PUBLIC – Board of Directors
29th July 2025

Report	**Agenda Item 20.**	**Annual Health & Safety Report 2024/25**						
Purpose of the Report	Decision		Ratification		Assurance	**X**	Information	
Accountable Executive	Karen Edge			Chief Finance Officer				
Author(s)	Liam Telford			Health & Safety Manager				
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**	Failure to maintain safety and prevent harm would result in poorer patient care and outcomes			
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** **X** **X**
Previous considerations	Finance & Performance Committee – 25th June 2025 (including escalations and mitigations).							
Executive summary	This Annual Health & Safety Report covers the period from 1st April 2024 to 31st March 2025 and provides a comprehensive overview of the Trust's health and safety performance, challenges, and improvements. It highlights key developments, outlines risks and incidents, and sets out clear objectives for the 2025/2026 reporting period. It reflects a year of substantial transition, during which the Trust reassessed and reorganised its Health & Safety function to address legacy challenges and lay the foundation for future improvement. **<u>Key Themes and Progress</u>** **Leadership Transition and System Reset:** The Health & Safety function experienced a period of instability due to temporary staffing and inconsistent practices. Since the appointment of a substantive Health & Safety Manager in January 2025, a major review and structured reset of systems and processes has been initiated, anchored by a previously commissioned gap analysis and live action plan. **Incident Reporting and Investigation:**							

A total of 184 health and safety incidents were reported, of which 180 were no-harm or low-harm. Four incidents resulted in moderate harm. 92% of incidents were fully investigated and approved, indicating strong oversight. 2 RIDDOR-reportable incidents were logged. This process is currently under review for adaption/improvement.

Contractor Safety and Oversight:
Four notable contractor-related incidents occurred, prompting a review of fire alarm interactions and site supervision. The Contractor Management Policy is under review, with improvements being implemented in induction, permit control, and safety assurance.

Security and Violence Reduction:
Security challenges persist, including gaps in CCTV coverage, body-worn camera data access, and staffing levels. The Violence and Aggression Prevention Group was reinstated to drive improvements. Mitigation efforts are underway, including infrastructure upgrades and cross-team collaboration.

Risk Assessment Programme Relaunch:
A structured, four-phase risk assessment programme commenced in March 2025, prioritising inpatient clinical areas. This aims to embed a robust and consistent approach to hazard identification and mitigation Trust-wide.

Policy and Governance Enhancements:
Several core policies were reviewed and ratified, including DSE, risk assessment, incident reporting, and slips/trips/falls. The Health & Safety Committee was relaunched in February 2025 and now operates on a bi-monthly cycle with a refreshed Terms of Reference.

Compliance and Assurance:
Core statutory requirements remain embedded in practice, supported by Trust-wide training, routine audit, and sub-committee oversight across areas such as fire safety, ventilation, water safety, and manual handling. An external audit is scheduled for 2025/2026 to further strengthen assurance.

Challenges and Escalated Issues
COSHH Management:
The Trust is currently operating without a formal COSHH system following contract expiration in January 2025. Interim controls and a market review are underway to resolve this gap.

Underreporting of RIDDOR Incidents:
A lack of clarity on reporting responsibilities and system categorisation has prompted a review of processes, with a training programme due for rollout in Q3 and Q4.

Workforce Capacity Gaps:

	Staffing shortages in health & safety, security, and decontamination functions are limiting proactive risk management. Recruitment and team restructuring plans are in progress. **Aging Infrastructure and Equipment:** Fire alarms, hoists, and security technology require urgent upgrades. Mitigation plans are being implemented, and capital funding has been secured for 2025/26 to deliver improvements in high-risk areas. **Key Objectives for 2025/2026** The Health & Safety team has outlined a comprehensive set of strategic objectives, including: 1. A Trust-wide audit aligned to HSG65 principles. 2. Reintroduction of a cost-effective COSHH system and associated policy. 3. Ongoing policy review and upskilling of staff in high-risk areas via accredited training (e.g. IOSH). 4. Strengthening of the Health & Safety Committee to support governance and assurance. 5. Development of a GEEP/PEEP management system to support evacuation readiness. 6. Expansion of contractor safety oversight and review of value for money in H&S services. 7. Continued support for incident investigation, learning, and prevention. **Conclusion** This year marked a foundational turning point in the Trust's Health & Safety maturity. While legacy challenges remain, including system, resource, and compliance issues, the Trust has laid clear groundwork for sustained improvement. The relaunch of governance structures, risk assessment activity, and strategic planning signals a renewed commitment to a safe working and care environment for all.
Recommendations	The Board of Directors is asked to note the key objectives for 2025/26 and to support continued progress against the Health & Safety Committee's Terms of Reference. These should serve as the framework for ongoing performance monitoring and governance over the next reporting cycle.

Corporate Impact Assessment	
Statutory/regulatory requirements	CQC, Health & Safety Executive (HSE) (see section 9 of the report)
Risk	Failure to maintain safety and prevent harm would result in poorer patient care and outcomes
Equality & Diversity	Meets Equality Act 2010 duties & PSED 2 aims and does not directly discriminate against protected characteristics
Communication	Not confidential

Annual Health & Safety Report 2024/25

1. Introduction

The Health & Safety Annual Report covers the period from 1st April 2024 to 31st March 2025. It highlights key developments and activities undertaken during this period and provides an opportunity to review planned work and objectives for the upcoming year.

This report reflects the Trust's commitment to the Board of Directors approved 'Statement of Intent' and Health & Safety Policy Statement, which mandates those responsible for health and safety within Trust premises and activities to:

- Comply with health and safety legislation.
- Implement appropriate health and safety arrangements.
- Adhere to monitoring and reporting mechanisms relevant to internal and external stakeholders and statutory bodies.
- Foster partnership working to maintain and enhance health and safety arrangements.

To embed and promote the health and safety agenda throughout the Trust, a variety of monitoring methods are employed, including:

- Quarterly Health and Safety Committee meetings, Divisional Governance meetings, and Risk Committee meetings
- Risk-based monitoring through specialized sub-groups such as Water Safety, Ventilation Safety, Fire Safety, Electrical Safety, Violence & Aggression, Medical Gas, and Medical Device groups.

The main body of this report outlines the Health & Safety team's performance in delivering objectives set by the Board of Directors (as per Terms of Reference) and evaluates the effectiveness and operation of the Health & Safety Committee. It includes statistical analysis and key information on H&S activities such as incident reporting, RIDDOR notifications and investigations, audit and risk assessment progress, training compliance, and the Trust's overall response to health and safety needs during the year.

2. Background

This Annual Health & Safety Report covers a year of significant transition within the Health & Safety function. Throughout the reporting period, the role of Health & Safety Advisor was filled by a succession of temporary staff, alongside intermittent support from a full-time Health & Safety Manager. A substantive Health & Safety Manager was appointed to the role in January 2025 and have since carried out a comprehensive review of existing documentation, systems, and processes.

The review highlighted that frequent personnel changes, periods of staff absence, and inconsistent approaches to health and safety management impacted the continuity of key initiatives. Documentation and working methods varied considerably, leading to a lack of cohesion and limited sustained implementation. As a result, several projects had either stalled or had not progressed beyond their initial stages.

In response to these challenges, the Health & Safety team initiated a structured reset of its systems and processes in January. While much of the previously held documentation was not suitable for continued use, a 2023 gap analysis and its associated live action plan were retained due to their comprehensive and practical value. This action plan now underpins much of the current work programme.

No internal or external audits of the Health & Safety function were conducted during the reporting year. However, a full external audit is planned for the current financial year. This will be instrumental in identifying remaining gaps, enhancing the consistency of health and safety processes, and strengthening overall assurance across the organisation.

3. Health & safety incidents & investigations

Between April 1st, 2024, and March 31st, 2025, a total of **184 Health and Safety incidents** were reported. The Planned Care division recorded the highest number of incidents, followed closely by the Urgent Care division (see Table 1).

Of the 184 reported incidents, 180 were classified as no-harm or low-harm (see Table 2).

Table 1

Row Labels	Count
Corporate Services	16
Diagnostics and Clinical Support	10
Diagnostics and Infrastructure	6
Other Provider/Trust (Not COCH)	3
Planned Care	69
Therapies and Integrated Community Care	10
Urgent Care	57
Women and Children	13
Grand Total	184

Table 2 Health and Safety Incidents - Levels of Harm

Row Labels	Count of ID
Low (minimal harm caused)	93
Moderate (short term harm caused)	4
None (no harm caused)	87
Grand Total	184

The incidents were split into 2 categories – Inoculation/sharps incidents and personal injury. Personal injury incidents were the highest number of incidents reported. With regards to inoculation/sharps Injuries – the highest areas of reporting were RSU (5), theatre (13) and

the ward areas (17). Planned care are the highest reporting of personal injury, where Urgent care is the highest reporter of inoculation/sharps injuries (Table 3)

Themes of personal injury appear to be, eye splashes, equipment injuries (wheelchairs/moving equipment) and doors.

Table 3

Row Labels	Inoculation/Sharps	Personal injury	Grand Total
Corporate Services	0	16	16
Diagnostics and Clinical Support	2	8	10
Diagnostics and Infrastructure	0	6	6
Other Provider/Trust (Not COCH)	0	3	3
Planned Care	25	44	69
Therapies and Integrated Community Care	4	6	10
Urgent Care	34	23	57
Women and Children	5	8	13
Grand Total	70	114	184

RIDDOR Reporting Summary – Reporting Period 2024/2025

During this reporting period, 2 RIDDOR-reportable incidents were recorded through the Datix system.

While no major issues were escalated, there is a noted gap in clarity regarding RIDDOR incident ownership and data access within DATIX. Incident management remains strong, with **92%** of reports fully investigated and approved, indicating a high level of responsiveness and oversight in maintaining safety standards.

Health & Safety Claims Summary – Financial Year 2024/2025

During the 2024/2025 financial year, a total of **11** Health & Safety-related claims were submitted against the organisation. The breakdown of incident types is as follows:

- Slips, Trips & Falls: 6
- Sharps/Inoculation Injuries: 2
- Property Damage: 2
- Defective Equipment: 1

Notably, **5** of these incidents occurred within the site's car parks, which has raised concern regarding the safety of these areas. In response, the Health & Safety Team is actively collaborating with the Estates, Capital Projects, and Facilities teams to conduct risk assessments and develop targeted action plans. These plans aim to implement remedial works and improve overall safety within the car park areas.

Risk Assessment Programme

The Health & Safety Team relaunched a structured risk assessment programme in March 2025.

A four-phase approach has been developed to systematically assess and manage risks across the hospital estate. The programme is being delivered entirely in-house to ensure consistency, accuracy, and alignment with the Trust's safety standards.

Phase 1: Conduct detailed Health & Safety risk assessments in all **inpatient clinical areas**, prioritising spaces where patients receive continuous care and where risk exposure is highest.

Phase 2: Extend the assessments to cover all **remaining clinical areas**, including outpatient departments, procedure rooms, and specialist clinics, to capture any outstanding clinical risks.

Phase 3: Focus on **non-clinical areas classified as high and medium risk**, such as maintenance workshops, storage facilities, and plant rooms, addressing environmental and operational hazards.

Phase 4: Complete the programme with assessments of **non-clinical low-risk areas**, including administrative offices, meeting rooms, and general communal spaces.

This phased approach ensures a thorough and prioritised review of all areas across the site. In addition to identifying and mitigating Health & Safety risks, the programme will establish a robust and current record-keeping system to support ongoing compliance and risk management.

4. Contractor Activity

During the review period, four significant incidents involving contractors were reported via Datix:

Fire Alarm Activations:

- *Incident 249366:* Fire alarm triggered in Ward 32 due to a contractor cutting through alarm wiring. Security, Estates, and Cheshire Fire Brigade responded promptly, reinstating the system without further issue.
- *Incident 256026:* New fire alarm triggered in the switchboard area with no clear location indicated on the panel, causing widespread calls and confusion. Fire Brigade attended the front entrance.
- *Incident 259725:* Fire alarm activation in the MRI plant room caused by steam from a split hose during HVAC contractor work. The alarm was inconsistent across the site, leading to staff confusion. Fire service attendance confirmed no fire; area was rechecked following reactivation of the alarm.
- *Incident 260582:* A contractor's ladder fell onto a staff member in the Discharge Lounge, causing minor back injuries. The staff member was assessed and sent to the Emergency Department for further evaluation.

Permit to Work System:
The Estates Team issues a comprehensive range of safety permits to contractors, including for Work at Height, Excavation, Confined Spaces, Roof Access, Hot Work, and Fire Alarms. Approximately 2–3 permits are issued weekly, with permits signed out and returned upon job completion, retained for three months by Estates.

Health & Safety Inductions and Contractor Onboarding:
All new contractors undergo mandatory Health & Safety inductions led by the Operations Manager or Estates Officers. Contractors receive a Health & Safety pack including the handbook and confidentiality agreement and must acknowledge understanding and provide relevant documentation (e.g., liability insurance, competency certificates).

Contractor Sign-In Process:
Contractors sign in via an iPad system that logs attendance and issues a photo ID badge for site visits. The system captures details such as name, company, contact, and vehicle registration, with an average of 70 sign-ins monthly, increasing with larger contracts. The sign-in app provides live tracking of contractor presence on site.

Policy Development:
The Contractor Management Policy is currently under review and will be submitted for ratification by the Health & Safety Committee. A more thorough and robust process for contractor selection prior to attending site will be introduced.

5. Security Update

The Security Department works to protect staff, patients, visitors, and NHS property while minimizing the risk of violence and aggression. Key initiatives include conflict resolution training, awareness programs, police collaboration, and policy reviews. The Violence, Prevention, and Reduction Group has been reinstated to assess incidents and implement improvements. Security services also prevent crime and ensure the smooth delivery of healthcare by working with local agencies to maintain safety and order across Trust premises.

A Violence and Aggression prevention Group was re-established in September 2024. Terms of reference have been developed alongside a robust action plan. Key stakeholder engagement is essential for the group to ensure improvements are made.

The groups aim is to provide a coordinated and consistent approach to the management of violence and aggression across CoCH and ensure a joined-up approach to strategic planning and service delivery. The remit of the group is to:

Promote a violence-free environment by promoting awareness, enhancing staff development, and aligning practices with national guidance. Collaborative efforts focus on identifying key violence prevention priorities, developing and monitoring related policies, and conducting audits to drive continuous improvement. By reviewing incident data, identifying trends, and sharing lessons learned, the Trust aims to support a proactive, informed, and confident workforce, ensuring safe and respectful care for all patients and a secure environment for staff.

6. Health & Safety Progress & Improvements

Below is a succinct summary of some of the project work undertaken within the health and safety function in 2024/2025. A more detailed summary of actions identified for improvement are stated within the gap analysis and key objectives for the function are captured in section 8.

- Reviewed action plan for 2025/2026 for the Trust's health and safety function. The introduction of additional H&S duties for the Fire Safety Advisor has been approved and adopted to further support the delivery.
- The Health & Safety team has provided extensive support to the Estates and Capital Projects teams, focusing on fire alarm and fire door upgrades to mitigate safety risks. A comprehensive action plan has been developed for the fire alarm system upgrades, with secured funding to reduce risks.
- Review and relaunch of the Health and Safety Committee – relaunch meeting held on 27th February 2025 and now meets Bi-monthly on Teams.
- Annual strategic plan with achievable KPI's benchmarked for 25/26.
- Training sessions for induction, risk assessment and incident investigation training have been designed. Training delivery is on hold due to lack of resources in the team, H&S information has been reintroduced to the Welcome Event and delivered to all new starters during their induction to the trust. The PowerPoint Presentation has been produced, and delivery will commence on 16th June 2025.
- A Violence and Aggression prevention Group was re-established in September 2024. Terms of reference have been developed alongside a robust action plan. Key stakeholder engagement is essential for the group to ensure improvements are made.
- A programme of supporting line managers with complex DSE assessments continues, this has been further enhanced with a revised and ratified policy and supporting documentation such as guidance and eye wear and testing reimbursement process all available via Share point
- Priority policies which have been rewritten and ratified these include:
    - Display Screen Equipment (DSE)
    - Risk Assessment and Management
    - Lone Working
    - Incident Management and Reporting (inc. RIDDOR)
    - Slips Trips & Falls Policy
    - No Smoking Policy
- RIDDOR training delivery was stalled due to lack of resource in the team, however RIDDOR awareness has now been introduced in the Safety presentation delivered at the Welcome event for all new starters, additional training will be rolled out to existing members of staff in Q3 & Q4.
- Ward Health & Safety inspections have been scheduled dual approach to completing the H&S RA and FRA within these areas has commenced (see Phase 1 of RA programme).
- Health and safety review completed, with recommendations for amendment submitted, of the Trust's Cytotoxic Spill Policy following request by the Haematology Department, this policy was ratified in May 2024

7. Health & Safety Legal Requirements 2024 / 2025

Legislative Framework and Governance
Health and safety within the Trust are primarily governed by legislation enforced by the Health and Safety Executive (HSE). The Trust's policies, procedures, training programmes, and audit processes are underpinned by key legislative requirements, in conjunction with the Memorandum of Understanding (MoU) between the HSE and the Care Quality Commission (CQC), supported by the Local Government Association (LGA). This MoU ensures coordinated and comprehensive regulation of health and safety across health and adult social care settings in England, with the shared aim of protecting patients, service users, staff, and members of the public.

The following legislation forms the foundation of the Trust's health and safety management system:

Health and Safety at Work etc. Act 1974 (HASAWA)
This is the principal piece of legislation governing occupational health and safety in the UK. It places a legal duty on employers to ensure, so far as is reasonably practicable, the health, safety, and welfare of all employees and others affected by their operations. It also establishes responsibilities for occupiers of premises, contractors, manufacturers, and employees.
Section 2 of the Act specifically requires employers to protect the health, safety, and welfare of employees through effective systems, policies, and procedures.

Management of Health and Safety at Work Regulations 1999
These regulations require all employers to conduct suitable and sufficient risk assessments for all work activities, and to implement appropriate control measures. Employers must ensure effective planning, organisation, control, monitoring, and review of health and safety arrangements. Furthermore, employees must be informed of the risks and protected through training and the appointment of competent persons to support health and safety duties.

Key Principles of Health & Safety Management:
- Visible leadership and robust organisational structures
- A skilled and well-informed workforce, engaged in safety practices

Assurance:
- An annual Health & Safety Audit Plan is developed and communicated Trust-wide. Audit findings are presented to the Health & Safety Committee, with action plans developed and monitored accordingly, this will next be presented in December 2025.
- Health & Safety training is well embedded in the organisations core mandatory training programme, additional health and safety awareness has been introduced to the Welcome event for all new starters. Additionally training for managers who are responsible for Health & Safety in high-risk areas is planned for 2025/2026
- A robust Health & safety risk assessments programme has been introduced, the plan will ensure all areas within the trust receive suitable and sufficient workplace risk assessments, this is further supported with departmental risk registers which are reviewed frequently.

Workplace (Health, Safety and Welfare) Regulations 1992

These regulations set out requirements for maintaining a safe and healthy working environment, including standards for lighting, ventilation, temperature control, space, cleanliness, traffic management, and welfare facilities.

Assurance:

- The Facilities Team ensures the workplace is clean and hygienic, while the Estates Team manages the maintenance of heating, ventilation, and all essential services.
- Workplace risk assessment programme has been established.
- The Health & safety Committee monitor the effectiveness of the following sub committees, electrical safety, ventilation and water, fire safety and violence & aggression, estates and facilities effectiveness is also monitored at the Health & Safety committee.
- Estates personnel perform routine monitoring of water systems, including Legionella testing, in accordance with the Trust's timetable. Ventilation systems undergo annual testing by an external consultant and are verified by the Trust's Authorising Engineer and Authorised Person. Filter replacements and servicing are carried out according to a predefined schedule. Regular testing of electrical systems, including back-up generators, is managed and recorded by Estates.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
These regulations require the timely reporting of certain incidents to the HSE, including work-related injuries, illnesses, and dangerous occurrences.

Assurance:

- All relevant incidents are reported via the Trust's Datix system. Incidents meeting RIDDOR criteria are escalated and reported to the HSE within statutory timeframes. All Health & Safety reported incidents are reviewed daily by the trusts health and safety team.
- A RIDDOR training programme has been produced, this is scheduled for roll out in Q3 & Q4, RIDDOR awareness has been added to the trusts welcome event for all new starters.

Health and Safety (Display Screen Equipment) Regulations 1992 (DSE)
These regulations apply to staff who regularly use display screen equipment and require risk assessments, training, and appropriate workstation setups.
Assurance:

- Line Managers are responsible for initiating DSE assessments by requesting completion of the Trust's DSE Self-assessment form, the health & safety team review and provide additional support upon request.
- If significant concerns are identified, a one-to-one assessment is undertaken, and recommendations are provided. Completed assessments are stored centrally within the Health & Safety folder stored in the S drive, line managers and the user receive a copy of the assessment.

Manual Handling Operations Regulations 1992
This legislation requires the assessment of manual handling tasks and the implementation of risk control measures to reduce the likelihood of musculoskeletal injury.

Assurance:

- Manual handling assessments are carried out by the Trust's dedicated Manual Handling Team. Training is included as part of the Mandatory Training and Welcome Event for both clinical and non-clinical staff.
- Medical Device Safety Officer has been employed by the organisation within this reporting period.
- Risk assessments specific to manual handling are completed annually by Ward Managers, with support from the Manual Handling Team as needed.
- Approximately 30% of Trust staff require individual manual handling assessments, which are conducted on an annual basis and supported with tailored action plans.

Personal Protective Equipment at Work Regulations 1992 (PPE)
These regulations place a duty on employers to provide, maintain, and replace personal protective equipment (PPE) as needed. Employers must also ensure staff receive suitable training and instructions on its use.

Assurance:

- The Health and Safety Manager is assured that appropriate PPE is provided to clinical staff for routine and emergency scenarios, including pandemic or outbreak responses such as COVID-19. Equipment is readily available, appropriate for the tasks performed, and supported by training and storage protocols.

8. Health & Safety Action Plan & Key Objectives for 2025/2026

The initial gap analysis developed following a Trust-wide health and safety review by a Consultant during their early engagement with the organisation, identified 151 areas for improvement and outlined specific actions required to enhance health and safety practices across multiple functions. This was followed by the creation of a corrective action plan to address the identified gaps. Since taking up post, the current Health & Safety Manager has reviewed this action plan in detail. While the document remains active and continues to serve as the Trust's primary Health & Safety action plan, it has been restructured and is currently under further review to ensure it accurately reflects the present status of each action. The plan will continue to evolve and be updated regularly in response to audits, inspections, and project developments. The original gap analysis and action plan were formally presented and approved at the Health & Safety Committee meeting on 24th April 2023. The 2025/2026 plan includes the delivery of an external audit on the organization's health & safety function, from this a revised roadmap will be formulated and communicated throughout the trust via the Health & Safety Committee.

Health & Safety Function Key Objectives 2025/2026

Conduct a Trust-Wide Health & Safety Systems Audit Aligned with HSG65
Arrange and oversee a comprehensive internal audit of the Health & Safety Management Systems across all areas of the Trust. This audit will be based on the principles of the Health and Safety Executive's (HSE) guidance HSG65 – *Managing for Health and Safety*. The objective is to benchmark current practices against best practice standards, identify gaps in compliance, and support the development of a structured improvement plan. Outcomes from

the audit will form the basis of a strategic action plan to enhance governance, risk control, and overall assurance across the Trust.

Reintroduce a Cost-Effective COSHH Management System and Policy
Reinstate a robust Control of Substances Hazardous to Health (COSHH) management system that provides adequate risk assessments, staff access to safety data sheets, and ongoing monitoring. A cost-effective, digital solution will be sought to improve accessibility and streamline record-keeping. In tandem, the existing COSHH policy will be reviewed, rewritten, and relaunched to reflect updated procedures and current legislative requirements.

Strengthen the Health & Safety Committee to Improve Governance and Assurance
Reinforce the structure and function of the Health & Safety Committee to ensure it delivers effective governance and organisational oversight. The goal is to establish a reliable forum for risk review, escalation of issues, and implementation of action plans across the Trust and ensure the Terms of Reference are achieved.

Support Violence & Aggression Reduction in Partnership with Security
Continue to collaborate closely with the Security Team to deliver interventions aimed at reducing incidents of violence and aggression across the organisation. This includes joint training initiatives, incident analysis, environmental risk assessments where required, and development of targeted action plans. A culture of zero tolerance for abuse will be reinforced, and support for affected staff will remain a key priority.

Review and Update All Health & Safety Policies
Ensure all Trust-wide Health & Safety policies are systematically reviewed and kept up to date, in line with statutory requirements, best practice, and organisational needs. This process will include policy revalidation dates, stakeholder consultation, and reissue through appropriate communication channels to maximise awareness and compliance.

Upskill Staff in High-Risk Areas Through Accredited Health & Safety Training
Identify staff members with Health & Safety responsibilities in high-risk departments (e.g. Estates, Theatres, Facilities, Clinical Support Services), and provide access to formal training. The preferred qualification will be the RoSPA IOSH 5-day “Managing Safely” course, enabling staff to understand their duties under health and safety law and apply risk management principles effectively in their roles.

Ensure Statutory Compliance with Health & Safety Legislation
Establish processes and oversight mechanisms to ensure, so far as reasonably practicable, that CoCH remains compliant with all applicable Health & Safety legislation. This includes the Health and Safety at Work etc. Act 1974, Management of Health and Safety at Work Regulations 1999, and other relevant regulations and codes of practice. A proactive approach to risk identification, control, and mitigation will be embedded into the Trust’s operations.

Implement a GEEP and PEEP Management System
Develop and roll out a robust management system for General Emergency Evacuation Plans (GEEPs) and Personal Emergency Evacuation Plans (PEEPs). This initiative will ensure the Trust meets its obligations under fire safety legislation and provides safe and effective evacuation arrangements for all individuals, including those with reduced mobility or additional support needs.

Provide Ongoing Support Following Workplace Incidents

Continue to provide prompt and compassionate support to staff, patients, and visitors involved in incidents on Trust premises. This includes appropriate follow-up, reporting, investigation, and advice on risk mitigation. Learning from incidents will be shared across relevant teams to promote a safer environment and reduce recurrence.

Enhance Contractor Safety Management in Collaboration with Estates and Capital Projects
Work in close partnership with the Estates and Capital Projects teams to ensure all contractors working on site meet the highest safety standards. This includes refining pre-contractor safety checks, strengthening the contractor induction process, and enhancing supervision arrangements. All construction, refurbishment, and maintenance works will be subject to appropriate risk assessments and compliance checks.

Undertake a Cost-Effectiveness Review of Health & Safety Services
Conduct a detailed review of all Health & Safety-related contracts and services to ensure value for money is being achieved. Opportunities for cost savings will be identified through potential insourcing, contract renegotiations, and improved utilisation of internal resources. The objective is to deliver a high-quality, financially sustainable Health & Safety function that meets the needs of the organisation.

9. Health and Safety Management Structure

The Trust's Health and Safety Committee
The Committee Terms of Reference (ToR) has been reviewed and amended to fit the current composition of the Committee. The ToR has been distributed amongst the attendees of the Committee meeting held on the 01 February 2025. Please see below for reporting structure of the health & safety committee and all sub committees.

10. Conclusion

In conclusion, the 2024/25 reporting period has been one of reflection, reorganisation, and foundational improvement for the Trust's Health & Safety function. While the low number of RIDDOR-reportable incidents recorded suggests underreporting, this has prompted critical introspection and the development of a focused action plan to improve reporting accuracy, data access, and system integrity. Similarly, the relaunch of the risk assessment programme and

enhancements in contractor and workplace safety indicate the Trust's commitment to embedding proactive risk management into daily operations.

The trust has demonstrated strong incident oversight and responsiveness, particularly with a 92% investigation completion rate, which underscores a culture of continuous learning and improvement.
The challenges faced—including the absence of a COSHH management system, infrastructure deficiencies, and staffing shortfalls—are significant, but not insurmountable. Mitigation plans have been clearly identified, with cross-departmental collaboration already underway to address the most pressing issues. Notably, targeted actions around contractor safety, car park risk mitigation, and improvements to security infrastructure and training show a balanced approach that addresses both immediate and long-term risks.

Additionally, the Trust's reinvestment in health and safety governance, including the relaunch of the Health & Safety Committee and development of a strategic action plan, is laying the groundwork for sustained improvement.

Looking ahead to 2025/26, the Trust has set out a clear and ambitious roadmap. Key objectives, such as aligning with HSG65 standards, reintroducing a cost-effective COSHH system, and upskilling staff in high-risk roles, will support statutory compliance and enhance overall resilience. The success of these initiatives will depend heavily on maintaining momentum, securing adequate resources, and ensuring sustained leadership engagement. With the action plan under active review and robust governance structures being reinforced, the Health & Safety function is well-positioned to drive forward meaningful change and ensure a safer environment for all site users.

11. Recommendation

The Board of Directors is asked to note the key objectives for 2025/26 and to support continued progress against the Health & Safety Committee's Terms of Reference. These should serve as the framework for ongoing performance monitoring and governance over the next reporting cycle.

PUBLIC – Board of Directors
29th July 2025

Report	**Agenda Item 21*.**	**Digital and Data Strategy Update**						
Purpose of the Report	Decision		Ratification		Assurance	**X**	Information	
Accountable Executive	Jason Bradley			Chief Digital and Data Officer				
Author(s)	David Reilly			Director of Digital				
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 failure to ensure strong digital transformation and IT resilience could impact the delivery of services for patients and our workforce			
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** **X**
Previous considerations	Finance & Performance Committee – 25th June 2025 Board Strategy Day session – 24th June 2025							
Executive summary	The purpose of this report is to provide assurance on the update to the digital and data strategy by presenting: - The background to the development of the updated digital and data strategy and progress to date - Information on external sources of assurance and risks to delivering the strategy - The current digital and data roadmap. - Information on the establishment of the Digital and Data prioritisation process. In early 2021, a new five-year digital and data strategy for the Trust was published – Digital Directions. The strategy was designed to lay out the plan for digital and data service developments across the five-year period. In 2021, the NHS also introduced the What Good Looks Like (WGLL) Framework. This framework set out seven measures of success across the digital footprint.							

In developing the new Digital and Data strategy, the seven success factors from WGLL and the six strategic goals from the Trust's new strategy will be considered.

The Trust strategy, "Transforming Care Together," sets out the ambition to become an outstanding organisation and a beacon of best practice and care, recognising that this will be an improvement journey. The needs of our population have been changing, and in turn, the needs of our service users, including patients and staff, have changed as we progress into the digital age. Our users expect quick, efficient, mobile tools and services for accessing information.

Our clinical strategy "Improving Lives" provides a clear direction for how we will provide care for our population our patients and our families. Through our clinical strategy, we intend to harness emerging technologies, streamline operations, and foster a culture of continuous improvement.

For digital and data this means developing mechanisms to collect real-time patient data for better care planning and outcomes tracking and using predictive analytics to anticipate patient needs and resource requirements.

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; and ensure that technology enhances rather than disrupts patient care and clinical workflows.

The new Digital and Data strategy will be divided into eight components, with each component consisting of factors that will enable the overall delivery of the strategy, with a core focus on people as well as processes and technology.

- People
- Process
- Infrastructure and Security
- Applications
- Data
- Innovation
- Green
- Partnerships

In July 2026 the 10 Year health plan[3] for England was published. The plan has a significant focus on digital enablement, "from analogue to digital", through further enhancements of the NHS App, development of a single patient record, and deployment of new technologies such as AI scribes.

The new strategy will also align with any emerging local, regional, and national priorities. Mersey Internal Audit Agency (MIAA) is currently undertaking an assurance review of the strategy development process. The

	next steps are to hold stakeholder consultation sessions ahead of a draft publication of the strategy, with final publication planned for Quarter 3 2025/6. To test and provide assurance of progress in the digital and data agendas, several external assessments have or will be carried out. These assessments include the national Digital Maturity Assessment (DMA), EPR Usability Survey, Data Security Protection Toolkit (DSPT), Skills Development Network accreditation, and the Trust specific HIMSS EMRAM (Electronic Medical Record Adoption Model) assessment. The Trust has a Digital and Data roadmap covering 2025-2028 informed by the emerging local and national strategies. This includes ongoing upgrades to the EPR and EPR optimisation, piloting and deployment of AI tools, regional programmes for radiology and pathology, and maintaining the core infrastructure and cyber security, As part of the strengthened governance around the Digital and Data Services programme of work, a governance process has been established. Requests to the Digital and Data Services teams are managed via monthly Divisional / Corporate Steering groups with key stakeholders, feeding into an overall Clinical Digital Design Authority. These groups have been running since October 2024 and are now embedded within the Trust. Delivery of the strategy relies on available resources whether that be digital and data expertise, clinical and operational engagement, or direct funding. The internal services are subject to cost improvement programmes and headcount reduction as are all other departments, and the Trust is engaging with colleagues across Cheshire and Merseyside to analyse both cost reduction projects, and opportunities for maintaining sustainable services There are a number of risks associated with delivering the new Digital and Data strategy. The risks can be broken down into three categories (funding, resource, cyber) with potential mitigations identified. The BAF is being maintained in line with regular risk assessments.
Recommendations	The Board of Directors is requested to note the update and receive assurance on the development of the updated digital and data strategy.

Corporate Impact Assessment	
Statutory/regulatory requirements	CQC
Risk	BAF impact is overall assurance on the progress in delivering effective Digital and Data Services whilst recognising that there are ongoing actions to continue to mitigate known risks.
Equality & Diversity	Meets Equality Act 2010 duties & PSED 2 aims and does not directly discriminate against protected characteristics
Communication	Not confidential.

Digital and Data strategy development update

1. Introduction & Purpose

The purpose of this report is to provide assurance on the update to the digital and data strategy by presenting:

- The background to the development of the updated digital and data strategy and progress to date
- Information on external sources of assurance and risks to delivering the strategy
- The current digital and data roadmap.
- Information on the establishment of the Digital and Data prioritisation process.

2. Background

In early 2021 a new five year digital and data strategy was published – Digital Directions. The strategy was designed to lay out the plan for digital and data service developments across the five-year time period. The strategy was split into five workstreams and included developments such as Cerner EPR optimisation, increased used of corporate data, and initiatives to increase the Trust's cyber security.

Also, in 2021 NHS England launched the What Good Looks Like (WGLL) framework. The What Good Looks Like programme draws on local learning and builds on established good practice to provide clear guidance for health and care leaders to digitise, connect and transform services safely and securely. The intention is to improve the outcomes, experience, and safety of our citizens.

WGLL is directed at all NHS leaders, as they work with their system partners, and sets out what good looks like at both a system and organisation level. It describes how arrangements across a whole ICS, including all its constituent organisations can support success.
The WGLL Framework has seven measures of success:

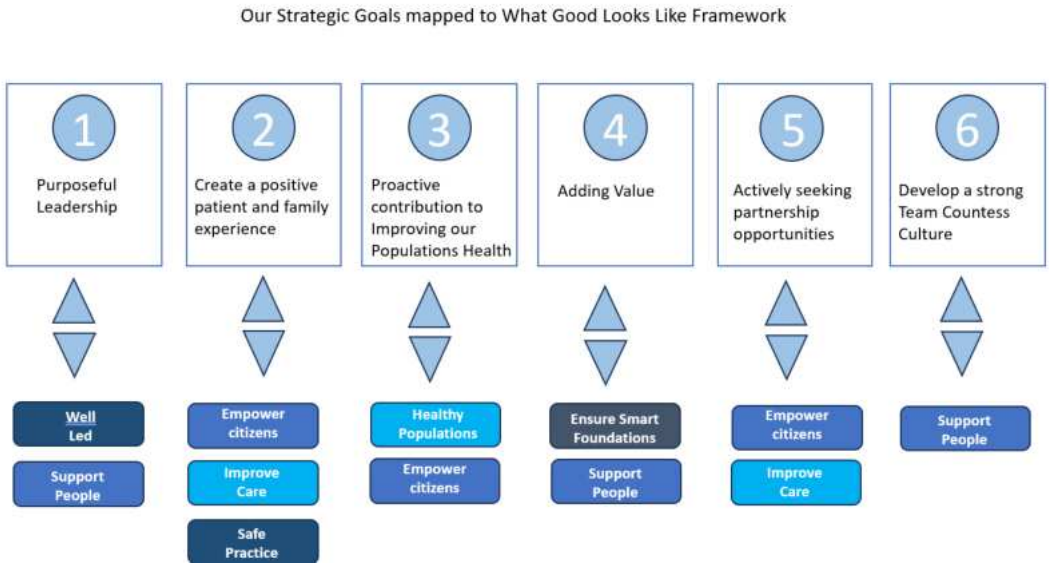
1. Well led
2. Ensure smart foundations
3. Safe practice
4. Support people
5. Empower citizens
6. Improve care
7. Healthy populations

Countess of Chester Strategic Goals 2024-2029
As part of the development and delivery of a new Trust wide strategy, six strategic goals have been identified.

1. Purposeful Leadership
2. Create a positive Patient and Family Experience
3. Proactive Contribution to improving our Health Populations
4. Adding Value.
5. Actively seeking partnership opportunities.
6. Develop a strong team countess culture.

Strategic goals mapped to WGLL

The six strategic goals can be aligned to the WGLL framework as described below.



Clinical strategy "Improving Lives" (2025-2030)

Our clinical strategy provides a clear direction for how we will provide care for our population our patients and our families. The strategy focuses on the whole person and family experience, and 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. Through our clinical strategy, we intend to harness emerging technologies, streamline operations, and foster a culture of continuous improvement.

For digital and data this means developing mechanisms to collect real-time patient data for better care planning and outcomes tracking and using 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

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 to adopt 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.

The digital and data strategic roadmap will take account of the clinical strategy ambitions considering areas such as.

3. Digital and Data Strategy development

The Trust strategy, "Transforming Care Together" sets out the ambition to become an outstanding organisation and a beacon of best practice and care, recognising that will be an improvement journey. The needs of our population have been changing, and in turn the needs of our service users including patients and staff have change as we progress into the digital age. Our users expect quick, efficient, mobile tools and services for accessing information.

Whilst we have implemented new digital systems in a number of areas, there are a number of services that remain reliant on paper or individual systems that do not integrate well either within the Trust or with our partner organisations.

This Digital and Data strategy is focussed on our people and population and how we used digital and data to enable effective and efficient services, harnessing innovation, and ensuring a sustainable service provision.

Lord Darzi sets out a major theme for the forthcoming 10-year plan as "There must be a major tilt towards technology to unlock productivity"[1], in particular supporting staff who work outside of hospital, and recognising the enormous potential of AI. The challenge is to ensure that technology reshapes services, whilst not adding to the workload of clinicians. Through the 10 Year Health Plan[2], the government will focus on 3 strategic shifts, moving care from:

- hospital to community
- sickness to prevention
- analogue to digital

The new Digital and Data strategy will be split out into several components, with each component consisting of factors that will enable the overall delivery of the strategy.

[1] *https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england/summary-letter-from-lord-darzi-to-the-secretary-of-state-for-health-and-social-care

[2] Road to recovery: the government's 2025 mandate to NHS England - GOV.UK

These components are:

- People
- Process
- Infrastructure and Security
- Applications
- Data
- Innovation
- Green
- Partnerships

An example of the factors contributing to the components is:

People

- We will invest in our workforce to enable them to deliver innovative solutions that meet the needs of our trust.
- We will empower our service users to enable the ultimate user experience.
- Through our Patient Experience Portal, we will allow our patients and families to interact with our services and access their information when they need to.

The new strategy will also align to any emerging local, regional, and national priorities. MIAA are currently reviewing the strategy development process. The next steps are to hold stakeholder consultation sessions ahead of a draft publication of the strategy, with final publication planned for Q2.

4. Fit for the future: 10 Year health plan for England

In July 2026 the 10 Year health plan[3] for England was published. Within the plan there is a significant focus on digital enablement for staff and patients. The plan states “By harnessing the digital revolution, we will be able to:

- ensure rapid access for those in generally good health
- free up physical access for those with the most complex needs
- help ensure the NHS’s financial sustainability for future generations”

An enabler for achieving this, will be further development of the NHS app. Within the Countess the trusts Patient Engagement Portal (PEP) is used to serve the NHS app. Further development of the PEP will be a key objective within our new strategy.
Another key area outlined in the 10-year plan, is the implementation of technologies such as AI scribe, which is also a key objective of the new strategy.

5. External sources of assurance

To test and provide assurance of progressing the digital agenda, several external assessments will be carried out.

Digital Maturity Assessment (DMA)
The NHS Digital Maturity Assessment (DMA) is a programme that helps NHS organisations, including providers and Integrated Care Systems (ICSs), evaluate their digital readiness and identify areas for improvement. It is based on the "What Good Looks Like" (WGLL) framework and assesses digital maturity across seven key dimensions. The annual return of the 2024 DMA assessment was completed in August 2024. The Trust scored 3.08, which was the third highest in the ICS and 13th highest nationally when compared against acute providers. The 2025 submission is currently in progress, and results will be published later this year.

EPR Usability Survey
The EPR usability survey is conducted annually for NHS providers to assess user feedback on the Electronic Patient Record. The survey was most recently conducted in autumn 2024 and was completed by 434 Trust EPR users. The Trust scored slightly higher (5.3) than the national average. Feedback from the survey will be used to help inform updates to EPR training, development, and configuration.

[3] Fit for the future: 10 Year Health Plan for England

Data Security Protection Toolkit (DSPT)
The 2025 DSPT submission is currently in progress and will be completed by 30th June 2025. The assessment criteria have been significantly revised this year; the Trust is received a rating of "approaching standards". An action plan has been developed to achieve a "standards met" rating by 2026.

Skills Development Network Level 3 Towards Excellence Accreditation
Towards Excellence in Digital Standards is an accreditation scheme based on a straightforward set of Level 1, 2 and 3 standards promoting the personal and professional development of digital staff, ensuring clinical engagement with digital systems, encouraging an effective and sustainable workforce pipeline, and supporting digital leaders from team leader to Board level.

The Digital and Data service achieved re-accreditation at level 2 in 2023. In 2024 the team began to work on achieving level 3 accreditation. The level 3 process required a local team of Skills Development Network (SDN) leads to work together, helping to gather evidence and produce examples of good practice.

The assessment process involved a one-day pre-assessment visit in January 2025 and a follow-up on site assessment visit in April 2025. At the onsite visit the assessors met representatives from digital, clinical, executive and non-executive director teams. The outcome of the assessment resulted in the Digital and Data service being awarded level 3 accreditation.

HIMSS Assessment

The HIMSS EMRAM (Electronic Medical Record Adoption Model) is an international framework used by healthcare organisations to assess their adoption and

use of electronic patient records (EPRs). It benchmarks progress towards a paperless environment, improves clinical outcomes, and enhances patient engagement. The model progresses through stages, with each stage representing increasing levels of EMR integration and functionality. The assessment is graded across seven levels (seven being the highest positive level). The Trust will undertake an assessment in 2025/26, which will be used to identify areas to strengthen to enable achievement of level 7.

6. Digital and Data delivery roadmap

The following digital and data projects are planned for delivery across the next three years and will form the key deliverables for the strategy.

2025/26	EPR Upgrade
	Virtual Desktop Infrastructure Deployment
	Windows 11 Rollout
	Women's and Children's opening
	Ophthalmology EPR procurement
	eRS integration
	Voice Recognition solution procurement
	Patient Flow system review
	Digital Strategy launch
	Move to regionally hosted PACs solution
	HIMSS Assessment
	C&M Single LIMS / Order Comms preparation
	ED capital programme
	AI pilots (Copilot, ambient voice, clinical coding)
	AI assisted waiting list validation
2026/27	AI enablement
	Regional Order Comms go live preparation
	Regional LIMS go live preparation
	Move to EPR cloud environment
	HIMSS accreditation
	Telephone system migration
2027/28	Move to new EPR platform (subject to supplier readiness)
	Refresh of virtual infrastructure
	Network Upgrade
	Regional Order Comms go live preparation

	Regional LIMS go live preparation

7. Prioritisation Process

As part of the strengthened governance around the Digital and Data Services programme of work, a governance process has been established. Requests to the Digital and Data Services teams are managed via monthly Divisional/ Corporate Steering groups. These groups have been up and running since October 2024 and are now embedded within the Trust. Digital leads continue to work with divisional colleagues to ensure there is adequate representation at the meetings.

The output of these discussions feeds into the Clinical Digital Design Authority (CDDA), where work packages are reviewed and priority for progression is agreed.

Work packages across Digital and Data portfolio are categorised into three key areas:

- EPR Development – EPR development projects/packages
- Clinical Application Development – Development of third-party applications such as Medisec and the EDMS solution (Evolve).
- Digital PMO – projects relating to wider services such as infrastructure refresh, data and analytics developments, estates move related projects.

8. Resourcing

Delivery of the strategy relies on available resources whether that be digital and data expertise, clinical and operational engagement, or direct funding. The Trust has an established set of Digital and Data Services, with a number of external supply partners, and takes advantage of nationally offered solutions such as NHS Connect (formerly NHS Mail).

The internal services are subject to cost improvement programmes and headcount reduction as are all other departments, and the Trust is engaging with colleagues across Cheshire and Merseyside to analyse both cost reduction projects, and opportunities for maintaining sustainable services. Examples include potential for joint EPR projects with WUTH and joint data developments with CWP. The Trust already engages in joint cybersecurity projects across the C&M footprint.

Digital and Data has benefited from ongoing support from the Trust capital programmes and therefore has maintained a good standard of digital and data

infrastructure with a manageable level of “technical debt”.

There is an expectation that national monies may be available to support increases in digital maturity. This is pending the current spending review and publication of the 10-year plan. The Trust has previously benefit form national initiatives such as funding support for the Patient Engagement Portal.

9. Risks to delivering the new strategy

There are a number of risks associated with delivering the new Digital and Data strategy. The risks can be broken down into the following categories and have some possible mitigations:

Risk Area	Summary	Mitigations
Funding	There is a limited amount of capital and ongoing funding available locally, regionally and nationally for new developments.	Bench marking - review current spend against regional and national peers . Collaboration – potential for sharing costs/resources at a regional level. National funding – ensuring business cases are ready for when funding becomes available.
Resource	There is an increasing demand on digital and data resource, which is impacted by the ability to retain and recruit new staff in current financial climate.	Workforce planning – ensuring we have the right resource in the right place across the department. Identification of resource requirements – working with services to ensure digital and data resource requirements are factored into business cases.
Cyber	External threats pose a constant cybersecurity threat to the organisation. The nature of attacks is constantly diverging and requires robust controls to be in place.	Collaboration – work is being done at a regional level to assess cyber position and align reporting. There have been a number of regional cyber funding initiatives, which have helped to support local Trust defence technologies. National CSOC – the national Cyber Security Operations Centre (CSOC) provides 24/7 proactive reporting and

		response to Cyber incidents. The Trust has signed up to all available services from the CSOC, which increase the overall level of cybersecurity protection.

10. Recommendations

The Board of Directors is requested to note the update and receive assurance on the development of the updated digital and data strategy.

Countess of Chester Hospital NHS Foundation Trust

Committee Chair's Report

10th June 2025

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

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

Alert ***(matters that the Committee wishes to bring to the Board's attention)***
• The Committee were updated on work across Cheshire & Merseyside (C&M) to review and align Bank rates of pay to support system financial recovery. It was noted that the Trust had been clear that it would ensure proper safety considerations through impact assessments and that the Trust would make the right decision through the appropriate governance processes. • The Committee were updated on the Trust's annual workforce plan, the need to align this with financial targets and the challenges associated with managing reduction in whole time equivalents (WTE) to support the Trust's financial recovery.
Assure ***(matters in relation to which the Committee received assurance)***
• A deep dive on sickness absence was presented to the Committee, highlighting a positive downward trajectory in sickness absence rates, indicating improvements in managing sickness. • The Committee received assurance that the Trust has complied with its obligation in respect of Trade Union Facility time reporting for 2024/25 which has been completed in advance of the 31st July 2025 deadline. The Committee also noted the identified gap in reporting since 2019/20 (albeit that there had been no consequence to this) and was assured that the Trust has taken steps to re-establish a compliant reporting framework.
Advise ***(items presented for the Board's information)***
• The Committee were notified of the launch of the new Very Senior Managers (VSM) Framework and advised that an update will be shared at the July 2025 Remuneration & Nominations Committee. • The Committee were advised that the NHS Staff Council published national job profiles. The Trust continues to review its position on job evaluation and a detailed Job Evaluation update will be provided to the Executive Team in July, and subsequently at Operational Management Board (OMB) and a future People Committee meeting in August 2025. • The Committee were advised that the Band 2/3 Healthcare Support Worker (HSW) resolution continues to progress with the Trust close to reaching final agreement of the framework with UNISON. • The Committee received a copy of the proposed People Strategy which had been updated to enhance the violence and aggression and flexible working elements from an earlier draft the Committee had reviewed. The strategy was

approved subject to a minor change to detail discretion in managing violence and aggression towards staff by those who are cognitively impaired and distinction between turnover and voluntary turnover in our Key Performance Indicators (KPIs).

- The Committee received an update on NHS People Promise Programme and work continuing to improve and monitor staff engagement/experience activities and culture across the Trust.
- The Freedom to Speak Up (FTSU) Guardian gave the Committee a verbal update noting that going forward, she will join the People Committee the month before the Board of Directors meeting to provide updates, including themes, lessons learnt and actions taken. The next update will be at the August 2025 Committee.
- A People Policy update was provided outlining progress with reviewing policies and the Committee also ratified eight policies including Flexible Working Policy, Hybrid And Agile Working policy, Annual Leave, Bullying & Harassment Policy, Disclosure and Barring Service (DBS) Policy, Recruitment and Selection Policy, Honorary Contracts, and Retirement Policy.
- The Committee reviewed the changes to its Terms of Reference, noting that there had been no material changes to the purpose of the Committee and recommended approval to the Board of Directors.

Risks discussed and new risks identified

- The Committee discussed that the five risks reported to the People Committee all related to staffing issues specific to local areas and there was a need to ensure consistency of scoring both in terms of impact and likelihood.

PUBLIC – Board of Directors
29th July 2025

Report	**Agenda Item 23*.**		**Council of Governors Report – July 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 meetings. The COG held an extraordinary meeting on 23rd June to approve the appointment of the Trust Chair.							
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, informal Governor meetings are held, led by the Chair.

3. CURRENT POSITION

3.1 Council of Governors Meeting

An extraordinary Council of Governors meeting was held on 23rd June 2025 to approve the appointment of the substantive Trust Chair. This had been preceded by an extensive recruitment process led by Gatenby Sanderson and endorsed by the Governors' Nomination Committee.

A full Council of Governors meeting was held on 17th July 2025 and key items included the following:

- The apprenticeship service showcase was presented.
- 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.
- 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.
- Governor elections update.
- Membership & Engagement Committee Chair's report (including new governor information pack).
- Quality Account.
- Feedback from NED/Governor Walkabouts and updated walkabout guidance.

Following the Council of Governors meeting held in public, a private meeting was held. The Council of Governors received papers detailing NED appraisals, Chair objectives and NED recruitment and succession.

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

No further workshops have been held since the last workshop on 20th March 2025.

The Trust Chair has implemented regular informal meetings for Governors to promote engagement and facilitate information exchange. These sessions allow the Chair to share updates on current Trust activities between the quarterly Council of Governors meetings and offer Governors an additional forum to discuss issues beyond the set agenda, raise questions, and provide feedback.

Two further informal Chair and Governor meetings took place on 7th May and 4th June 2025.

4. RECOMMENDATIONS

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

PUBLIC – Board of Directors
29th July 2025

Report	**Agenda Item 24.**	**People Strategy – 2025 – 2028**						
Purpose of the Report	Decision	**X**	Ratification		Assurance		Information	
Accountable Executive	Vicki Wilson			Chief People Officer				
Author(s)	Vicki Wilson			Chief People Officer				
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 to develop a great workplace culture, staffed by effective and motivated staff to deliver the very best patient care.			
Strategic goals	Patient and Family Experience People and Culture Purposeful Leadership Adding Value Partnerships Population Health							**X** **X** **X** **X** **X**
CQC Domains	Safe Effective Caring Responsive Well led							**X** **X** **X**
Previous considerations	People Committee – 10th December 2024, 8th April 2025 & 10th June 2025							
Executive summary	The current People Strategy which was developed in 2021 concludes in 2026. It is recognised that the environment has changed significantly since 2021 and that a new strategy is required in 2025, aligned to the Trust's strategy, 'Transforming Care Together'. The Trust was one of the worst performers in the 2023 annual staff survey and a number of specific actions based on the feedback received have been implemented. The People Service directorate has also been restructured to provide more expertise and accountability at middle and senior leadership levels and people governance structures have been revised to align with the new people services strategic direction. Whilst progress has been made in several areas – as reflected in improvements in the 2024 Staff Survey – further work is needed to improve culture and embed change and enhance staff experience. The focus for 2025 and beyond will be on sustaining this progress and delivering the new People Strategy. The development of this strategy has been led by the							

	people function; however, it remains a co-owned and co-delivered effort between the People function, clinical divisions, corporate services, and staff side colleagues. The People Strategy 2025-28 is built upon four themes: 1. Looking after our people 2. Creating a sense of belonging 3. Developing our people to be their best 4. Building the future workforce The final version of the People Strategy and accompanying 3-year action plan is provided. A dashboard to monitor the success measure KPIs is in development which will incorporate the newly published National Performance Assessment Framework (NPAF) People measures. This will be shared and monitored at People Committee.
Recommendations	The Board of Directors is asked to approve the People Strategy 2025-28.

Corporate Impact Assessment	
Statutory/regulatory requirements	Supports specific regulation and legislation.
Risk	To develop a great workplace culture, staffed by effective and motivated staff to deliver the very best patient care, risk included on strategic risk register
Equality & Diversity	Meets Equality Act 2010 duties & PSED 2 aims and does not directly discriminate against protected characteristics
Communication	Not confidential

Countess of Chester Hospital NHS Foundation Trust

People Strategy 2025-2028

Contents

A message from Vicki Wilson, Chief People Officer and Wendy Williams, Non-Executive Director and Chair of People Committee

At the Countess of Chester Hospital NHS Foundation Trust, our people are the driving force behind every success, every innovation, and every compassionate act of care. This People Strategy for 2025–2028 reflects our unwavering commitment to creating an environment where every individual feels supported, valued, and inspired to thrive.

This strategy is not just a document—it is a shared promise. It is built on what our people have told us matters most: wellbeing, inclusion, growth, and a culture of kindness and civility. We know that to deliver outstanding care, we must first take care of our own, ensuring our staff are healthy, empowered, and have the tools and support they need to be their best.

Over the next three years, we will focus on four key themes: looking after our people, creating a sense of belonging, developing our people to be their best, and building the future workforce. These themes are rooted in the NHS People Promise and shaped by feedback from across our Trust. They are also anchored in a strong belief that culture is everyone's responsibility—from the boardroom to the ward.

Our vision is to be not only a provider of outstanding care but also an exceptional place to work. Together, we will continue to build a workplace where people feel proud, safe, and supported to be and do their best.

Let's make Team Countess a place where everyone belongs, and where every colleague knows they matter.

Vicki Wilson
Chief People Officer

Wendy Williams, Non-Executive Director and Chair of People Committee

Introduction

At the Countess of Chester Hospital NHS Foundation Trust our people are at the heart of everything we do. We understand that our organisational strength and potential is our people and that it is through our people that are we are able to create an inclusive, supportive, and high-performing workplace that enables our staff to provide outstanding care to our patients.

Our People Strategy sets out our commitment over the next three years to looking after each and every one of our almost 6,000 members of staff, volunteers and governors. The strategy is built on four key themes that align with the NHS People Plan, ensuring we create an environment where our workforce feels valued, empowered, and prepared for the future.

Influenced by your feedback, we know what we need to do to and how we are going to do it. We want to work together with staff, Staff Side colleagues and Staff Networks to make this Trust a great place to work. We hope the approach described in this document gives you the confidence that this Trust is a place where you want to come to work, care for patients, and can be proud to be part of Team Countess.

About Us and Our People

The Countess of Chester Hospital NHS Foundation Trust includes the Countess of Chester Hospital – a 550-bed hospital which provides the full range of acute and specialist services, Ellesmere Port Hospital – a rehabilitation, intermediate and outpatient facility, and Tarporley War Memorial Hospital which is located 12 miles outside and provides community-based services to serve the local rural population.

The Trust 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 Trust employs almost 5,000 staff, has almost 1,000 temporary staff registered on its internal staff bank and over 100 volunteers.

Our Vision

Our Trust vision is to achieve outstanding patient care for our patients and families.

The Trust's strategy, Transforming Care Together, sets out a commitment to improve patient care and ill health prevention through strong leadership, a positive culture and robust collaborations with partners across the NHS and social care.

Our vision for our people strategy is ***to make our Trust a great place to work***.

To achieve this, we need everyone taking responsibility for the culture, inclusivity and the success of the organisation as a whole. In order to move towards this goal, in 2024 we launched the Trust's civility statement which was voted for and chosen by our colleagues. Our chosen statement is:

'We will always treat everyone with respect and kindness, be polite and professional, listen to them and help each other whenever we can'

Following the launch of the civility statement, the Culture & Civility handbook was created with the aim to support colleagues to understand what civility is, its impact and the part that every team member plays in making the Trust a civil organisation.

You can read the civility handbook online on the intranet: here.

Our Values

The Trust's vision is supported by our ways of working and a program of continual learning and improvement. Our values underpin everything we do:

- **Safe:** at the heart of everything we do
- **Kind:** always caring and compassionate
- **Effective:** services that are responsive to our patients' needs.

Our People Promise

Our **People Promise** sets out 7 things our staff should be able to say about working for us. Only by making Our People Promise a reality will we become the best place to work – where we are part of one team that brings out the very best in each other.

- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a team

For some colleagues, some parts of the Promise will already match their current experience. For others, it may still feel out of reach. We must all pledge to work together to make these ambitions a reality for all of us.

The people best placed to say when progress has been made are those who work in our Trust. We will continue to engage with our workforce to understand how we we're meeting these promises in the Trust. We ask quarterly through our People Pulse and again in the annual NHS Staff Survey which was redesigned to align with Our People Promise and we commit to listening and take action based on what we hear.

1. Looking After Our People

Our Commitment: *We will ensure that we create the conditions that enable our people to feel supported and well including a focus on health and wellbeing and attendance and support people to work in a way that enables them to balance their work and home life. We will act proactively to protect our people from violence and aggression and ensure that where incidents occur, our focus is on supporting people are ensuring organisational learning.*

We understand the importance of staff feeling healthy and well both physically and mentally and having the flexibility to balance their work and home life commitments. We recognise the need to more effectively manage workloads to help reduce burnout and fatigue amongst out workforce and will ensure that our managers are well equipped for this. We know there is more to do to address staff experience of violence and aggression, and we will prioritise work to ensure we take a robust and consistent approach to improve this. Where there are challenges, we will take a compassionate approach, in particular exercising discretion where patients may be cognitively impaired. We will increase opportunities for flexible working across our workforce and take advantage of digital solutions, for example e-rostering, to support in this area.

Key Actions

- Violence and aggression: take proactive steps to ensure robust approach to managing staff experience of violence and aggression including creation of violence and aggression group with a focus on supporting staff and ensuring organisational learning.
- Management support: Delivery of Management Essentials programme to ensure that managers are equipped to effectively manage staff and workloads to help reduce burnout and fatigue, ensuring adequate rest and recovery time and a compassionate leadership approach.
- Health and wellbeing support: Expand access to occupational health and well-being, including psychological support and proactive health checks for staff.
- Flexible and agile working: Enhance flexible working options, including remote and hybrid working where possible, to support work-life balance.

Measures of Success

- Reduction in violence and aggression towards staff
- Improved response to violence and aggression including evidence of staff support and sharing of organisational learning.
- Reduction in sickness absence rates and reduction in stress related absences
- Improved staff well-being scores in surveys
- Increased uptake of well-being initiatives
- Increased uptake of flexible working opportunities
- All managers having completed Management Essentials programme

2. Creating a Shared Sense of Belonging

Our Commitment: *We will foster an inclusive and diverse workplace where every individual feels respected and valued, our people are treated fairly, and any inequalities are addressed. We will support our people to feel safe and empowered to speak up and to feel proud and fully engaged in the work they do. We cannot be complacent and we will be proactive in addressing incivility, disrespect and bullying behaviours.*

We want our people to feel proud to be part of Team Countess, to feel that they are supported and valued for their individual and collective contributions. We know that there are currently unacceptable levels of violence and aggression towards our staff and will work hard to address this through our violence and aggression group. We are determined to see a reduction in behaviour related incidents and cases of bullying and will adopt a zero-tolerance approach to all forms of harassment, abuse and discrimination. We will continue to strengthen our approach to EDI, ensuring representation at all levels and addressing disparities in recruitment, pay, progression experience. We will do more to promote awareness campaigns and cultural events that highlight and celebrate the diversity of our workforce and foster a culture of inclusion and belonging. We recognise the contribution of our Trade Union colleagues and we will work together to strengthen our Staff Side and enhance our partnership working activities.

Key Actions

- Continue to develop reward and recognition strategies with increased engagement from all areas of the organisation.
- Strengthen our EDI strategies, ensuring representation at all levels and addressing disparities in recruitment, pay, progression and experience.
- Increase awareness campaigns and cultural events that highlight and celebrate the diversity of our workforce
- Support development of Staff Side and partnership working arrangements.
- Expand and empower staff networks, ensuring diverse voices are heard and influence decision-making.
- Continue to promote opportunities for speaking up, understand and address potential barriers to speaking up and share learning when action is taken.

Measures of Success

- Increased engagement with reward and recognition programmes
- Improved staff engagement and experience scores
- Higher representation of diverse groups in more senior roles
- Reduction in reported cases of bullying and discrimination, or behaviour related incidents, particularly in relation to minority staff groups.
- Increase in staff feedback and speaking up, including FTSU.
- Increased engagement in Staff Networks
- Increased Staff Side representatives and Staff Side engagement

3. Developing Our People to Be Their Best

Our Commitment: *We will support the continuous learning, development, and career progression of our workforce to enable them to reach their full potential.*

We recognise that developing our people's capability today, is creating the capacity to deliver care tomorrow. We will ensure all colleagues are able to participate in meaningful appraisals which support individual development and ensure every person has a clear development plan. We recognise the importance of high performing teams and will continue to support use of the Team Engagement & Development (TED) tool across all teams in the Trust. We are committed to being a learning organisation and will enhance our approach to learning when things don't go as expected and celebrating and learning from successes.

Key Actions

- Continued focus on appraisal process and rollout of quality of appraisal feedback as part of process
- Continued rollout of TED tool across all teams
- Build upon existing approach to learning when things don't go as expected and celebrating and learning from successes and promote awareness across all areas of the organisation.

Measures of Success

- Increased appraisal compliance and improved feedback on quality of appraisals
- Increased mandatory training scores
- Expand use of TED across all teams and increase in TED scores.
- Increased instances of organisational learning and greater sharing of lessons learned.
- Improved staff experience scores in staff survey areas relating to 'we are always learning' and 'we are a team'.

4. Building the Future Workforce

Our Commitment: *We will develop a sustainable, skilled, and adaptable workforce that meets the future needs of our patients and communities.*

We will use a data and evidence-based approach to predict workforce needs, address gaps in critical roles and utilise digital technologies to support productivity and efficiency of our workforce, including expanding our use of e-rostering and e-job planning. Our plans will include a focus on new roles, widening participation and development of career pathways.

Key Actions

- Development of annual workforce plan to support annual operational planning
- Development of longer-term strategic workforce plan, aligned to the Trust's future Clinical Strategy.
- Increased use of apprenticeships for clinical and entry level roles and increase in advanced practice and new roles. Improved links between widening participation activities and future workforce needs.

Measures of Success

- Annual workforce plan which is financial sustainable and aligned to actual workforce utilisation.
- Long term strategic workforce plan which is aligned to the Trust's future Clinical Strategy.
- Growth in apprenticeships and training placements, advanced practice and other new roles.
- Reduction in vacancy and turnover rates
- Improvement in recruitment and retention figures
- Reduction in premium rate temporary staffing solutions

Developing People Services

We recognise that there is opportunity to enhance People Services and how we support the organisation. We have set a number of objectives for year one of our strategy (2025/26) to support us in doing this.

Area	Objective
Resourcing	Roll out of electronic rostering and e-job planning.
Transactional HR	Improve accessibility of transactional HR information and improve use of digital solutions to improve transactional processes.
Business HR	Implementation of HR Business Partner model to support divisional and corporate teams.
Staff Experience	Integrated approach to improving staff experience, aligned to the People Promise.
Workforce Reporting	Improved workforce reporting.

Our People Priorities

Strand	Workstream	What will good look like?
1. Looking after our people	Health & wellbeing	Our people are safe, competent, healthy and well in their mental and physical wellbeing. Comprehensive health and wellbeing offer available including physical, mental and financial wellbeing to all staff
	Violence & aggression	The Trust consistently takes a robust approach to violence and aggression against staff, taking active steps to minimize risk and ensuring learning from incidents and support to staff.
	Flexible working	People are able to work flexibly in a way that balance home and work commitments. Flexible working by default and increase in number of people working flexibly.
	Management & Leadership Development	Managers have the essential skills and knowledge to support staff and demonstrate a compassionate leadership approach. All managers undertake Management Essentials programme and access relevant leadership development.
2. Creating a sense of belonging	Staff Experience	People are proud to work here, feel supported, recognised, equally valued and feel that they belong (improved staff experience measures, increased engagement with reward and recognition programmes).
	Equality, Diversity & Inclusion (EDI)	A strong stance against bullying, harassment, and discrimination, with clear reporting mechanisms and accountability. Representation at all levels and addressing disparities in recruitment, pay, progression and experience. Reduction in cases of bullying and harassment or behaviour related incidents.
	Engagement and empowerment	Expand and empower staff networks, ensuring diverse voices are heard and influence decision-making.

Strand	Workstream	What will good look like?
		Increased Staff Side representatives and Staff Side engagement. People feel able to speak up and understand the positive contribution speaking up makes (increase in staff feedback and FTSU).
3. Developing our people to be their best	Performance management Team Development Organisational learning	All colleagues participating in meaningful appraisals (increase in appraisal completion & effectiveness ratings). Development for all colleagues to build on their potential. High performing individuals and teams (improved TED scores). Regular and proactive learning when things don't go as expected and celebrating and learning from successes.
4. Building the future workforce	Workforce planning Building career pathways	Our services are appropriately staffed and financially sustainable (workforce plan). Our workforce plans look to the future, are agile and support the Transforming Care Together and the Trust's Clinical Strategy. Increased use of apprenticeships for clinical and entry level roles and increase in advanced practice and new roles. Improved links between widening participation activities and future workforce needs.

How will we deliver this?

The development of this strategy has been led by the people function; however, it is co-owned and co-delivered together with our leaders, managers, staff and staff side colleagues.

Our high-level People Priorities, as reflected in this strategy, are included within this document. A 3-year People Strategy action plan has been developed to support us in delivering the ambitions we have set out. The People function will work closely with clinical divisions and corporate services so that we deliver on our promises to you and progress against this plan will be reported and monitored through the People Committee.

The People Strategy action plan also has a specific focus on improving performance across workforce key performance indicators - getting the basics right for our people. These indicators are split between regulatory targets as described by the NHS Oversight Framework and internally set Trust targets.

Conclusion

This People Strategy sets out our commitment to making our Trust a great place to work. We will create a positive, inclusive, and high-performing workplace where our staff feel supported, valued, and empowered to deliver outstanding care. Working together, we will bring out the best in each other and create a culture where we can all be proud to be a part of Team Countess.

People Strategy – 3-year plan

Strand	Workstream	What will good look like?	Year 1	Year 2/3	KPIs*
Looking after our people	Health & wellbeing	Our people are safe, competent, healthy and well in their mental and physical wellbeing. Comprehensive health and wellbeing offer available including physical, mental and financial wellbeing to all staff.	Expand access to occupational health and well-being, including psychological support.	Facilitate proactive health checks for staff.	• Reduction in sickness absence rate and in stress related absences • Increased uptake of well-being initiatives
	Violence & aggression	The Trust consistently takes a robust approach to violence and aggression against staff, taking active steps to minimize risk and ensuring learning from incidents and support to staff.	Launch of V&A group, proactive management of risk, standardised de-briefing, support to staff and approach to learning.	Expansion of training and support for staff to manage V&A and embedding of learning approach.	• Reduction in V&A incidents against staff. • Increased number of standardised debriefs & reporting learning.
	Flexible working	People are able to work flexibly in a way that balance home and work commitments. Flexible working by default and increase in number of people working flexibly.	Launch flexible working campaign.	Expand types of flexible working making use of digital systems to support teams (eg team rostering)	• Improved staff well-being scores in surveys • Increased uptake of flexible working opportunities
	Management & Leadership Development	Managers have the essential skills and knowledge to support staff and demonstrate a compassionate leadership approach. All managers undertake Management Essentials programme and access relevant leadership development.	Develop and launch Manager Essentials programme.	Expand roll out to include aspiring managers.	• All managers having completed Management Essentials programme
Creating a sense of belonging	Staff Experience	People are proud to work here, feel supported, recognised, equally valued and feel that they belong (improved staff experience measures, increased engagement with reward and recognition programmes).	Develop reward and recognition offer with increased engagement. Create calendar of events and increase number of campaigns supported.	Increase Trust wide engagement with R&R initiatives. Further increase number and diversity of campaigns supported.	• Increased engagement with R&R programmes • Improved staff engagement and experience scores • Reduction in cases of bullying, discrimination,

Strand	Workstream	What will good look like?	Year 1	Year 2/3	KPIs*
	Equality, Diversity & Inclusion (EDI) Engagement and empowerment	A strong stance against bullying, harassment, and discrimination, with clear reporting mechanisms and accountability. Representation at all levels and addressing disparities in recruitment, pay, progression and experience. Reduction in cases of bullying and harassment or behaviour related incidents. Expand and empower staff networks, ensuring diverse voices are heard and influence decision-making. Increased Staff Side representatives and Staff Side engagement. People feel able to speak up and understand the positive contribution speaking up makes (increase in staff feedback and FTSU).	Embedding Civility & Respect campaign with focus on speaking out to challenge incivility or bullying behaviours. Positive action to address underrepresentation. Support the expansion and engagement of networks. Support development of Staff Side and partnership working. Continue to promote opportunities for speaking up, understand and address potential barriers to speaking up.	Promote positive role modelling and demonstrate impact across organisation to support embedding of culture change. Enhance the role of staff networks and partnership working arrangements in influencing organisational decision making and driving cultural change. Improve sharing of organisational learning from speaking up.	or behaviour related incidents, particularly in relation to minority staff groups. • Higher representation of diverse groups in more senior roles • Increased Staff Side representatives and Staff Side engagement • Increased engagement in Staff Networks • Increase in staff feedback and speaking up, including FTSU.
Developing our people to be their best	Performance management Team Development Organisational learning	All colleagues participating in meaningful appraisals (increase in appraisal completion & effectiveness ratings). Development for all colleagues to build on their potential. High performing individuals and teams (improved TED scores). Regular and proactive learning when things don't go as expected and	Continued focus on appraisal process compliance and rollout of quality of appraisal feedback. Prioritised rollout of High Performing Teams / TED tool. Build upon existing approach to learning	Further enhance appraisal process based on learning from quality of appraisal feedback analysis. Expand rollout of High Performing Teams / TED tool across organisation. Celebrating and learning from successes and promote awareness	• Increased appraisal compliance and improved feedback on quality of appraisals • Increased mandatory training scores • Expand use of TED across all teams and increase in TED scores. • Increased instances of organisational learning.

Strand	Workstream	What will good look like?	Year 1	Year 2/3	KPIs*
		celebrating and learning from successes.	when things don't go as expected	across all areas of the organisation.	• Improved staff survey scores in 'we are always learning' and 'we are a team'.
Building the future workforce	Workforce planning Building career pathways	Our services are appropriately staffed and financially sustainable (workforce plan). Our workforce plans look to the future, are agile and support the Transforming Care Together and the Trust's Clinical Strategy. Increased use of apprenticeships for clinical and entry level roles and increase in advanced practice and new roles. Improved links between widening participation activities and future workforce needs.	Implementation of medical e-roster. Rollout of e-roster for clinical areas (shifts) Development of e-job plans for medics. Annual workforce plan. Increase use of apprenticeships for clinical and entry level roles including development of HCSW apprenticeship programme.	Increase e-rostering level of attainment. Use of job plans in other clinical areas, eg specialist nursing. Development strategic workforce plan, aligned to Clinical Strategy. Increase in advanced practice and new roles and development of clear career pathways for nursing. Development of additional apprenticeship programmes in E&F, admin and digital.	• Levels of attainment for nursing & medical workforce • % clinical staff with job plans • Annual workforce plan on track. • Long term strategic workforce plan which is aligned to the Trust's future Clinical Strategy. • Growth in apprenticeships and training placements. • Increase in advanced practice and new roles. • Improvement in vacancy and turnover rates for high turnover roles. • Reduction in premium rate temporary staffing

**Specific KPI targets will be identified within the People Strategy dashboard to support monitoring (under development).*

PUBLIC - Board of Directors
29th July 2025

Report	**Agenda Item 25.**		**Terms of Reference Updates – Assurance Committees**				
Purpose of the Report	Decision		Ratification	**X**	Assurance		Information
Accountable Executive	Karan Wheatcroft			Director of Governance, Risk & Improvement			
Author(s)	Nusaiba Cleuvenot			Head of Corporate Governance			
Board Assurance Framework	BAF 1 Quality BAF 2 Safety BAF 3 Operational BAF 4 People BAF 5 Finance BAF 6 Capital BAF 7 Digital BAF 8 Governance BAF 9 Partnerships BAF 10 Research			**X**	BAF 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	The Terms of References have been reviewed and approved at each of the respective assurance committees						
Executive summary	The Board has an overarching responsibility to review the adequacy and effectiveness of its governance systems and responsibilities it discharges to the Assurance Committees. As part of the annual committee effectiveness review, Terms of Reference for the Audit, Finance & Performance, Quality & Safety and People Committees were reviewed. The outcomes of the effectiveness reviews, including the proposed changes, were reported to the Board in May 2025. The revised Terms of References were then presented back to the relevant committee for review prior to submitting for Board approval. A summary of changes is set out below. **Audit Committee** • Amended approval of the appointment of External Audit to Council of Governors (not the Board) in line with the Trust Constitution. • Fit and Proper Persons assurance removed as this is reported directly to the Board.						

	Finance and Performance Committee • Updated names and added relevant sub-committees • Removal of policy review responsibility and delegation to relevant sub-committees. • Delegation of responsibility to deliver Capital Programme to Capital Management Group. • Addition of quarterly Waiver reports. • Delegation of responsibility to deliver commercial strategy to Commercial Procurement Income Group. • Annual committee effectiveness to report to Audit Committee in addition to the Board. **Quality & Safety Committee** • Updates to committee membership and attendance. • Removed references to DH/ NHSI. • Updated frequency of reporting from Quality Governance Group. • Updated wording regarding complaints responsibility. **People Committee** • Amended wording regarding Freedom to Speak Up and Health & Safety responsibility to reflect People Committee focus. • Addition of new sub-committees and removal of references to previous sub-committees. • Amended wording to reflect assurance level required for Equality Delivery System, staff survey, Guardian of Safe Working and medical workforce responsibilities. • Updates to committee membership, attendance and job titles. • Added reference to monitoring People related high risks. The revised Terms of References have been reviewed and approved by each of the Assurance Committees. The full Terms of Reference are appended to the report.
Recommendations	The Board is asked to **ratify** the Terms of References for each of the Assurance Committees.

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	Supports the assurance for BAF 8 effective governance arrangements.
Equality & Diversity	Meets Equality Act 2010 duties & PSED 2 aims and does not directly discriminate against protected characteristics.
Communication	Not confidential

COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST

AUDIT COMMITTEE

TERMS OF REFERENCE

1. PURPOSE

1.1 The Board hereby resolves to establish a Committee of the Board to be known as the Audit Committee (the committee). The Committee is a non-executive committee of the Board and has no executive powers, other than those specifically delegated in these terms of reference.

2. MEMBERSHIP ATTENDANCE AT MEETINGS

2.1 The Committee shall be appointed by the Board from amongst its independent, Non-Executive directors and shall consist of not less than three members. A quorum shall be two of the three independent members. One of the members will be appointed Chair of the committee by the Board. The Chair of the organisation itself shall not be a member of the committee.

2.2 The Chief Financial Officer and appropriate internal and external audit representatives shall normally attend meetings.

2.3 The Local Counter Fraud Specialist (LCFS) will attend a minimum of two committee meetings a year.

2.4 The Director of Governance, Risk and Improvement (Company Secretary) will also attend meetings.

2.5 The Chief Executive Officer should be invited to attend meetings and should discuss at least annually with the Audit Committee the process for assurance that supports the Annual Governance Statement. They should also attend when the committee considers the Draft Annual Governance Statement and the Annual Report and Accounts.

2.6 Other Executive Directors/ Managers should be invited to attend, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that Director/ Manager.

2.7 In addition, the Chairs of the following Committees: Quality & Safety, Finance and Performance and People and Organisation Development will attend annually to report on the work of their committees.

2.8 Representatives from other organisations (for example, the NHS Counter Fraud Authority (NHSCFA)) and other individuals may be invited to attend on occasion, by invitation.

2.9 A nominated person shall be secretary to the Committee and shall attend to take minutes of the meeting and provide appropriate support to the Chair and committee members.

2.10 At least once a year the committee should meet privately with the internal auditors, external auditors and LCFS either separately or together. Additional meetings may be scheduled to discuss specific issues if required.

3. ACCESS

3.1 The Head of Internal Audit and representative of External Audit have a right of direct access to the Chair of the Committee. This also extends to the Local Counter Fraud Specialist.

4. ROLE AND RESPONSIBILITIES

AUTHORITY

4.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from any employee, and all employees are directed to cooperate with any request made by the committee. The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

RESPONSIBILITIES

The Committee's duties/ responsibilities can be categorised as follows:

4.2 Governance, risk management and internal control

The Committee shall review the adequacy and effectiveness of the system of governance, risk management and internal control, across the whole of the organisation's activities (clinical and non-clinical), that supports the achievement of the organisation's objectives.

In particular, the Committee will review the adequacy and effectiveness of:

- all risk and control related disclosure statements (in particular the annual governance statement), together with any accompanying head of internal audit opinion, external audit opinion or other appropriate independent assurances, prior to submission to the board.
- the underlying assurance processes that indicate the degree of achievement of the organisation's objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements
- the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and any related reporting and self-certifications, including the NHS Code of Governance and NHS Provider licence
- the policies and procedures for all work related to counter fraud, bribery and corruption as required by the NHSCFA.

As part of its integrated approach, the committee will have effective relationships with other key committees (for example, the quality committee, or equivalent) so that it understands processes and linkages as part of its overarching role in

governance. However, these other committees must not usurp the committee's role.

4.3 Internal audit

The Committee shall ensure that there is an effective internal audit function that meets the *Public sector internal audit standards,* and provides appropriate independent assurance to the committee, accountable/ accounting officer and board. This will be achieved by:

- considering the provision of the internal audit service and the costs involved
- reviewing and approving the annual internal audit plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the assurance framework
- considering the major findings of internal audit work (and management's response and delivery of actions), and ensuring coordination between the internal and external auditors to optimise the use of audit resources
- ensuring that the internal audit function is adequately resourced and has appropriate standing within the organisation
- monitoring the effectiveness of internal audit and carrying out an annual review.

4.4 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. This will be achieved by:

- considering the appointment and performance of the external auditors, as far as the rules governing the appointment permit (and make recommendations to the Council of Governors when appropriate)
- discussing and agreeing with the external auditors, before the audit commences, the nature and scope of the audit as set out in the annual plan
- discussing with the external auditors their evaluation of audit risks and assessment of the organisation and the impact on the audit fee
- reviewing all external audit reports, including the report to those charged with governance (before its submission to the board) and any work undertaken outside the annual audit plan, together with the appropriateness of management responses
- ensuring that there is in place a clear policy for the engagement of external auditors to supply non-audit services.

4.5 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.

These may include, but will not be limited to, any reviews by Department of Health and Social Care arm's length bodies or regulators/ inspectors (for example, the Care Quality Commission, NHS Resolution) and professional bodies with responsibility for the performance of staff or functions (for example, Royal Colleges, accreditation bodies).

In addition, the Committee will review the work of other committees within the organisation, whose work can provide relevant assurance to the audit committee's own areas of responsibility. In particular, this will include Quality and Safety Committee, for which assurance from clinical audit can be assessed.

In carrying out this work the committee will primarily utilise the work of internal audit, external audit and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the over-arching systems of governance, risk management and internal control, together with indicators of their effectiveness.

This will be evidenced through the Committee's use of an effective Board Assurance Framework to guide its work and the audit and assurance functions that report to it.

4.6 Counter fraud

The Committee shall satisfy itself that the organisation has adequate arrangements in place for counter fraud, bribery and corruption that meet NHSCFA's standards and shall review the outcomes of work in these areas.

With regards to the local counter fraud specialist it will review, approve and monitor counter fraud work plans, receiving regular updates on counter fraud activity, monitor the implementation of action plans and discuss NHSCFA quality assessment reports.

4.7 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.

The Committee may also request specific reports from individual functions within the organisation (for example, compliance reviews or accreditation reports).

4.8 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.

The Committee shall review the annual report and financial statements before submission to the board, or on behalf of the board where appropriate delegated authority is place, focusing particularly on:

- the wording in the Annual Governance Statement and other disclosures relevant to the terms of reference of the committee

- changes in, and compliance with, accounting policies, practices, and estimation techniques
- unadjusted misstatements in the financial statements
- significant judgements in preparation of the financial statements
- significant adjustments resulting from the audit
- letters of representation
- explanations for significant variances.

4.9 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.

4.10 Governance regulatory compliance

The Committee shall review the organisation's process and the reporting on compliance with the *NHS Provider Licence*, *NHS code of governance.*

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 including receiving reports relating to non-compliance with the policy and procedures relating to conflicts of interest. These reports should also include the process for confirming compliance in addition the outcome.

5. ACCOUNTABILITY AND REPORTING

5.1 The Committee shall report to the board on how it discharges its responsibilities. The minutes of the committee's meetings shall be formally recorded by the secretary and available for the board. The chair of the committee shall draw to the attention of the board any issues that require disclosure to the full board, or require executive action, via a regular Chair's report.

5.2 The Committee will report to the board at least annually on its work in support of the Annual Governance Statement, specifically commenting on the:
- fitness for purpose of the assurance framework
- completeness and 'embeddedness' of risk management in the organisation
- effectiveness of governance arrangements
- appropriateness of the evidence that shows that the organisation is fulfilling regulatory requirements relating to its existence as a functioning business.

5.3 This annual report should also describe how the committee has fulfilled its terms of reference and give details of any significant issues that the committee considered in relation to the financial statements and how they were addressed.
An annual committee effectiveness evaluation will be undertaken and reported to the

Committee and the Board.

5.4 The Committee will review these terms of reference, at least annually as part of the annual committee effectiveness review and any proposed changes will be submitted to the Board for approval.

6. CONDUCT OF BUSINESS

6.1 The Committee shall be supported administratively by its secretary. Their duties in this respect will include:

- agreement of agendas with the chair and attendees
- preparation, collation, and circulation of papers, one working week prior to the meeting
- ensuring that those invited to each meeting attend
- taking the minutes and helping the Chair to prepare reports to the board. Also, ensuring that draft minutes are circulated to all members within ten working days of the meeting date
- keeping a record of matters arising and issues to be carried forward
- arranging meetings for the chair: for example, with the internal/ external auditors or local counter fraud specialists
- maintaining records of members' appointments and renewal dates and so on
- advising the committee on pertinent issues/ areas of interest/ policy developments
- ensuring that action points are taken forward between meetings
- ensuring that committee members receive the development and training they need.

6.2 The Committee shall meet not less than five times in each financial year. The chair of the Committee, board, accountable/ accounting officer, external auditors or head of internal audit may request an additional meeting if they consider that one is necessary.

6.3 To assist in the management of business over the year a business cycle will be maintained, capturing the main items of business at each scheduled meeting.

6.4 Members will be expected to conduct business in line with the trust values and objectives.

6.5 Members of, and those attending, the committee shall behave in accordance with the trust's constitution, standing orders, and standards of business conduct policy.

6.6 Members must demonstrably consider the equality and diversity implications of decisions they make.

7. STATUS OF THESE TERMS OF REFERENCE

7.1 These Terms of Reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the Board for approval.

Approved by Trust Board: 29th July 2025

Reviewed by the Audit Committee: 22nd April 2025

Next Review: April 2026

Version number: Version 2

COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST

FINANCE AND PERFORMANCE COMMITTEE

TERMS OF REFERENCE

1. PURPOSE

1.1 The purpose of the Finance and Performance Committee is to seek assurance that all appropriate action is taken to achieve the financial and operational performance objectives of the Trust, including digital and data, procurement, health and safety, and estates and facilities. This will be undertaken through regular review of financial and operational strategies and performance, investments, and capital plans and performance. This Committee is a sub-committee of the Board of Directors.

1.2 The Committee shall also provide information to the Audit Committee, Quality and Safety Committee and the People & Organisation Development Committee as appropriate to assist those Committees in ensuring good structures, processes, and outcomes across all areas of governance.

2. MEMBERSHIP AND ATTENDANCE AT MEETINGS

2.1 The membership of the Committee shall be:

- Chair: a nominated Non-Executive Director
- Two further nominated non-executive Directors
- Director of Finance (Lead Officer for the Committee)
- Chief Operating Officer
- Chief Digital & Data Officer

2.2 The Trust Chair shall propose which Non-Executive Directors will be most suitable for nomination as Chair and members of the Committee. The Trust Board shall approve the appointment of the Committee Chair and members, based on the Chair's recommendations. At least one of the Committee members should have recent and relevant financial experience.

Those normally in attendance, in line with reports and papers to be presented to the Committee as per the workplan shall be:

- Director of Procurement
- Deputy Director of Finance
- Director of Governance, Risk & Improvement or Head of Governance / Deputy Company Secretary
- Digital & Data Leads
- Director of Nursing & Quality
- Associate Director of Improvement
- Medical Director
- Director of Strategic Partnerships

Any member of the Board of Directors shall have the right to be in attendance at any meeting of the Committee by prior agreement with the Chair. An agreed named Governor may attend the Committee.

2.3 The executive members of the Committee may exceptionally send a deputy to the meeting, but the deputy will not have voting rights at the meeting. Those who are in attendance may exceptionally send a deputy to the meeting.

2.4 Other Trust managers and clinicians may be invited to attend for particular items on the agenda that relate to areas of risk or operation for which they are responsible.

2.5 The Company Secretary or their nominee shall act as Secretary to the Committee and shall attend to take minutes of the meeting and provide appropriate support to the Chair and Committee members.

3. ROLE AND RESPONSIBILITIES

AUTHORITY

3.1 The Committee shall have the delegated authority to act on behalf of the Board of Directors in accordance with the Constitution, Standing Orders, Standing Financial Instructions, and Scheme of Delegation. The limit of such delegated authority is restricted to the areas outlined in the Duties of the Committee and subject to the rules on reporting, both as defined below.

3.2 The Committee is empowered to investigate any activity within its Terms of Reference, and to seek any information it requires from staff, who are required to co-operate with the Committee in the conduct of its enquiries.

3.3 The Committee is authorised by the Board of Directors to obtain independent legal and professional advice and to secure the attendance of external personnel with relevant experience and expertise, should it be considered necessary. All such advice should be arranged in consultation with the Company Secretary.

4. RESPONSIBILITIES

Financial

4.1 To ensure the Trust develops and maintains an appropriate financial strategy in relation to both revenue and capital.

4.2 To review the Trust's annual financial plans and annual budgetary policy and proposals before submission to the Trust Board.

4.3 To monitor and scrutinise performance on the delivery of the annual budget as appropriate, and report into the Trust Board via both the Finance & Performance Chair's report.

4.4 To consider proposals for major capital expenditure business cases and estates developments and their funding sources and to make recommendations to the Board as appropriate.

4.5 To commission any necessary reviews of strategic finance, operational metric, and constitutional standard performance issues affecting the Trust, and to review the results before submission to the Board.

4.6 To review, as necessary, the efficiency of the financial and operational control processes that support the Trust's financial statements and the disposition of its funds and assets and refer any concerns to the Audit Committee.

4.7 To receive regular reports on the Trust's cash position.

4.8To review and recommend the Trust's Capital Programme.

4.9 Receive assurance of delivery against Capital Programme from Capital Management Group

Operational

4.10 To review the Trust's annual operational plan and support proposals before submission to the Trust Board.

4.11 To monitor all efficiency programmes, including obtaining assurance that no efficiency programme has an unforeseen detrimental impact on quality of care (linked to the work delivered through the Quality & Safety Committee) or on the performance of the Trust especially in respect of constitutional and key operational metrics; and to make recommendations as necessary to the Board about action required in-year.

4.12 To commission any necessary reviews of strategic finance, operational metric, and constitutional standard performance issues affecting the Trust, and to review the results before submission to the Board.

4.13 To receive reports on Health & Safety to gain assurance of compliance and completion of action plans. To note, this will be on an interim basis pending the establishment of alternative governance arrangements.

4.14 To receive the Trust's submission for the Emergency Preparedness Response & Resilience (EPRR) Core Assurance Standards annually, with regular update reports to be provided 4.15 throughout the financial year.

4.15 To monitor and scrutinise performance and productivity on the delivery of the Trust's objectives; national, regional and locally set targets.

Digital & data

4.16 To ensure the Trust develops and maintains an appropriate digital and data strategy.

4.17 To review, as necessary and receive assurance over the data quality systems and processes that support the Trust's operational performance reporting.

4.18 To receive assurance relating to information governance and cyber security including the annual Data Security and Protection Toolkit submission.

4.19 To review the Digital and Data Strategy and recommend it to the Board, and to monitor progress against and risks associated with the strategy and monitor other digital and data related plans.

Procurement

4.20 To receive and scrutinise, as appropriate, reports on 'commercial' activities of the Trust and to make recommendations to the Board or Audit Committee as appropriate.

4.21 To review the Trust's procurement strategy and to make recommendations to the Board.

4.22 To consider any significant variations to the Trust's existing procurement methodology as set out in the Trust's Standing Orders and Standing Financial Instructions.

4.23 To receive and review quarterly summary Waiver reports for tenders and quotations.

Estates

4.24 To consider proposals for major capital expenditure business cases and estates developments and their funding sources and to make recommendations to the Board as appropriate.

4.25 To oversee the development of and review the Estates Strategy annually and to monitor progress against this, throughout the financial year, which should also include the monitoring of other estates related improvement plans.

Sustainability

4.26 To monitor progress with the Trust's Green Plan and Sustainability Strategy.

Commercial strategy

4.27 To review the Trust's commercial strategy and to make recommendations to the Board.

4.28 To consider any significant variations to the Trust's existing commercial strategy or policy.

4.29 Receive assurance of delivery of commercial strategy from the Commercial Procurement Income Group.

Cross Topic Duties

4.30 To receive reports on changes in statutory and regulatory requirements that fall under the remit of the duties of the Committee.

4.31 To receive assurances relating to Efficiency and Transformation programmes.

4.32 Where appropriate, to make recommendations to the Board on necessary actions or approvals.

4.33 Where necessary, to commission in-depth reviews and deep dives for areas of high risk.

Organisational controls

4.34 In support of the Audit Committee, the Committee will report to the Audit Committee any identified risks to the adequacy and effectiveness of the Trust's financial and operational performance reporting frameworks. The Committee will also monitor and provide assurance to the Board regarding specific risks identified within the Board Assurance Framework.

4.35 To examine any other matter referred to the Committee by the Trust Board.

4.36 To review draft Trust policies pertaining to the Committee's function prior to their being considered by the Board.

5. ACCOUTNABILITY AND REPORTING

5.1 The Committee shall be accountable to the Board of Directors of the Trust.

5.2 The Committee shall make recommendations to the Board of Directors concerning any issues that require decision or resolution by the Board. A Chair's report will be provided to the Board of Directors following each meeting.

5.3The Committee chair will provide annually a report to the Audit Committee and Board detailing how the Committee has discharged its Terms of Reference.

5.4 The Committee shall review its own performance, constitution, and terms of reference at least every two years to ensure it is operating at maximum effectiveness. Any proposed changes to the terms of reference should be agreed by the Trust Board.

5.5 The Committee will receive assurance via Chair's reports and minutes from relevant sub-groups of this Committee:

- Commercial Procurement Income Group
- Women & Children's Programme Board
- Estates & Facilities Divisional Group
- Information Governance and Information Security Committee
- Operations and Performance Executive Led Group
- Anchor Institution Steering Group
- Digital Transformation Group
- EPR Programme Board
- Health & Safety Committee
- Capital Management Group

6. CONDUCT OF BUSINESS

6.1 The Committee shall conduct its business in accordance with the Standing Orders of the Trust.

6.2 The Committee shall be deemed quorate if there are at least two Non-Executive Directors (inclusive of the Chair) or nominated deputy Chair and two Executive Directors present, one of whom should be the Director of Finance. If the Director of Finance is unavailable, one of the two Executive Directors present must be the Chief Operating Officer with the Deputy Director of Finance, in attendance If the Chief Operating Officer is unavailable to attend, one of the two Executive Directors present must be the Director of Finance with the Deputy Chief Operating Officer in attendance. A quorate meeting shall be competent to exercise all or any of the authorities, powers and duties vested in or exercised by the Committee.

6.3 The Committee shall meet no less than six times in each financial year.

6.4 At the discretion of the Chair of the Committee business may be transacted through a tele/videoconference provided all parties are able to hear all other parties and where an agenda has been issued in advance, or through the signing by every member of a written resolution sent in advance to members and recorded in the minutes of the next formal meeting.

6.5 Agendas and briefing papers should be prepared and circulated in sufficient time for Committee Members to give them due consideration.

6.6 Minutes of Committee meetings should be formally recorded and distributed to Committee Members within 10 working days of the meetings. Subject to the approval of the Chair, the Minutes will be submitted to the Trust Board at its next meeting and may be presented by the Committee Chair. The Committee Chair will draw to the attention of the Board any issues that require disclosure to the full Board or require executive action.

6.7 Members will be expected to conduct business in line with the trust values and objectives.

6.8 Members of, and those attending, the committee shall behave in accordance with the trust's constitution, standing orders, and standards of business conduct policy.

6.9 Members must demonstrably consider the equality and diversity implications of decisions they make.

7. STATUS OF THESE TERMS OF REFERENCE

Approved by Trust Board: 29th July 2025

Reviewed by the Finance & Performance Committee: 30th April 2025

Next Review: April 2026

Version number: Version 7

COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST

QUALITY & SAFETY COMMITTEE

TERMS OF REFERENCE

1. PURPOSE

1.1 The purpose of the Quality and Safety Committee is to support the Board of Directors in ensuring that the Trust's management, and clinical and non - clinical processes and controls are effective in setting and monitoring good standards and continuously improving the quality of services provided by the Trust.

1.2 The Committee will also support the Board of Directors in ensuring that the Trust manages comments, compliments, concerns and complaints from patients and the public in a sensitive and effective manner and that a process of organisational learning is in place to ensure that identified improvements are embedded across the Trust.

1.3 The Committee shall also provide information to the Audit Committee, when requested, to assist that Committee in ensuring good structures, processes, and outcomes across all areas of governance.

2. MEMBERSHIP AND ATTENDANCE AT MEETINGS

2.1 The membership of the Committee shall be:

- Chair: a nominated Non-Executive Director
- Two further nominated Non-Executive Directors
- Executive Medical Director (the joint Lead Officer for the Committee)
- Director of Nursing and Quality (the joint Lead Officer for the Committee)
- Deputy Medical Director
- Deputy Director of Nursing & Quality
- Director of Midwifery
- Divisional Director of Nursing- Planned Care
- Divisional Director of Nursing –Urgent Care
- Divisional Director of Nursing – Ellesmere Port
- Chief Operating Officer

2.2 Those in attendance, in line with reports and papers to be presented to the Committee as per the workplan can be:

- Director of Governance, Risk and Improvement (Company Secretary)
- Director of Pharmacy
- Associate Director of Digital and Data
- Guardian for Safeguarding

- Head of Infection Prevention

2.3 The Trust Chair shall propose which Non-Executive Directors will be most suitable for nomination as Chair and members of the Committee. The Trust Board of Directors shall approve the appointment of the Committee Chair, based on the Chair's recommendations.

2.4 Any member of the Board of Directors shall have the right to be in attendance at any meeting of the Committee by prior agreement with the Chair.

2.5 The executive members of the Committee may exceptionally send a deputy to the meeting, but the deputy will not have voting rights at the meeting, and this should be agreed with the Chair in advance of the meeting.

2.6 The Company Secretary or their nominee shall act as Secretary to the Committee and shall attend to take minutes of the meeting and provide appropriate support to the Chair and Committee members.

3. ROLE AND RESPONSIBILITIES

AUTHORITY

3.1 The Committee shall have the delegated authority to act on behalf of the Board of Directors in accordance with the Constitution, Standing Orders, Standing Financial Instructions, and Scheme of Delegation. The limit of such delegated authority is restricted to the areas outlined in the Duties of the Committee and subject to the rules on reporting, both as defined below.

3.2 The Committee is empowered to investigate any activity within its Terms of Reference, and to seek any information it requires from staff, who are required to co-operate with the Committee in the conduct of its enquiries.

3.3 The Committee should challenge and ensure the robustness of information provided.

3.4 The Committee is authorised by the Board of Directors to obtain independent legal and professional advice and to secure the attendance of external personnel with relevant experience and expertise, should it consider this necessary. All such advice should be arranged in consultation with the Company Secretary.

RESPONSIBILITIES

Clinical Quality and Quality Impact Assessments

3.5 To ensure there are robust systems for monitoring clinical quality performance indicators within Divisions and to receive reports on clinical quality performance measures.

3.6 Review and Monitor Quality Impact Assessments (QIA) relating to Efficiency and Transformation programmes to gain assurance that there will be no unforeseen detrimental impact on quality of care for patients.

3.7 In response to requests from the Board, or where appropriate as decided by the Committee, monitor the implementation of action/improvement plans in respect of quality of care, particularly in relation to incidents, and survey outcomes (including inpatient, emergency department and maternity inpatient surveys)

Compliance and Regulation

3.8 To receive and consider the necessary action in response to external reports, reviews, investigations, or audits (NHSE, CQC, other NHS bodies) which impact on clinical quality or patient safety and experience.

3.9 To monitor the Trust's responses to all relevant external assessment reports and the progress of their implementation.

3.10 To receive a regular updates relating to the CQC.

Clinical governance and risk management

3.11 Through quarterly reports from the (executive) Quality Governance Group and by other means, monitor and obtain assurance as to the effectiveness of the processes, systems, and structures for good clinical governance at the Trust, and to seek their continuous improvement.

3.12 To review the themes, trends, management, and improvements relating to serious incidents

3.13 To review regularly the Board Assurance Framework (including through in-depth reviews of specific risks as per the workplan) and the High-Level Risks with a significant potential for impact on the Trust's quality risk appetite and promote continuous quality improvement with regard to the management of clinical and non-clinical risk and the control environment throughout the Trust.

3.14 To consider reports from the Committee's reporting groups, including the Quality Governance Group.

3.15 To consider reports from the Guardian of Safe Working in the context of the Trust's quality, safety, and patient experience processes.

3.16 To consider reports from on Safeguarding to gain assurance of legislative compliance and completion of action plans arising from concerns.

Patient experience

3.17 To consider reports from the Patient Experience Team, the Patient Advice & Liaison Service, and other sources of feedback (such as Healthwatch) on all formal and informal patient feedback, both positive and negative, and to consider action in respect of matters of concern.

3.18 To consider the results, the issues raised and the trends in all patient surveys (including real- time patient feedback systems), of in-patients and out-patients activities and estate surveys such as PLACE that may impact on clinical quality, and to gain assurance of the development of robust improvement plans and the subsequent completion of action taken to address issues raised.

Complaints and reviews

3.19 To review the themes, trends, the management of, and the learning and improvements made relating to complaints.

3.20 To consider national reports from the Ombudsman, to identify matters of relevance requiring action within the Trust, and to make recommendations to the Board.

3.21 To review the complaints report in conjunction with the periodic review of the complaints policy.

4. ACCOUNTABILITY AND REPORTING

4.1 The Committee shall be accountable to the Board of Directors of the Trust.

4.2 The Committee shall report to the Board after each of its meetings and make recommendations to the Board of Directors concerning any issues that require decision or resolution by the Board. This will be provided via a Chair's report to each Board of Directors.

4.3 The Committee shall report as required to the other Trust Committees any matters that require the attention or decision of that Committee.

4.4 The Committee chair will provide annually a report to the Board detailing how the Committee has discharged its Terms of Reference. Any identified significant changes to the terms of reference must be subject to approval by the Trust Board.

5. CONDUCT OF BUSINESS

5.1 The Committee shall conduct its business in accordance with the Standing Orders of the Trust.

5.2 The Committee shall be deemed quorate if there are at least the Chair, one Non-Executive Director, one Executive Director (which must be either the

Executive Medical Director or Director of Nursing & Quality). A quorate meeting shall be competent to exercise all or any of the authorities, powers and duties vested in or exercised by the Committee.

5.3 The Committee shall meet bi-monthly in each financial year, or additionally if required. The Chair may request an extraordinary meeting if he/she considers one to be necessary.

5.4 At the discretion of the Chair of the Committee business may be transacted through other technologies provided all parties are able to hear all other parties and where an agenda has been issued in advance, or through the signing by every member of a written resolution sent in advance to members and recorded in the minutes of the next formal meeting.

5.5 Agendas and briefing papers should be prepared and circulated five working days before each meeting, to give sufficient time for Committee Members to give them due consideration.

5.6 Minutes of Committee meetings should be formally recorded and distributed to Committee Members within ten working days of the meetings.

Members will be expected to conduct business in line with the trust values and objectives.

Members of, and those attending, the committee shall behave in accordance with the trust's constitution, standing orders, and standards of business conduct policy.

Members must demonstrably consider the equality and diversity implications of decisions they make.

6. STATUS OF THESE TERMS OF REFERENCE

Agreed by the Quality & Safety Committee: 1st May 2025

Approved by the Board: 29th July 2025

Next Review: April 2026

Version number: 4

COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST

PEOPLE COMMITTEE

TERMS OF REFERENCE

1. PURPOSE

The People Committee ("the Committee") is established as a committee of the Foundation Trust's Board of Directors ("the Board").

The main purpose of the Committee is to approve and oversee and scrutinise the implementation of the Trust's People Strategy; provide assurance to the Board on all aspects of workforce and organisation development supporting the provision of safe, high quality, patient-centered care; assure the Board of compliance with key national and statutory workforce requirements; develop, as necessary, strategic workforce recommendations for approval by the Board.

The Committee shall also provide information to the Audit Committee, the Finance and Performance Committee and the Quality and Safety Committee as appropriate to assist those Committees in ensuring good structures, processes, and outcomes across all areas of governance in respect of the Trust's workforce. A Chair's report will also be provided to the Board of Directors following each meeting.

2. AUTHORITY

The Committee shall have the delegated authority to act on behalf of the Board of Directors in accordance with the Constitution, Standing Orders, Standing Financial Instructions, and Scheme of Delegation. The limit of such delegated authority is restricted to the areas outlined in the Duties of the Committee and subject to the rules on reporting, both as defined below.

The Committee is empowered to investigate any activity within its Terms of Reference, and to seek any information it requires from staff, who are required to co-operate with the Committee in the conduct of its enquiries.

The Committee is authorised by the Board of Directors to obtain independent legal and professional advice and to secure the attendance of external personnel with relevant experience and expertise, should it consider this necessary. All such advice should be arranged in consultation with the Company Secretary.

3. MEMBERSHIP AND ATTENDANCE AT MEETINGS

The membership of the Committee shall be:

- Chair: a nominated Non-Executive Director
- Two further nominated Non-Executive Directors

- Chief People Officer (Lead Executive Director for the Committee)
- Executive Medical Director
- Deputy Chief People Officer
- Chief Operating Officer

The Trust Chair shall propose which Non-Executive Directors will be most suitable for nomination as Chair and members of the Committee. The Trust Board shall approve the appointment of the Committee Chair and members, based on the Chair's recommendations.

Those normally in attendance, in line with reports and papers to be presented to the Committee as per the workplan shall be:

- Director of Nursing & Quality
- Chief Operating Officer
- Director of Medical Education
- Deputy Chief Digital Information Officer
- Senior OD practitioner
- Head of Occupational Health and Wellbeing
- Head of Workforce Systems
- Head of Learning, Education and Development
- Head of HR
- Freedom to Speak Up Guardian
- Representatives from each of the Divisions

Any member of the Board of Directors shall have the right to be in attendance at any meeting of the Committee by prior agreement with the Chair.

The executive members of the Committee may exceptionally send a deputy to the meeting, with the prior agreement of the Chair, but the deputy will not have voting rights at the meeting. Those who are in attendance may exceptionally send a deputy to the meeting.

Other Trust managers and clinicians may be invited to attend for particular items on the agenda that relate to areas of risk or operation for which they are responsible.

The Company Secretary or their nominee shall act as Secretary to the Committee and shall attend to take minutes of the meeting and provide appropriate support to the Chair and Committee members.

4. ROLE AND RESPONSIBILITIES

To approve and oversee and scrutinise the implementation of the Trust's People Strategy, sub strategies, Workforce Annual Plan and associate matters.

Receive reports relating to the creation and delivery of workforce plans aligned to Trust strategies to provide assurance that the Trust has adequate staff with the necessary skills

and competencies to meet the current and future needs of patients and service users, linking with education and training governance processes, including Chair reports from relevant committees.

To provide assurance on improvements and compliance with key statutory and NHS specific workforce, equality, diversity, and inclusion requirements.
Monitor internal workforce performance indicators, through regular reporting.
To provide assurance to the Board on workforce matters, taking account of local and national agendas and provide a focus on workforce activity in relation to organisational design, development and education, employee relations, recruitment and retention and employee engagement.

To monitor and provide assurance to the Board regarding People related high risks identified within the Board Assurance Framework.

To ratify new and existing People policies and procedures, ahead of publication, seeking approval of the Board as necessary, following development and review at appropriate sub-committees (e.g., Partnership Forum).

To receive assurance and monitor the implementation of Equality and Diversity Statutory delegations under the single Equality Duty (2011).

Review the annual staff survey report including narrative comments and thoroughly considering what it tells us about the culture of the organisation, monitor actions taken and advise the Board on developments arising as a consequence by exception.

Ensure that through the work of the Committee attention is paid at all times to the health, safety, and well-being of staff and that the Trust has in place appropriate plans for improving and monitoring the health, safety, and well-being of staff. The Committee will have a particular focus on monitoring violence and aggression towards staff and creating a safe working environment.

Receive annual updates from the Guardian of Safe Working, and the Director of Medical Education in respect of the Medical Workforce and trainee Medical Workforce.

Receive bi-annual updates on Nursing Safe Staffing and Midwifery and Safe Staffing,

Receive quarterly updates from the Freedom to Speak Up Guardian to include summary of concerns raised from the previous quarter alongside key themes and learning and how this is being triangulated.

5. ACCOUNTABILITY AND REPORTING

The Committee shall be accountable to the Board of Directors concerning any issues that require decision or resolution by the Trust.

The Committee shall refer to the Board of Directors any matters requiring decision-making or resolution by the Board.

The Committee shall refer to the Board's other Committees any matters requiring review or decision-making in that forum.
The Committee chair will provide annually a report to the Board detailing how the Committee has discharged its Terms of Reference.

The Committee shall review its own performance and terms of reference at least every two years to ensure it is operating at maximum effectiveness. Any proposed changes to the terms of reference should be agreed by the Trust Board on an annual basis.

Reporting Subgroups – The Committee will be supported by a number of working groups. These will include:

- Partnership Forum
- Joint Local Negotiating & Consultation Committee (JLNC)
- People and Culture
- Education, Learning & Organisational Development
- Workforce

6. CONDUCT OF BUSINESS

The Committee shall conduct its business in accordance with the Standing Orders of the Trust.

The Committee shall be deemed quorate if there are at least two Non-Executive Director and two Executive Director present, one of whom should be the Chief People Officer (or their nominated deputy with the prior agreement of the Chair). A quorate meeting shall be competent to exercise all or any of the authorities, powers and duties vested in or exercised by the Committee.

The Committee shall meet not less than four times in each financial year.

At the discretion of the Chair of the Committee business may be transacted through a tele/videoconference / MS Teams / email or other communication method provided all parties are able to hear all other parties and where an agenda has been issued in advance, or through the signing by every member of a written resolution sent in advance to members and recorded in the minutes of the next formal meeting.

Agendas and briefing papers should be prepared and circulated in sufficient time for Committee Members to give them due consideration.

Minutes of Committee meetings should be formally recorded and distributed to Committee Members within 10 working days of the meetings. Subject to the approval of the Chair, the Minutes will be submitted to the Trust Board at its next meeting and may be presented by the

Committee Chair. The Committee Chair will draw to the attention of the Board any issues that require disclosure to the full Board or require executive action.

Members will be expected to conduct business in line with the trust values and objectives.

Members of, and those attending, the committee shall behave in accordance with the trust's constitution, standing orders, and standards of business conduct policy.

Members must demonstrably consider the equality and diversity implications of decisions they make.

7.STATUS OF THESE TERMS OF REFERENCE:

Reviewed by the People Committee: 10th June 2025

Approved by Trust Board: 29th July 2025

Next Review: June 2026

Version number: Version 6

PUBLIC – Board of Directors
29th July 2025

Report	**Agenda Item 26.**		**Use of Trust Seal: Women & Children's Build – Sub-Contractor Collateral Warranties**					
Purpose of the Report	Decision	**X**	Ratification		Assurance		Information	
Accountable Executive	Karan Wheatcroft			Director of Governance, Risk & Improvement				
Author(s)	Nusaiba Cleuvenot			Head of Corporate Governance				
Board Assurance Framework	BAF 1 Quality BAF 2 Safety BAF 3 Operational BAF 4 People BAF 5 Finance BAF 6 Capital BAF 7 Digital BAF 8 Governance BAF 9 Partnerships BAF 10 Research			**X**	Aligned to Constitution requirements for application of the Trust Seal.			
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	To notify the Board of Directors of the use of the Trust Seal.							
Recommendations	The Board of Directors is asked to **approve** the use of Trust Seal in retrospect.							

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

Use of Trust Seal

1. Executive Summary

The purpose of this paper is to notify the Board of Directors of the Use of Trust Seal.

2. Background

As per the Constitution, the use of the Trust Seal must be approved by the Director of Finance or nominated officer and authorised in writing the Chief Executive Officer (CEO) or nominated officer. The Board will receive a report of all sealings for approval.

3. Use of Trust Seal

Date Seal Applied	Document	Signatories
17/07/2025	Women & Children's Build – Sub-Contractor Collateral Warranties: Cohesion Piling Company Limited, Longworth Building Services Limited, Bretton Architectural Limited and; Countess of Chester Hospital NHS Foundation Trust	Jane Tomkinson, Chief Executive Officer; Karen Edge, Director of Finance

4. Recommendation

The Board is asked to **approve** the application of the Trust Seal in retrospect.