governor - Flintshire	Nil	N/A	N/A	N/A	N/A	Yes

Date Received/ updated	No.	Name	Role	Description of Interest	Estimated Value	Relevant Dates From	Relevant Dates To	Actions agreed to mitigate risks & any approvals to adopt a certain course of action	Consent to declare
	33	Daryl Cassidy	Public Governor – Remaining England and Wales	Awaiting form					

REGISTER OF INTERESTS – Board of Directors
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST – March 2025
Please Note: After expiry, an interest will remain on this register for a minimum of 6 months and a private record of historic interests/registers will be retained for a minimum of 6 years, as per the Countess of Chester Hospital Conflicts of Interest Policy.

*Date Received/ updated	No.	Name	Role	Description of Interest	Estimated Value	Relevant Dates From	Relevant Dates To	Actions agreed to mitigate risks & any approvals to adopt a certain course of action	Consent to declare
BOARD OF DIRECTORS									
March 2025		Large, Mr Philip Neil	Interim Chairman	Son is Andrew Large – Head of Finance, NHS England North West Regional Office	N/A		Ongoing	N/A	Yes
February 2025		Guymer, Mr. Michael	Non-Executive Director	Nil	N/A	N/A	N/A	N/A	Yes
February 2025		Williams, Mrs. Pamela	Non-Executive Director	Financial Interest - Non-Executive Director with Muir Group Housing	N/A	11/03/2024	Ongoing	N/A	Yes
February 2025		Jones, Mr. Paul	Non-Executive Director	Nil	N/A	N/A	N/A	N/A	Yes
February 2025		Williamson, Mr. David	Non-Executive Director	Nil	N/A	N/A	N/A	N/A	Yes

February 2025		Hassell, Professor. Andrew	Non-Executive Director	Financial Interest - Non-Executive Director at the University Hospital of North Midlands (until January 2026) Financial Interest - Part time employment at the School of Medicine, University of Keele	N/A	03/08/2020 03/08/2020	Ongoing 01/09/2024	N/A	Yes
February 2025		Corcoran, Mrs. Sarah	Non-Executive Director	Non-Executive Director – The Christies Hospital NHS FT	N/A	N/A	N/A	N/A	Yes
February 2025		Williams, Mrs. Wendy	Non-Executive Director	Financial Interest – Executive Coaching in various organisation (Including some NHS Trusts) Non-financial Personal Interest – Skill Donor for Cheshire Connect Non-financial Personal Interest – Board member Liverpool John Moores University Non-financial Personal Interest – Trustee of Fitzhugh Estate Non-financial Professional Interest - Non-Executive Director of Unitemps	N/A	07/03/2024	Ongoing Ongoing July 2024 October 2024 July 2024	N/A	Yes
March 2024		Haythornthwaite, Mr. Ian	Non-Executive Director (until 14th February 2025)	Financial Interest - Wrightington, Wigan and Leigh Teaching Hospitals	N/A	01/04/2018	Ongoing	N/A	Yes

March 2024		Tomkinson, Ms. Jane	Chief Executive Officer	Care Quality Commission (CQC) Executive Review		June 2018	Ongoing	N/A	Yes
				Appointed Chairman of the Clinical Research Network North West Coast (CRN NWC) Partnership Group.	£2,000 honorarium per annum paid directly to CoCH.	Jan 2019	Ongoing		
				Pilkington's Charity Trustee		Feb 2019	Ongoing		
				Della Fish Foundation Trustee		Jan 2024	Ongoing		
				Member ICB Finance Investment and Resource Committee		April 2020	Ongoing		
				Appointed as Governor at Liverpool John Moores University		April 2020	Ongoing		
November 2024		Pemberton, Ms. Sue	Director of Nursing & Quality Deputy Chief Executive	Nil	N/A	N/A	N/A	N/A	Yes
February 2025		Edge, Mrs. Karen	Director of Finance	Trustee at Tarporley War Memorial Hospital	N/A	October 2024	Ongoing	CoCH hold lease with TWMH. Conflicts of interest at both Boards are declared.	Yes

February 2025		Chadwick, Miss Catherine	Chief Operating Officer	Nil	N/A	N/A	N/A	N/A	Yes
May 2024		Develing, Mr Jon	Director of Strategy and Partnerships (substantive from 1st April 2024)	Voluntary Board Member of United Kingdom International Healthcare Management Association Director of Strategic Partnerships – Liverpool Heart and Chest Hospital NHS Foundation Trust (until 31st March 2024) Voluntary Board member of United Kingdom International Healthcare Management (UKIHMA)	N/A	May 2022 Jan 2019 retired Aug 2022 & returned in Oct 2020 May 2024	Ongoing March 2024 March 2025	N/A	Yes
May 2025		Wheatcroft, Mrs Karan	Director of Governance, Risk and Improvement	Nil	N/A	N/A	N/A	N/A	Yes
April 2025		Scawn, Dr Nigel	Executive Medical Director	Financial Interest - Undertakes small volume of anaesthesia for private patients at both Spire Cheshire Hospital and Spire Liverpool Hospital. Non-Financial Personal Interest - Spouse is Associate Medical Director for Women and Children.	N/A N/A	01/09/22	2023	Declared in line with the Conflicts of Interes Trust Policy.	Yes

March 2025		Wilson, Ms Vicki **On secondment from January-June 2025**	Acting Chief People Officer	Nil	N/A	N/A	N/A	N/A	Yes
April 2022		Gwilliams, Mrs. Hilda	Director of Nursing and Midwifery (Currently on secondment to North Cumbria Integrated Care from 6th November 2023)	Nil	N/A	N/A	N/A	N/A	Yes
March 2024		Dale, Mr. Mark	Acting Chief People Officer (From 1st January 2024 – 19th May 2024)	Nil	N/A	N/A	N/A	N/A	Yes
March 2024		Leadsom, Mrs. Laura	Acting Director of Corporate Affairs (From 19th December 2023 – 10th June 2024)	Nil	N/A	N/A	N/A	N/A	Yes