

Meeting of the Council of Governors in Public

Wednesday 4th February 2026, 13.30 – 15.30 in the Women & Children’s Building
Seminar Room

Chair	Mr N Large, Trust Chair
Apologies	Ms J Tomkinson, Chief Executive Ms J Chillery and Ms S Cook, Public Governors
In attendance	Dr P Bamford, Director of Clinical Research (Item 9.) and Ms F Altintas, Deputy Director of Nursing & Quality Governance (Item 10.)

Time	Agenda Number	Agenda item	Lead	Page Number	Decision Required
13.30	1.	Welcome, apologies, and opening remarks (verbal)	Trust Chair		For noting
13.33	2.	Declarations of conflicts of interest with agenda items (verbal)	Trust Chair		For noting
13.35	3.	To approve the minutes of the Council of Governors held on the 22 nd October 2025 (attached)	Trust Chair	4 - 16	For approval
13.38	4.	To consider any matters arising and action log (attached)	Trust Chair	17	For noting
13.40	5.	Patient Story (to be presented on the day)	Public Governor		For noting
13.45	6.	Trust Chair’s Briefing (verbal) a) Non-Executive Director Roles (attached)	Interim Trust Chair	18 - 20	For noting For noting
13.50	7.	Chief Executive Officer’s Report (attached)	Director of Nursing & Quality/ Deputy Chief Executive	21 - 25	For noting
13.55	8.	Lead Governor Update – February 2026 (attached)	Lead Governor	26 - 29	For noting
14.00	9.	a) Research Update (to be presented on the day) b) Research Strategy (attached)	Director of Clinical Research Director of Clinical Research	 30 - 46	For noting For noting
14.10	10.	Patient and Family Experience Report (attached)	Deputy Director of Nursing & Quality Governance	47 - 57	For assurance & noting
14.20	11.	Anchor Institution Update (attached)	Director of Strategy Partnerships	58 - 60	For assurance
14.25	12.	Provider Capability Feedback (verbal)	Trust Chair		For noting

14.30	13.	NHS England Enforcement Notice (attached)	Trust Chair	61 - 75	For noting
14.35	14.	Medium Term Planning (to be presented on the day)	Chief Finance Officer		For noting
14.40	15.	'Innovation Fortnight' Feedback (to be presented on the day)	Chief Operating Officer		For noting
14.45	16.	To receive Board updates: a) The recent Chair's reports of Board Sub-Committees (attached): <ul style="list-style-type: none"> • Chair's report from the Chair of the People Committee – 9th December 2025 • Chair's Report Finance & Performance Committee – 18th November 2025 and 17th December 2025 • Chair's report from the Chair of the Quality & Safety Committee – 8th January 2026 • Chair's Report Audit Committee – 7th October 2025 	Non-Executive Directors	76 - 77 78 - 81 82 - 83 84 - 85	For noting and discussion
14.55		b) Integrated Performance Report (IPR)** (slides to be presented on the day) <ul style="list-style-type: none"> • Operational Performance • Quality • Safety • Finance • People 	Chief Operating Officer Director of Nursing & Quality/ Deputy Chief Executive Medical Director Chief Finance Officer Chief People Officer		For assurance

15.05	17.	Membership & Engagement Committee Chairs report 11 th December 2025 and approved minutes 11 th September 2025 (attached)	Committee Chair	86 - 91	For noting
15.10	18.	To receive feedback from Governors (verbal)	Governors		For noting
15.15	19.	Non-Executive Director (NED)/ Governor Walkabouts Summary Report (attached)	All Governors /Trust Chair	92 - 95	For noting
15.20	20.	Draft COG Annual Report 2025-26 Extract (attached)	Trust Chair	96 - 98	For approval
15.25	21.*	For noting: a) Council of Governors Workplan (attached) b) Council of Governors Photo Sheet (attached) c) Key Meetings and Dates for the Council of Governors 2026-27 (attached)	Director of Governance, Risk and Improvement Trust Chair Director of Governance, Risk and Improvement	99 - 102 103 104 - 105	For noting For noting For noting
15.23	22.	Any Other Business (verbal)	Trust Chair		For noting
15.30	23.	Close of meeting			

*Papers are 'for information' unless any governor's request a discussion

**Please note that the full Integrated Performance Report (IPR) – December 2025 is available within the 27th January 2026 Board of Directors papers - [Board of Directors Meeting Packs | Countess of Chester Hospital](#)

Next Meeting: Wednesday 15th April 2026 at 14.00 – 16.30, in the Women & Children's Building Seminar Room

Minutes of the Council of Governors (in Public)

Wednesday 22nd October 2025, 13.45 – 16.00, Seminar Room, Women & Children's Building

Members	23/04/25	17/07/25	22/10/25	04/02/26
Trust Chair (Chair), Mr N Large	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Chester and Rural Cheshire				
Public Governor, Mr R Howe	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Public Governor, Mr J Jones (Lead Governor)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Public Governor, Ms L Liang	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
Public Governor, Mr T Wheeler	<input checked="" type="checkbox"/>	N/A	N/A	
Public Governor, Ms S Dunbar	<input checked="" type="checkbox"/> (Via Microsoft Teams)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Public Governor, Ms J Chillery	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Public Governor, Ms L Jha	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Public Governor, Ms S Cook	N/A	N/A	<input checked="" type="checkbox"/>	
Public Governor, Mr R Taylor	N/A	N/A	<input checked="" type="checkbox"/>	
Public Governor, Prof T Fisher	N/A	N/A	<input checked="" type="checkbox"/>	
Ellesmere Port and Neston				
Public Governor, Mr B Jones	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
Public Governor, Dr K Chatterjee	N/A	N/A	<input checked="" type="checkbox"/>	
<i>Vacant position</i>	N/A	N/A	N/A	
<i>Vacant position</i>	N/A	N/A	N/A	
<i>Vacant position</i>	N/A	N/A	N/A	
Flintshire				
Public Governor, Mrs R Overington	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
Public Governor, Mr M Roberts	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Public Governor, Ms C Holloway	N/A	N/A	<input checked="" type="checkbox"/>	
Public Governor, Mr I Gibbons	N/A	N/A	<input checked="" type="checkbox"/>	
Remaining England and Wales				
Public Governor, Mr D Cassidy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Partnership Organisations				
Partnership Governor, Mr D Foulds	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (Via Microsoft Teams)	<input checked="" type="checkbox"/>	
Partnership Governor, Ms C Gahan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (Via Microsoft Teams)	
Partnership Governor, Dr K Knight	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Partnership Governor, Ms K Chambers	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Staff Governor				
Staff Governor, Ms P Edwards	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Staff Governor, Mr S Higgitt	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
Staff Governor, Ms A Jayne Caple	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
Staff Governor, Ms D Kambasha	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
Staff Governor, Ms A Lewis-Aaron	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
Staff Governor, Mrs C Price	<input checked="" type="checkbox"/>	N/A	N/A	
Staff Governor, Dr S Tueger	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (Via Microsoft Teams)	

Staff Governor, Mrs M Woodward	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
Staff Governor, Ms C Finney	N/A	N/A	<input checked="" type="checkbox"/>	
Staff Governor, Mr R Gorman	N/A	N/A	<input checked="" type="checkbox"/>	
Staff Governor, Ms N Cottrell	N/A	N/A	<input checked="" type="checkbox"/>	

In attendance	23/04/25	17/07/25	22/10/25	04/02/26
Chief Executive Officer, Ms J Tomkinson OBE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Director of Nursing & Quality/Deputy Chief Executive, Mrs S Pemberton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Head of Quality, Ms L Kanwar	<input checked="" type="checkbox"/> (Item 14)	N/A	N/A	
Acting Chief People Officer, Ms V Wilson	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (Via Microsoft Teams)	
Deputy Chief People Officer – HR Operations, Mr P Marston	<input checked="" type="checkbox"/> (on Ms V Wilson behalf)	N/A	N/A	
Deputy Chief People Officer – Organisation Development, Ms L Pritchard	<input checked="" type="checkbox"/> (Item 15)	N/A	N/A	
Deputy Chief Operating Officer, Mr S Brown	<input checked="" type="checkbox"/> (on Ms C Chadwick behalf)	N/A	<input checked="" type="checkbox"/> (on Ms C Chadwick behalf)	
Chief Operating Officer, Ms C Chadwick	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Chief Finance Officer, Mrs K Edge	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (Via Microsoft Teams)	
Deputy Director of Finance, Ms H Wells	<input checked="" type="checkbox"/> (on Ms K Edge behalf)	N/A	N/A	
Medical Director, Dr N Scawn	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Chief Digital Data Officer, Mr J Bradley	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (Via Microsoft Teams)	
Director of Strategic Partnerships, Mr J Develing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Non-Executive Director, Mr M Guymer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Non-Executive Director, Ms P Williams	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Non-Executive Director, Ms W Williams	<input checked="" type="checkbox"/> (Via Microsoft Teams)	<input checked="" type="checkbox"/> (Via Microsoft Teams)	<input checked="" type="checkbox"/>	
Non-Executive Director, Mr A Hassell	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (Via Microsoft Teams)	<input checked="" type="checkbox"/>	
Non-Executive Director, Mr D Williamson	<input checked="" type="checkbox"/> (Via Microsoft Teams)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Non-Executive Director, Ms S Corcoran	<input checked="" type="checkbox"/> (Via Microsoft Teams)	<input checked="" type="checkbox"/> (Via Microsoft Teams)	<input checked="" type="checkbox"/>	
Non-Executive Director, Mr P Williams	N/A	N/A	<input checked="" type="checkbox"/>	
Non-Executive Director, Ms H Gunawickrema	N/A	N/A	<input checked="" type="checkbox"/>	
Non-Executive Director, Mr P Jones	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Director of Governance, Risk & Improvement, Mrs K Wheatcroft	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Practice Development Support Worker, Ms K Shannon	<input checked="" type="checkbox"/> (Item 5)	N/A	N/A	
Head of Corporate Governance, Mrs N Cleuvenot	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Early Careers Lead, Ms M Whelan	N/A	<input checked="" type="checkbox"/> (Item 5)	N/A	
Committee Secretary, Mrs C Jones	<input checked="" type="checkbox"/> (minutes)	<input checked="" type="checkbox"/> (minutes)	<input checked="" type="checkbox"/> (minutes)	

Formal Business		
Agenda Item Number	Item	Action
1.	<p><u>Welcome, apologies, and opening remarks</u></p> <p>The Trust Chair, Mr N Large (NL) welcomed everyone to the meeting. The Executive Directors in attendance introduced themselves to the Council of Governors.</p> <p>Apologies were noted from the Partnership Governors, Ms K Knight (KK) and Ms K Chambers (KC) and Public Governors, Dr K Chatterjee (KC), Mr R Howe (RH), and Mr I Gibbons (IG). Non-Executive Directors, Prof A Hassell (AH), Mr P Jones (PJ), Ms P Williams (PW), Ms S Cocoran (SC) and Mr M Guymer (MG).</p> <p>Partnership Governor, Ms C Gahan (CG), Staff Governor, Dr S Tueger (ST) and Executives, Ms V Wilson (VW), Ms K Edge (KE), and Mr J Bradley (JB) joined the meeting via Microsoft Teams.</p>	
2.	<p><u>Declarations of conflicts of interest with agenda items</u></p> <p>There were no conflicts of interest declared in relation to the public meeting agenda items.</p>	
3.	<p><u>To approve the minutes of the Council of Governors held on the 17th July 2025</u></p> <p>The minutes of the meeting held on the 17th July 2025 were approved as a true and accurate record.</p>	
4.	<p><u>To consider any matters arising and action log</u></p> <p>The Council of Governors noted the action log, noting no open actions.</p>	
5.	<p><u>Patient Story</u></p> <p>Director of Nursing & Quality/Deputy Chief Executive, Ms S Pemberton (SP) shared a positive patient story with the Council of Governors regarding a patient's treatment within the Gynecology Department.</p> <p>The Council of Governors noted the Patient Story.</p>	
6.	<p><u>Trust Chair's Briefing</u></p> <p>The Trust Chair, Mr N Large (NL), extended a warm welcome to all present, including the new Governors joining the Council encouraging all Governors to approach him with any concerns or issues as they arise.</p>	

	<p>NL acknowledged the significant efforts made by the Executive team to improve the organisation and expressed gratitude for their work in maintaining hospital safety. NL reported on the Trust's involvement with the Cheshire & Merseyside Integrated Care Board (C&M ICB) explaining that changes to the ICB's role are underway, with full enactment anticipated by April 2027. He welcomed the appointment of Sir David Henshaw as the new Chair of the ICB and expressed optimism about working collaboratively in the future.</p> <p>NL thanked staff for their ongoing contributions to the transformation of the organisation and welcomed the Staff Governors. He highlighted that while national indicators and publicity regarding the Trust are not always reflective of the organisation, all staff are committed to improving patient care, morale, and wellbeing. NL concluded by expressing his pride in working with the team and his hope that the Governors will continue to offer their support as the organisation navigates current challenges.</p> <p>The Council of Governors noted the Trust Chair's Briefing.</p>	
7.	<p><u>Chief Executive Officer's (CEO) Report</u></p> <p>The Chief Executive Officer, Ms J Tomkinson (JT) highlighted the following from the CEO Report:</p> <ul style="list-style-type: none"> • The focus on reducing health inequalities within the ICB and the Trust's leadership role in the provider collaborative, referencing several work streams. JT emphasised the value of drawing upon expertise and resources across the region for professional groups and confirmed that she holds Executive oversight of the People Group. • Developments regarding integrated neighbourhood teams and the provision of healthcare at the neighbourhood level. • The Employee and Team of the Month initiative, stating it remains popular amongst staff. JT noted there have been dozens of nominations, and recipients have expressed gratitude. JT further confirmed that the celebration event in September 2025 was externally sponsored and attended by approximately four hundred colleagues. • The Staff Survey has launched, currently twenty four percent of staff having completed it the survey. • A Royal College of Obstetricians and Gynaecologists inspection is scheduled for November 2025 following National recognition. • The arrival of 'Sim Man', a state of the art cardiopulmonary resuscitation (CPR) training manikin and invited Governors to visit the simulation in the Education & Training Centre. Plans are underway to work jointly with the local Armed Forces Dale Barracks to maximise use of the facility. The Trust Chair, Mr N Large (NL) advised that Governors should have received an invitation to join the Urgent Care Showcase on the 20th November 2025 and suggested linking this with a visit to the simulation facility. • The Trust has celebrated the Women & Children's building opening, noting it is the only building to have achieved full green accreditation. JT confirmed that advice is being taken from Grenfell processes regarding the demolition of the old building, with communication ongoing with the community and those with an affinity to the building noting the ongoing Thirlwall Inquiry. 	

	<ul style="list-style-type: none"> • The Care Quality Commission (CQC) will return for re-inspection anytime between now and Christmas 2025. JT expressed confidence that previously identified issues have been addressed noting positive feedback received from Staff Governors earlier that morning. • Ratings, including those from the Staff Survey, show improvements and that ongoing efforts are being made to further enhance performance from the Ward to the Board of Directors. • Covid-19 vaccinations for staff are not planned this year, but the flu vaccination campaign continues. • The Country Park has won two awards, and JT expressed her pride in the Trust’s involvement. • Planning is underway to make the Annual Members’ Meeting (AMM) more attractive for colleagues in 2026/27. • Corporate requirements for Fraud Prevention have been updated to minimise risk. JT welcomed Non-Executive Director, Mr P Williams (PW) as the new Chair of the Audit Committee. • Director of Delivery, Mr D Nash (DN) has taken on a focused role in the Trust to drive the Cost Improvement Programme (CIP) agenda noting progress since his appointment into the role. <p>Public Governor, Ms J Chillery (JC) provided feedback on the simulation facility, stating she met ‘Sim Man’ and found it extraordinary, noting its ability to simulate different sexes. She also met ‘Vivienne’, a highly realistic older mannequin also used for training.</p> <p>The Council of Governors noted the contents of this report.</p>	
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8.	<p><u>Lead Governor Update – October 2025</u></p> <p>Lead Governor, Mr J Jones (JJ) formally welcomed all new Governors to the Council of Governors and noted the value of introducing new perspectives into the organisation. JJ expressed thanks to the Governors who departed in September 2025 for their contributions and support to the Trust.</p> <p>JJ welcomed new Non-Executive Directors, Ms H Gunawickrema (HG) and Mr P Williams (PW), subject to ratification at the private Council of Governors meeting later that day and stated an intention to work closely with them going forward.</p> <p>JJ reported on attendance at the C&M Governors Symposium in September 2025. The event was well received with Public Governors Ms J Chillery (JC), Ms S Dunbar (SD), Ms L Liang (LL) and himself attending on behalf of the Trust. Collective feedback from the event will be shared with all Governors once received, with a view to establishing this as an annual event.</p> <p>JJ noted that the workshop held that morning was well received and plans are in place to schedule further workshops, and topics for these will be determined and communicated in due course. The Trust Chair, Mr N Large (NL) confirmed that a draft schedule is in development for 2026/27 meeting dates, with the intention of organising full-day sessions for Governors and Non-Executive Directors (NEDs) to align with walkabouts.</p>	
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	<p>Action: It was agreed to share the 2026/27 meeting schedule at the February 2025 Council of Governors meeting. (The Chief Executive, Ms J Tomkinson (JT), Medial Director, Dr N Scawn and Director of Nursing & Quality/Deputy Chief Executive, Ms S Pemberton left the meeting)</p> <p>The Council of Governors noted the contents of the report.</p>	CJ
9.	<p>a) <u>Membership & Engagement Committee Chair’s Report 11th September 2025</u></p> <p>Public Governor, Mr M Roberts (MR) shared several ideas regarding the role of the Committee. MR and the Director of Governance, Risk & Improvement, Mrs K Wheatcroft (KW) are reviewing practices observed at Betsi Cadwaladr University Health Board and Oxford University Hospitals, with a view to identifying approaches to progress the Committee’s work.</p> <p>MR noted that current engagement with members is not at the desired level and highlighted ongoing challenges with recruitment and maintaining an up to date database. MR proposed transitioning all members to an electronic format moving forward.</p> <p>Public Governor, Ms J Chillery (JC) commended MR for taking on the role of Chair of the Committee and acknowledged the excellent work undertaken to date.</p> <p>The Council of Governors noted the Chair’s Report.</p> <p>b) <u>Approved minutes of the Membership & Engagement Committee 3rd July 2025</u></p> <p>The Council of Governors noted the approved minutes for the 3rd July 2025.</p> <p>c) <u>Membership and Engagement Strategy</u></p> <p>KW reported that there has previously been no Membership and Engagement Strategy in place, and that the membership database has not been adequately maintained with Civica and events for members have not been routinely organised. KW highlighted the development of the new strategy through the Membership & Engagement Committee (MEC), which sets out the intentions and provides a framework to actively engage with and grow the membership. KW cautioned that a cleansing of the membership database may result in a reduction in member numbers. Feedback on the proposed strategy was welcomed.</p> <p>MR raised the question of what benefits members currently receive, noting that, at present, there is little perceived value in being a member of the Trust. MR stated that work is ongoing to address and improve this area.</p> <p>KW requested ratification of the strategy by the Council of Governors and confirmed that work would continue through the MEC and with wider Governor involvement to drive progress. Lead Governor, Mr J Jones (JJ) and Public</p>	

	<p>Governor, Ms J Chillery (JC) commended KW and the team for their efforts in developing the strategy.</p> <p>Following review and approval at the MEC, the Council of Governors ratified the Membership and Engagement Strategy 2025–28.</p>	
<p>10.</p>	<p>a) <u>Board of Directors meeting 29th July 2025 (minutes) and Board of Directors meeting 30th September 2025 (agenda)</u></p> <p>Trust Chair, Mr N Large (NL) confirmed that the Board of Directors meeting 29th July 2025 minutes and 30th September 2025 agenda are provided for the benefit of the Governors and will not be included moving forward and advised that links to the Board of Directors papers online will be added for future reference. NL further noted that Governors are welcome to join upcoming Board meetings.</p> <p>The Council of Governors noted the 29th July 2025 minutes and 30th September 2025 agenda.</p> <p>b) <u>The recent Chair’s reports of Board Sub-Committees</u></p> <p><u>Chair’s report from the Chair of the People Committee – 12th August 2025</u> Chief People Officer, Ms V Wilson (VW) provided an update on People matters, highlighting a recent staff story regarding racism in 2024 and reflecting on the learning derived from that incident. It was noted that addressing such issues remains one of the Trust’s priorities under the People agenda. Discussions took place regarding culture and leadership, considering the Trust’s history and how sustainable development can be achieved. VW reported that the Trust is currently behind plan on workforce reduction targets to support the CIP. Efforts will continue to progress as much as possible, with alternative plans being considered where required.</p> <p>Public Governor, Ms C Holloway (CH) sought clarification on the distinction between bank and agency staff. VW explained that the bank function is an internal agency engaged directly within the Trust, whereas agency staff are recruited externally, typically incurring higher rates and costs.</p> <p><u>Chair’s report from the Chair of the Audit Committee – 15th July 2025</u> Non-Executive Director, Mr D Williamson (DW) raised an alert from Audit Committee concerning out of date policies, noting the ongoing challenge across the hospital to identify and update such policies. The Committee Chair, Non-Executive Director, Mr M Guymmer (MG) confirmed only limited assurance was provided at the September 2025 Committee; however, improved progress was noted at this meeting, though significant work remains. Ongoing monitoring will be required. DW emphasised the challenge of ensuring staff not only read but also enact policies. DW also noted the need for a cleanse of obsolete policies. Lead Governor, Mr J Jones (JJ) enquired about the number of policies involved. The Director of Governance, Risk & Improvement, Mrs K Wheatcroft (KW) confirmed approximately four hundred policies, with significant progress made to address both the backlog and ongoing policy updates. Staff Governor, Ms P Edwards (PE) confirmed that SharePoint is now the reference point for up to date policies and policies are no longer printed, for assurance purposes.</p>	

DW queried how assurance is achieved as opposed to reassurance. JJ noted that in the event of a CQC inspection, both aspects would be scrutinised. CH questioned whether all four hundred policies are necessary and suggested reviewing which are critical, with the possibility of consolidation.

Public Governor, Ms J Chillery (JC) informed the Council that during walkabouts she keeps under review whether notice boards are functional and if new policies are highlighted within teams. PE commented that some wards use notice boards to share learning lessons for a limited period, with striving for excellence boards only displaying items for one to two weeks.

Staff Governor, Ms N Cottrell (NC) reported that, from an internal perspective, education regarding up to date policies and their use have improved, noting monthly Governance Committee reviews within Urgent Care.

Staff Governor, Ms C Finney (CF) raised the issue of auditing policy implementation in practice following the release of new policies, noting that improvements are required in this area. CH asked whether data is collected on who has read and understood policies. CF responded that Managers can keep local records, including attendance at Governance meetings, but holistic reporting is not currently possible.

Public Governor, Mr T Fisher (TF) queried how staff members know if a policy is relevant to them. CF explained that there is a robust Trust induction process, supplemented by local induction, particularly in nursing, to highlight relevant policies. PE added that some Divisions will be responsible for more policies than others, depending on specialities. KW confirmed that induction and key messages are clear, with mandatory training and management essentials training delivered this year to help digest policies and escalate information. Mersey Internal Audit Agency (MIAA) audits are conducted routinely to check compliance.

Non-Executive Director, Mr P Williams (PW) enquired about the alignment of policies across Governance. KW advised that alignment is reviewed during the policy review process, balancing regulatory requirements with practical usability for staff. VW stated that induction and ongoing training differ for various staff groups, with management essentials training signposting Managers to relevant policy areas. The People Committee monitors workforce policies, and significant work has been undertaken to update these, with national and local adaptations to enhance user friendliness and regulatory compliance. JC suggested that Artificial Intelligence (AI) could be beneficial in summarising policies for easier reading. KW agreed that AI offers opportunity in this area.

Chair's Report Finance & Performance Committee – 27th August 2025 and 23rd September 2025

The Chief Finance Officer, Ms K Edge (KE) provided an up to date position and key alerts. Although behind plan, recent updates for August 2025 and September 2025 show consistent messaging and good progress in performance trajectories, with recognition of the Business Intelligence (BI) team's work in providing detailed information. JJ queried the impact of CIP and non-recurrent savings on

the following year. NL confirmed a recurrent in-year target of £30m but noted that the underlying position will not be fully addressed within the year. The plan for the following year will differ. KE stated that there is an ambition to move twenty percent to a majority position, with five months remaining in the year. The goal is to enter the new year with the smallest possible gap; with eighty percent recurrent CIP considered a strong achievement for the organisation.

Chair's report from the Chair of the Quality & Safety Committee – 8th September 2025

KW noted the good crossover of alerts in Quality & Safety Committee. The Section 29A CQC warning alert was discussed, with safeguarding receiving substantial assurance, though some work remains. This is linked to pressures from referrals as reported by the Deputy Chief Operating Officer, Mr S Brown (SB).

The Council of Governors **noted** the Committee Chair Reports.

c) Integrated Performance Report (IPR)

(Item taken after item 7. Chief Executive Officer's (CEO) Report)

SB provided an update regarding 18 week compliance and elective waiting times. The targets for 18, 52, and 65 weeks were discussed against the planned trajectory. It was noted that the number of patients waiting 52 weeks is currently not in line with the trajectory. Additional funding has been allocated to increase capacity in particular areas, and consultants are actively targeting waiting lists. It is anticipated that the trajectory for 52 week waits will be met by December 2025. For the 65 week target, SB reported ongoing efforts to improve compliance. In terms of cancer performance, the Trust has historically delivered against the threshold but has experienced a significant increase in cancer skin referrals. Additional capacity has been introduced to reduce waiting times, with the expectation of returning to target delivery for 62 week waits from October 2025. SB also addressed Emergency Department (ED) performance, noting that trajectories have been submitted to the ICB. While the 4 hour target was not met in September 2025, performance improved in October 2025, returning to levels seen in August 2025. The 12 hour performance for Type 1 admissions saw significant improvements in August 2025 with further progress observed in October 2025. Ambulance handover times are being delivered as required. System wide improvement programmes were noted, with Executive reviews of additional actions to enhance performance. Weekly Governance meetings are being held to support improvements towards the 4 hour ED target. NL acknowledged the progress made and expressed gratitude to staff, recognising that embedding change takes time.

The Director of Nursing & Quality/Deputy Chief Executive, Ms S Pemberton (SP) presented the results of the recent National Inpatient Survey, conducted for patients in hospital during November 2024, which achieved a forty two percent response rate. The next survey is scheduled for November 2025. SP noted one area of deterioration related to the discharge process, with seven aspects of leaving hospital identified as requiring improvement. Actions have been outlined to address issues including admission, patient noise at night, communication, and discharge processes. November 2025 will be designated as 'Discharge

Month' to support improvements and ensure seamless patient transitions. Maintaining clear communication with patients regarding discharge was emphasised as vital. SP highlighted positive Picker results to drive further improvements.

Quality & Safety was reviewed; detailing infection prevention practices being embedded within the Trust and improvements being noted, including sixteen fewer cases of C. difficile compared to the same period last year.

NL thanked SP for her clear assessment of the Trust's current status.

The Medical Director, Dr N Scawn (NS) reported that mortality metrics remain within expected ranges. Sepsis has been added as a new metric, within the IPR now incorporating data from Advancing Quality Alliance (AQuA) and internal audit processes. This includes reviewing whether patients admitted with Sepsis as a diagnostic code received timely reviews and antibiotics. NS noted that the Trust performs better than the national average for acute hospitals of similar size regarding deaths associated with Sepsis. NS also confirmed that patients with Sepsis coded as the cause of death are included in the Hospital Standardised Mortality Ratios (HSMR) category.

NL commented on the positive Sepsis outcomes and the robust processes now in place. NS advised that following questions on Sepsis processes in the recent warning notice, significant improvements have been made and evidence submitted to the CQC.

KE provided a financial update, confirming the Month 5 finance position and details of key performance indicators. The system is currently operating with Deficit Support Funding (DFS), with the annual plan reflecting a £14.4m deficit. Cash flow has been supported; however, Quarter 2 funding has been suspended due to concerns raised, resulting in a Month 5 position of £14.3m, primarily due to DFS being withheld. The Month 6 report, excluding exceptional items, identifies significant risks to the delivery of CIP, which are being mitigated by non-recurrent actions such as clinical vacancies. Although the Trust remains on plan, some risks persist. To accelerate CIP delivery, the Trust has appointed a Director of Delivery, Mr Dan Nash (DN) and refocused the Quality Improvement team on project delivery. The organisation continues to operate in a challenging financial position, with grip and control measures in place and Executive panels reviewing progress. The capital programme is on track, with the completion of the Women & Children's (W&C) building (now in use) and ongoing work on the ED project, which has already shown benefits. Business as usual capital delivery is also progressing as planned.

NL commented on the run rate outlook for the position moving into next year. KE stated that further work is required, with a forecast gap of £6m and ongoing efforts to mitigate this through continued CIP delivery. The underlying deficit exceeds £40m, with anticipated cost increases next year, including the impact of the new W&C build and collaboration with Pathology services. A financial strategy is being developed in partnership with the C&M system, including the submission of a three-year plan and annual planning. Significant focus is being placed on working with partners and the wider system to achieve financial stability.

VW presented the workforce dashboard, noting a reduction in agency usage and a positive position regarding sickness absence, which was below the five percent

	<p>target for August 2025. The staff survey response rate currently stands at twenty four percent. Performance is above target for appraisals and mandatory training. JC noted a staff headcount of four thousand nine hundred and ninety-two while VW clarified that the six thousand staff figure includes the bank workforce.</p> <p>The Council of Governors noted the IPR update.</p>	
11.	<p><u>Proposal to Amend the Trust’s Constitution</u></p> <p>The Director of Governance, Risk & Improvement, Mrs K Wheatcroft (KW) presented the updated legal document, outlining the proposed amendments to the Trust’s Constitution. Significant changes include the addition of a Non-Executive Director (NED) position associated with the University of Chester, with the intention to appoint a university NED to the Board to support the Trust’s strategic ambitions. KW further explained that the Governor Nomination Committee structure has been revised to be more generic, providing for four (non- staff) Governors to serve on the Committee.</p> <p>KW requested approval of the proposed changes and noted that the full document can be shared upon request.</p> <p>Following approval at the Board of Directors meeting on 30th September 2025, the Council of Governors approved the proposed changes to the Trust Constitution</p>	
12.	<p><u>To receive feedback from Governors</u></p> <p>No feedback was received from Governors.</p>	
13.	<p><u>Council of Governors action plan update</u></p> <p>The Director of Governance, Risk & Improvement, Mrs K Wheatcroft (KW) noted the workshop held a year prior, confirming that actions were identified at that time. KW presented a paper detailing the progress made against these actions with one outstanding, with acknowledgment of the significant work required to reestablish some forums that have lapsed since the Covid-19. This item remains an open action, with KW committing to provide further updates at future workshops. It was suggested that this paper be removed from ongoing agendas, with future updates to be brought back as appropriate. Governors agreed with this approach.</p> <p>The Council of Governors noted the progress against the action plan.</p>	
14.	<p><u>Non-Executive Director (NED)/ Governor Walkabouts Summary Report (Quarter 2)</u></p> <p>Public Governor, Ms J Chillery (JC) reported that the walkabouts she has attended have been highly informative and provided an excellent opportunity to gain greater insight into Trust operations. Public Governor, Prof T Fisher (TF) requested that appreciation be formally conveyed to staff who facilitate walkabouts.</p>	

	<p>The Trust Chair, Mr N Large (NL) reiterated that the purpose of the walkabouts is to develop a better understanding of departmental activities through conversation, emphasising that the visits are not inspections. NL noted that this approach fosters stronger connections with the organisation for Governors. Public Governor, Mr M Roberts (MR) queried whether visiting departments without prior notice provides a more authentic perspective, particularly when speaking directly with patients. NL acknowledged the importance of balancing operational needs, noting that the Governors’ approach aims to promote learning and understanding of departments. NL added that increased frequency of visits may help to create a more relaxed environment, although visits must occur within operational constraints.</p> <p>Non-Executive Director, Mr D Williamson (DW) reported encountering several challenges during a recent walkabout and clarified that it is appropriate for staff to raise any issues through their Line Managers. One concern raised pertained to training and the availability of suitable space for training. NL confirmed that Governors are not responsible for resolving operational problems directly but should instead direct staff to the appropriate processes. NL further assured that any significant issues identified would be reported appropriately. DW noted that staff based in the 1829 Building expressed concerns regarding business continuity, which has been raised with their managers. JC asked whether departments visited during walkabouts receive feedback. NL confirmed that feedback is routinely provided to departments, with learning points shared as appropriate. It was further noted that NL and the Director of Nursing & Quality/Deputy Chief Executive, Ms S Pemberton (SP) receive all feedback forms, which are subsequently summarised in Council of Governors reports.</p> <p>TF observed that participants gained substantial insight from the walkabouts, though some found it challenging to comment on operational matters. TF emphasised that Governors should feel able to provide confidential feedback. NL suggested that any concerns be documented in the meeting notes to allow for triangulation in a safe manner.</p> <p>The Director of Governance, Risk & Improvement, Mrs K Wheatcroft (KW) confirmed that spaces remain available for upcoming dates, but the specific dates and areas have not yet been finalised for 2026/27.</p> <p>The Council of Governors noted the summary report from the recent NED/ Governor walkabouts.</p>	
15.	<p><u>Feedback from the Council of Governors Workshop – 22nd October 2025</u></p> <p>The Trust Chair, Mr N Large (NL) enquired whether Governors were satisfied following the Workshop that morning and asked if there are any requests for further actions or the development of informal meetings.</p> <p>Staff Governor, Ms C Finney (CF) suggested that it will be beneficial to reflect on the current meeting, with a view to making future sessions more tailored to Governors’ needs. This was noted.</p>	

	<p>Public Governor, Prof T Fisher (TF) noted that the next Council of Governors meeting is scheduled for the 29th January 2026 (updated to the 4th February 2026). NL confirmed that formal Council of Governor meetings occur four times per year, with monthly informal meetings also arranged. NL added that, while in person attendance is preferable, participation via Microsoft Teams is available if required. It was further noted that informal meetings typically take place following a walkabout.</p> <p>The Council of Governors noted the workshop feedback.</p>	
16.	<p><u>For noting:</u></p> <p>The Council of Governors noted the:</p> <p>a) Council of Governors Workplan – The Director of Governance, Risk & Improvement, Mrs K Wheatcroft (KW) welcomed feedback on the workplan if other items are wanted to be seen.</p> <p>b) Council of Governors Photo Sheet.</p>	
17.	<p><u>Any Other Business</u></p> <p>The Trust Chair, Mr N Large (NL) inquired if there were any aspects of the agenda that Governors would like to see changed or if there are any matters arising from the meeting that required further discussion. NL stated that efforts are being made to streamline processes and minimise the length of agendas moving forward.</p> <p>Public Governor, Prof T Fisher (TF), from a data governance perspective, noted that all Governors currently use personal e-mail addresses. The Director of Governance, Risk & Improvement, Mrs K Wheatcroft (KW) confirmed that the majority of public items are available on the website and are secure. For private papers, it was noted that confidentiality is maintained, with highly confidential matters being communicated verbally. KW emphasised the importance of balancing risk in this context. NL added that private papers may be provided as verbal updates when confidentiality is required, and that private matters will eventually become public. The communication process regarding this was noted, and it was agreed that private minutes should carefully reflect sensitive discussions. NL expressed satisfaction with the current risk assessment process.</p>	
18.	Close of meeting	

Next Meeting: Wednesday 4th February 2026 at 13.30 – 16.00 in the Boardroom,
1829 Building

Council of Governors Action Log
2025/26 updated January 2026

Action Number	Meeting Date	Allocated to	Agenda Item Number	Issue/Action Raised	Action Details	Action Update/Outcome	Due Date	Status
5-25/26	22 nd Oct 2025	Committee Secretary	8.	Lead Governor Update – October 2025	It was agreed to share the 2026/27 meeting schedule at the February 2025 Council of Governors meeting.	Update 19th January 2026 - Key Meetings and Dates for the Council of Governors 2026-27 included and shared with the February 2026 Council of Governors papers.	Feb-26	Closed

PUBLIC – Council of Governors
4th February 2026

Report	Agenda Item 6b.	Non-Executive Director (NED) Roles					
Purpose of the Report	Decision		Ratification		Assurance	Information	X
Accountable Executive	Neil Large			Trust Chair			
Author(s)	Nusaiba Cleuvenot			Head of Corporate Governance			
Board Assurance Framework	BAF 1 Quality BAF 2 Safety BAF 3 Operational BAF 4 People BAF 5 Finance BAF 6 Capital BAF 7 Digital BAF 8 Governance BAF 9 Partnerships BAF 10 Research			X	Potential to link to all BAF risk areas.		
Strategic goals	Patient and Family Experience People and Culture Purposeful Leadership Adding Value Partnerships Population Health						X X X X X X
CQC Domains	Safe Effective Caring Responsive Well led						X X X X X
Previous considerations	Board of Directors – 27 th January 2026						
Executive summary	<p>Effective governance is fundamental to the success of NHS Foundation Trusts, ensuring that strategic objectives are met, risks are managed, and the interests of patients and the public are safeguarded. Non-Executive Directors (NEDs) play a pivotal role as part of the unitary board, providing independent oversight and constructive challenge.</p> <p>The Trust has recently completed the successful recruitment of two new NEDs. In addition, in line with updates to the Board composition as stipulated in the Trust Constitution, a University appointed NED has also joined the Board. Consequently, the portfolios assigned to NEDs have been reviewed and updated to reflect these changes. This paper sets out the updates to NED roles at Countess of Chester Hospital NHS Foundation Trust.</p>						
Recommendations	The Council of Governors is asked to note the updated NED roles and responsibilities.						

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	Alignment with the Corporate Risk Register.
Equality & Diversity	Meets Equality Act 2010 duties & PSED 2 aims and does not directly discriminate against protected characteristics
Communication	Not confidential.

Non-Executive Director Roles

1. Introduction

Effective governance is fundamental to the success of NHS Foundation Trusts, ensuring that strategic objectives are met, risks are managed, and the interests of patients and the public are safeguarded. Non-Executive Directors (NEDs) play a pivotal role as part of the unitary board, providing independent oversight and constructive challenge.

The Trust has recently completed the successful recruitment of two new NEDs. In addition, in line with updates to the Board composition as stipulated in the Trust Constitution, a University appointed NED has also joined the Board. Consequently, the portfolios assigned to NEDs have been reviewed and updated to reflect these changes. This paper sets out the updates to NED roles at Countess of Chester Hospital NHS Foundation Trust.

2. Background

The NHS England guidance, published in December 2021, introduced a new approach to NED champion roles, recommending that certain responsibilities be discharged through committee structures while retaining designated champion roles for specific areas. The intention is to embed oversight of critical issues within governance arrangements, enhancing assurance and Board effectiveness.

The statutory context for NED roles is provided by the Health and Social Care Act 2008, the Trust's Constitution, and the NHS Code of Governance. These require that Boards ensure effective oversight, risk management, and compliance with regulatory requirements, including the Equality Act 2010 and the Public Sector Equality Duty (PSED). NEDs are expected to contribute to all domains of the Care Quality Commission (CQC): Safe, Effective, Caring, Responsive, and Well-led.

3. Non-Executive Director Roles

NEDs serve as Chairs and members of key Board Committees, including Audit, Finance & Performance, Quality & Safety, People, and Charitable Funds. Additional duties can include

but is not limited to, the champion roles, walkabouts, attendance at the Council of Governors meetings and NED meetings. The proposed time commitment for NEDs is approximately four days per month, with flexibility for additional duties. This ensures that NEDs have sufficient capacity to fulfil their governance responsibilities while maintaining independence from operational management.

Following recent changes to the NED team, the updated roles and responsibilities have been set out in the table below:

NED	Champion roles	Audit Committee	Finance & Performance Committee	Quality & Safety Committee	People Committee	Charitable Funds Committee
Neil Large (Trust Chair)						X
Paul Jones (Deputy Chair)	Freedom to Speak Up Anchor Institute	X	X			X (Chair)
Peter Williams	Digital	X (Chair)				X
Angela Simpson	Research			X	X	
Hasintha Gunawickrema			X (Chair)			
Professor Andrew Hassell (Senior Independent Director)	Doctors Disciplinary			X (Chair)	X	
Wendy Williams	Wellbeing Guardian	X			X (Chair)	
Sarah Corcoran	Maternity Safety Champion		X	X		

In addition to the committees above, all NEDs are also required to attend the Nominations and Remunerations Committee (Executive) which is held on an ad hoc basis and chaired by the Trust Chair.

4. Recommendations

The Council of Governors is asked to **note** the updated NED roles and responsibilities.

PUBLIC – Council of Governors
4th February 2026

Report	Agenda Item 7.	Chief Executive Officer's Report					
Purpose of the Report	Decision		Ratification		Assurance	Information	X
Accountable Executive	Jane Tomkinson OBE			Chief Executive Officer			
Author(s)	Karan Wheatcroft			Director of Governance, Risk & Improvement			
Board Assurance Framework	BAF 1 Quality	X	Relevant across all BAF areas.				
	BAF 2 Safety	X					
	BAF 3 Operational	X					
	BAF 4 People	X					
	BAF 5 Finance	X					
	BAF 6 Capital	X					
	BAF 7 Digital	X					
	BAF 8 Governance	X					
	BAF 9 Partnerships	X					
	BAF 10 Research	X					
Strategic goals	Patient and Family Experience						X
	People and Culture						X
	Purposeful Leadership						X
	Adding Value						X
	Partnerships						X
	Population Health						X
CQC Domains	Safe						X
	Effective						X
	Caring						X
	Responsive						X
	Well led						X
Previous considerations	Board of Directors – 27 th January 2026						
Executive summary	The purpose of this report is to provide an overview of the relevant local, regional, and national issues for consideration alongside the strategic objectives and wider Board agenda.						
Recommendations	The Council of Governors is asked to note the contents of this report.						

Corporate Impact Assessment	
Statutory/regulatory requirements	Contributes to 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	Document to be published on the Trust's website as part of the agenda pack.

Chief Executive Officer's Report

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

1. National

NHS England has published, for consultation, an Advanced Foundation Trust Programme (AFT). This has received widespread support from NHS Providers and NHS Confederation with reference to how this status will be awarded to small number of high performing Trusts, with all Trust becoming AFTs by 2035.

2. Regional Updates

NHS services across Cheshire and Merseyside remain under significant pressure, with demand for primary care, hospital services, mental health, and emergency services continuing to rise.

3. Cheshire & Merseyside Provider Collaborative (CMPC) Leadership Board meeting

7th November 2025

The Leadership Board met on 7th November and discussed a number of important system wide issues.

Digital Programme – An update and emerging Digital Programme proposition was shared. A vision for a single CMPC approach was described that needed to be underpinned by clear governance and a shared enterprise architecture that should support multi-year investment and delivery. Details explored included short term workforce issues and risks and CDIO leadership of various envisaged workstreams. The Board noted that a single approach to digital and data will yield savings. A £3m RTF bid for ambient voice technology (AVT) was noted as having been successful. Alder Hey is leading this work, and the majority of providers will pilot technology. A further update on AVT roll-out will come to a future meeting.

The Board considered in year delivery and governance, and the key H2 priorities:

- Improve run-rate – challenge can be expected on action taken
- Under/over performance queries – ICB reviewing to mitigate income risks
- CIP requires full implementation, and slippage needs to be offset via non-recurrent controls – there are still risks associated with CIP
- Demonstrating appropriate measures to provide assurance on grip and control
- Balance sheet reviews
- The expectations for Trusts to be categorised as low, medium and high-risk was outlined

The Board also discussed the system approach to 2026/27 planning. It was noted that at present, it might be predicted that the M12 run rate requirement will not be met which would, manifest, as actions in readiness to improve productivity and reduce workforce being required by April 2026 as part of foreseen regulatory stretching ambition and mitigation plans. The role of collaboration and CMPC has been raised by PWC who have suggested CMPC lead on a number of items including service consolidation, corporate integration, and pathway design.

The Board also discussed a number of wider system issues:

- The need for action and grip on UEC. Both in order to improve patient experience and outcomes but also to alleviate pressures on patient flow. It was noted that leverage with Primary Care and Local Authorities is needed to make an impact and that effort needs to be aligned with and to the resource for UEC improvement/performance management sitting with the ICB and NHSE oversight of this area.
- Industrial action rate card for consultants – The Board endorsed use the rate card that was in place for the last round of industrial action.
- Children and Young People – the Board received an update on an Alder Hey facilitated discussion on CYP which included a number of CEOs and service leads. The discussion considered all aspects of CYP including acute services, community, neighbourhood and mental health. This work is being taken forward as part of the CMPC Blue Print work.

Friday 5th December

The Leadership Board reviewed a comprehensive digital transformation agenda intended to reposition digital as a system wide driver of clinical and operational improvement. The Board endorsed the direction of travel, including establishment of a Digital Centre of Excellence, development of shared architecture, and accelerated progress on key priorities. The Board agreed in principle to incorporate ICB digital functions into a shared collaborative model and requested a concise plan on a page summarising vision, milestones, and governance.

A strategic discussion on collaborative procurement highlighted £1.2bn annual addressable non pay spend and substantial efficiency opportunities. The Board endorsed progressing toward a single system wide procurement service, supported by phased implementation, and an accelerated business case.

Operational updates noted that Cheshire & Merseyside remains an outlier on 65 week elective waits. Workforce matters included agreement on a target of 95% attendance threshold. Decisions on visas and recruitment freezes were deferred pending further guidance from a scheduled NHSE webinar.

Friday 19th December

The CMPC Leadership Board convened to review system wide progress, organisational pressures, and future strategic direction. The meeting opened with an update from Liz Bishop, ICB CEO, highlighting rapid development of a commissioning strategy due in January, with a renewed focus on prioritised pathways, prevention, and a more standardised approach across Cheshire and Merseyside. ICB governance structures are under review, with executive appointments expected by the end of January.

A substantial portion of the meeting focused on in year delivery and planning, including discussion of the recent NHS England Undertakings issued to several providers. The Board agreed on the need to focus on a three year planning horizon supported by a small number of credible transformation schemes including workforce reduction strategies, corporate services consolidation, productivity improvements, and potential estate rationalisation.

The Board discussed workforce productivity tools, including acuity based rostering tools and redesign of outpatient provision.

Friday 9th January 2026

The Leadership Board met on 9th January 2025 to review key programmes and system priorities. The Board approved continuation of the Dermatology AI – Skin Analytics

programme, noting its strong clinical performance, and contribution to increased efficiency by reducing consultant appointments and biopsy rates.

The Board endorsed the proposed methodology for identifying fragile services across Cheshire & Merseyside, which applies a structured scoring matrix across quality, workforce, standards, and financial measures. This process will support the development of a prioritised shortlist by March.

A detailed update was provided on the LAASP business case. The work demonstrates a rigorous approach to assessing integration options across Liverpool providers. Key objectives include economies of scale, clinical pathway integration, improved workforce models and strengthened system working.

Updates on diagnostics and community capital planning highlighted tight national deadlines, with £41m available for diagnostics in 2026/27 and £14m across three years for community investment. Work is progressing to align a shared prioritisation matrix and to shift towards a more strategic system wide approach to capital planning.

The ICB's financial planning for 2026–28 indicates an early ICB draft position of £9.4m surplus and a £74.8m CIP requirement., noting this position will change as plans iterate. Concerns were raised regarding the sustainability of incremental growth models and the need for a strategic resource allocation framework aligned with the Blueprint.

The system remains broadly on track for delivery of the 65 week wait target, though immediate action is required to address residual cases. Trusts are encouraged to engage with Q4 outpatient sprint opportunity and RTT improvement funding to maximise activity delivery before year end.

Finally, the Board discussed the need for strengthened oversight of service changes to avoid unintended system impacts, agreeing to refine processes for reviewing ICB Service Change Panel outputs, and welcomed the decision of the ICB to reconsider the previously proposed decommissioning of virtual ward beds.

4. Cheshire West

Summary of Cheshire Place Priorities include:

Community Led Care

- Community Led Care Commission, which supports help at home, carers break and prevention is currently being reviewed to determine future viability and affordability. The group discussed the role that this Service provides and the support that it gives on the flow of patients through the system.

Pathway 2 Beds

- Both Hospitals within Cheshire West are reporting that they are experiencing a lack of capacity within Pathway 2 beds. A project to test out the use of a spot purchase arrangement utilising 1-2 Care Homes is underway with appropriate wraparound support.
- Occupational Therapy for people being supported by Continuing Healthcare
- Place Partners agreed the need to further explore and understand the pathway for people who have been committed Continuing Healthcare funding but require minor

adaptations or Occupational Therapy support.

- Unlimited Opening Online Access for GP Appointments
- GP Practices across the country are now required to open unlimited online access. It is noted that this is being disputed on a national level between the BMA and NHS England.

Transformation and Partnership Priorities

- The Cheshire West Transformation and Partnerships Team are continuing to progress the 2025/26 priorities and commissioning intentions around the key areas of Children and Young People, Mental Health and Neurodiversity, Planned Care, Unplanned Care and Primary Care.

5. Urgent Care showcase

Our Urgent Care showcase welcomed Lord Mayor, Councillor Sherin Akhtar, as we shared updates about the improvement work being led by colleagues.

This was a positive way to share how our teams are working to improve patient care, safety and experience.

6. Mobile Research Unit visits Frodsham

Our Acute Frailty team visited Frodsham in the Mobile Research Unit (bus), to help prevent falls. The first of a series of monthly events across the area, we will be taking expert NHS advice out into communities to help people learn more about keeping themselves healthy and well.

7. Financial Performance Recovery Meeting

The month 8 meeting focused on delivery of the planned outturn (less deficit support funding) and any potential risks and mitigations. Given the proximity to year end, the future focus will be on the process and assurance for 2026/27 CIP. The expectation is that the full target will be identified by 31st March 2026 with suitable leadership and PMO support.

8. Opening of the Women and Children's Building

The Women and Children's Building was opened by the Lord Lieutenant of Cheshire Lady Alexis Redmond with many former and current staff as well as stakeholder present to celebrate the event with the Trust.

9. Board Leadership update

We are delighted to welcome Angela Simpson to our Board as a new Non-Executive Director. Angela joins us from the University of Chester as an Appointed Non-Executive Director, bringing a wealth of experience and demonstrates the continued strengthening of our partnership working.

PUBLIC – Council of Governors
4th February 2026

Report	Agenda Item 8.	Lead Governor Update – February 2026						
Purpose of the Report	Decision		Ratification		Assurance		Information	X
Accountable Executive	Karan Wheatcroft			Director of Governance, Risk, and Improvement				
Author(s)	John Jones			Lead Governor				
Board Assurance Framework	BAF 1 Quality BAF 2 Safety BAF 3 Operational BAF 4 People BAF 5 Finance BAF 6 Capital BAF 7 Digital BAF 8 Governance BAF 9 Partnerships BAF 10 Research			X	Supports the overarching governance arrangements.			
Strategic goals	Patient and Family Experience People and Culture Purposeful Leadership Adding Value Partnerships Population Health						X	
CQC Domains	Safe Effective Caring Responsive Well led						X	
Previous considerations	Not applicable.							
Executive summary	The purpose of this report is to provide key updates from the Lead Governor to the Council of Governors.							
Recommendations	The Council of Governors is asked to note the contents of the report.							

Corporate Impact Assessment	
Statutory/regulatory requirements	Governors are a key part of the NHS health and care act, code of governance and Trust constitution.
Risk	An overarching governance risk is included on the Board Assurance Framework.
Equality & Diversity	Meets Equality Act 2010 duties & PSED 2 aims and does not directly discriminate against protected characteristics
Communication	Document to be published as part of Council of Governors papers.

The Chair of the Board and I continue to have regular one to one meetings where we are supported by the Director of Governance, Risk, and Improvement.

The Chair has continued his regular informal communication briefing sessions with all Governors.

Governors continue to attend the Trust Board meetings, and I encourage other Governors to attend future Board meetings if possible.

The Membership and Engagement Committee meeting was held on the 11th December 2025. It was agreed that the Committee would value the input of more Governors. If you would like to put yourself forward to become a member, please contact Claire Jones. It was agreed that the public membership database should be cleansed. The Director of Governance, Risk and Improvement, has been working with Civica to undertake this at no additional charge to our current contract. The public membership as of December 2025 was 5226. By cleansing the database by those members who do not have an email address this will reduce the number of public members by 3981. (The staff membership is 5001). The cost of contacting public members by post is currently circa - £4k. The Committee agreed the process and timeline for the recruitment of a new Lead Governor as the current Lead Governors tenure as a Governor ceases in September 2026. Interested Governors are to submit an expression of interest by the 16th January 2026. Once the full process has been concluded the Council of Governors will, at its April 2026 meeting, receive a full report to consider and to seek ratification.

A Governor Development session was held in November 2025 to support both new and existing Governors. The session gave an opportunity informally for Governors to introduce themselves and share their backgrounds. A number of Non-Executive Directors joined the session.

A Governor Nominations Committee meeting was held on the 24th November 2025 where it was agreed to support the appointment of Angela Simpson as a Non-Executive Director with effect from the 1st January 2026 and the extension for a further year of Paul Jones Non-Executive Directors tenure.

A number of Governors attended the Urgent Care showcase in the Postgraduate Centre. This was an excellent opportunity to highlight and share the excellent work that is being undertaken.

We have again adopted our local Governor Buddying scheme which we have now had in place for a number of years where more long-standing Governors offer to buddy new Governors.

The Non-Executive Directors and Governors walkabouts continue to be undertaken, and a new schedule of dates has been produced for 2026. A schedule of these dates is attached for information.

Cheshire and Mersey Lead Governors Network continue to meet on a regular basis.

I was pleased to attend the official opening of the new Women's and Children's building on the 20th January 2026.

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

Schedule - Governor & NED Walkabouts 2026

Date & Time	Area	Attending
4 th February 2026 10am – 12.30pm	Care of Elderly – 50 & 51	<u>Non-Executive Director</u> Wendy Williams <u>Governors</u> Richard Taylor Myrddin Roberts Tony Fisher
4 th March 2026 10am – 12.30pm	W&C new building – areas	<u>Non-Executive Director</u> Peter Williams <u>Governors</u> Naomi Cottrell John Jones Louise Jha
1 st April 2026 10am – 12.30pm	Acute Stroke Unit and Ward 45	<u>Non-Executive Director</u> Andrew Hassell Sarah Corcoran <u>Governors</u> Sheila Dunbar Sharon Cook Jan Chillery
6 th May 2026 10am – 12.30pm	Emergency Department – ED/UTC/SDEC	<u>Non-Executive Director</u> Wendy Williams Sarah Corcoran <u>Governors</u> Tony Fisher Rob Howe Paula Edwards
3 rd June 2026 10am – 12.30pm	Critical Care Unit	<u>Non-Executive Director</u> Paul Jones <u>Governors</u> John Jones Cheryl Finney
1 st July 2026 10am – 12.30pm	PALs & Complaints team	<u>Non-Executive Director</u> Peter Williams <u>Governors</u> Sheila Dunbar Sharon Cook Tony Fisher
5 th August 2026 10am – 12.30pm	Ward 40 & 41 Orthopaedics	<u>Non-Executive Director</u> Andrew Hassell <u>Governors</u> Sheila Dunbar

		Sharon Cook Tony Fisher
2 nd September 2026 10am – 12.30pm	Theatres	<u>Non-Executive Director</u> Paul Jones <u>Governors</u> Rob Howe Jan Chillery Louise Jha
7 th October 2026 10am – 12.30pm	IM&T and Education & Training	<u>Non-Executive Director</u> Hasintha Gunawickrema <u>Governors</u> Sheila Dunbar Jan Chillery Louise Jha
4 th November 2026 10am – 12.30pm	Facilities and Pharmacy	<u>Non-Executive Director</u> Wendy Williams <u>Governors</u> Rob Howe Jan Chillery Cheryl Finney
2 nd December 2026 10am – 12.30pm	EPH wards – Poppy/Bluebell/Stroke Rehab	<u>Non-Executive Director</u> Angela Simpson <u>Governors</u> Sheila Dunbar Sharon Cook Tony Fisher

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4th February 2026

Report	Agenda Item 9b.	Research Strategy					
Purpose of the Report	Decision		Ratification		Assurance	Information	X
Accountable Executive	Dr Nigel Scawn			Medical Director			
Author(s)	Dr Peter Bamford			Director of Clinical Research			
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 potential inability to deliver the Research and Innovation agenda to exploit future opportunities.		
Strategic goals	Patient and Family Experience						X
	People and Culture						X
	Purposeful Leadership						
	Adding Value						
	Partnerships						
CQC Domains	Population Health						
	Safe						X
	Effective						X
	Caring						X
	Responsive						
Well led							
Previous considerations	Board of Directors – 27 th January 2026						
Executive summary	<p>The Research and Innovation Strategy, Research Matters – Better Care, Brighter Futures sets out a clear vision for embedding research at the heart of everything the Trust does.</p> <p>It aligns with the Trust’s vision, purpose and values. The strategy sets out four strategic goals:</p> <ul style="list-style-type: none"> • Make Research Accessible to All, • Enhance Research Capacity and Capability, • Strengthen Partnerships; and • Focus on working with Life Sciences Sector <p>The strategy includes an implementation plan for each goal.</p>						
Recommendations	The Council of Governors is asked to note the Research and Innovation Strategy, Research Matters – Better Care, Brighter Futures.						

Corporate Impact Assessment	
Statutory/regulatory requirements	Research and innovation.
Risk	BAF impact is potential inability to deliver the Research and Innovation agenda to exploit future opportunities.
Equality & Diversity	Meets Equality Act 2010 duties & PSED 2 aims and does not directly discriminate against protected characteristics
Communication	Not confidential

Welcome

University of
Chester

Research Matters

Better Care,
Brighter Futures

Contents

- Foreword(s)
- Introduction / Context
- Our Ambition
- Strategic Objectives
- Our Action Plan



Executive Summary – Chief Executive's

At the Countess of Chester Hospital NHS Foundation Trust, we believe that **Research Matters** and is integral to delivering outstanding patient care, attracting and retaining skilled staff, and shaping the future of health and care services.

As Chief Executive, I am proud to introduce our new Research and Innovation Strategy, **Research Matters – Better Care, Brighter Futures**, which sets out our vision to become a vibrant, inclusive, and forward-thinking research-active organisation.

Research is not a luxury or a peripheral activity, it is a core function of a high-quality healthcare provider. It leads to better treatments, improved outcomes, and a culture of curiosity and continuous learning. As a district general hospital with a strong reputation for compassionate care and clinical excellence, we are uniquely placed to embed research into our everyday practice and bring opportunities to participate in research to the communities we serve.

Our strategy has been shaped by our clinicians, academic partners, patients, and staff, and is grounded.

This strategy aligns closely with the NHS Long Term Plan, the priorities of our Integrated Care Board, and our commitment to being an anchor institution that improves the health, wellbeing, and life chances of our communities. We recognise that research brings value far beyond the generation of knowledge – it improves care, reduces variation, and brings pride and purpose to our workforce.

The next five years present an exciting opportunity to take research at the Countess to the next level. With strong leadership, clear ambition, and the passion of our people, I am confident we will succeed.



Jane Tomkinson
Chief Executive
Countess of Chester Hospital
NHS Foundation Trust

Foreword from our Medical Director Nigel Scawn

As Medical Director, it gives me great pleasure to introduce this Research Strategy, which sets out a clear and ambitious vision for embedding research at the heart of everything we do at the Countess of Chester Hospital.

Research is a cornerstone of safe, kind and effective healthcare. It drives innovation, improves clinical outcomes, and ensures that the care we provide is underpinned by the best available evidence. Our patients rightly expect that their treatment is informed not only by current best practice but also by the ongoing pursuit of new knowledge that will improve care for them and for future generations.

At the Countess, we have a proud track record of delivering high quality research across a range of specialties. Our teams have contributed to national and international studies, including urgent public health research during the COVID-19 pandemic, demonstrating the dedication, expertise, and resilience of our staff. However, we now have the opportunity, and indeed the responsibility, to go further.

Our new strategy, **Research Matters – Better Care, Brighter Futures** sets out how we will grow our research culture, capability, and capacity over the next five years. We are committed to ensuring that research is not confined to certain specialties or to a few highly engaged individuals, but becomes something truly embedded in our organisational DNA. Whether you are a clinician, nurse, allied health professional, pharmacist, healthcare scientist, or part of our wider support teams, research should be seen as part of everyone's role.

Equally, this strategy reinforces our commitment to offering more patients the opportunity to participate in research as part of their care. We know that hospitals

with higher levels of research activity see improved patient outcomes and better staff satisfaction. Being research-active is not an aspiration, it is a critical component of delivering outstanding healthcare.

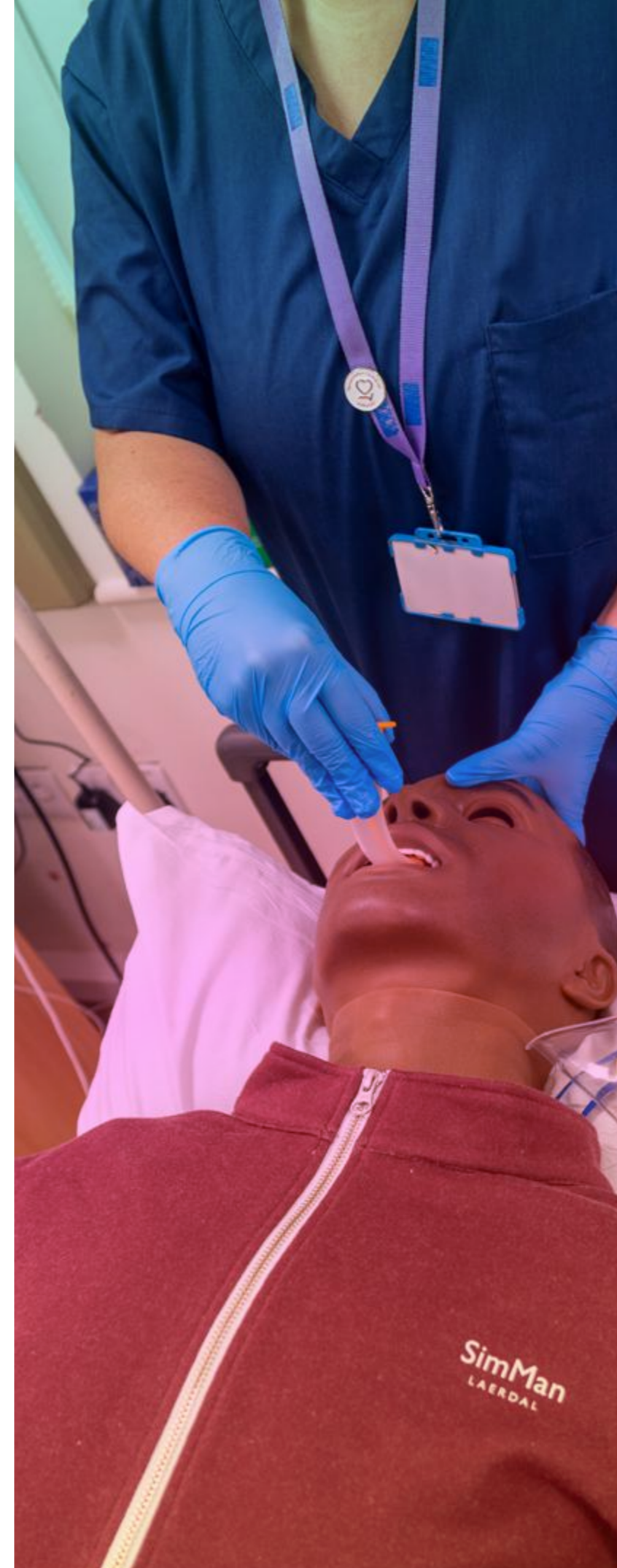
Collaboration will be central to our success. We will work closely with our academic partners, the National Institute for Health and Care Research (NIHR), the Cheshire and Merseyside Integrated Care System, and colleagues across the region to ensure that research at the Countess complements and contributes to wider priorities. Importantly, we will also engage with our patients and communities, ensuring that research is shaped by what matters most to them.

Finally, we recognise that delivering this ambition will require investment, not just financial, but also in time, leadership, and commitment. As Medical Director, I am fully committed to supporting our clinical and non-clinical teams to develop as researchers, to remove barriers, and to foster an environment where curiosity, innovation, and excellence can thrive.

This is a pivotal moment for research at the Countess. Together, we can ensure that research is not something we do alongside care, but something that is integral to providing the best possible care for every patient, every day.



Dr Nigel Scawn
Medical Director
Countess of Chester Hospital
NHS Foundation Trust



Introduction – Research Matters: Better Care, Brighter Futures

At the Countess of Chester Hospital NHS Foundation Trust, we want research to be at the heart of how we deliver care, improve outcomes, and shape the future of health for our patients and communities.

Our patients rightly expect care that is informed by the latest research, underpinned by evidence, and delivered with the confidence that tomorrow's treatments are being discovered today.

This strategy **“Research Matters: Better Care, Brighter Futures”** sets out our commitment to embed research more deeply into our organisation, making participation accessible to all, and ensuring that research delivers meaningful benefits for the communities and patients we serve.



Aligning the Research and Innovation Strategy with the Trust's Vision, Purpose, and Values

The Trust's new strategy published in 2024, 'Transforming Care Together', reflects a commitment to delivering outstanding care through innovation, collaboration, and compassion. The strategy is centred around six core strategic goals (see diagram below).

Research Matters – Better Care, Brighter Futures has been written to compliment these goals and is meant as enabling strategy to allow the trust to achieve the objectives specifically outlined in section 5 – actively seeking partnership opportunities.

However, we believe the research strategy will add a positive contribution to the trust across all six strategic goals while also embedding the trusts core values to be safe, kind and effective. This strategy positions research as a core function of care, not a parallel activity, helping the trust to achieve its vision of delivering outstanding care for our patients and families.

It supports safety by embedding evidence-based practice and enabling earlier, more accurate interventions. It reflects kindness through inclusive

research design, community engagement, and a commitment to equity ensuring that all patients, especially those from underserved groups, can benefit from and contribute to research. It drives effectiveness by investing in staff development, digital infrastructure, and strategic partnerships that translate research into real-world improvements.

Aligned with the Trust's emerging Clinical Strategy, the research strategy supports prevention, personalised care, and integrated services. Initiatives such as the Mobile Research Unit, community research hubs, vertical integration of research between primary and secondary care and the potential development of a West Cheshire Research Collaborative extend research beyond our hospital walls

and will help us to reduce health inequalities and improve population health across our region.

By fostering a culture of collaboration, and continuous learning, the strategy strengthens the Trust's role as an anchor institution. Research is a critical foundation for hospitals seeking teaching and eventually university hospital status, as it demonstrates a commitment to evidence-based care, advances in clinical knowledge, and strong academic partnerships that underpin high-quality education and innovation. Our strategy looks to lay the foundation for our future ambition to achieve Teaching and University Hospital status.

Our department can also play a key role in supporting the NHS ambition to reach Net Zero by

2040, by embedding sustainability into research design and delivery, ensuring studies are conducted with minimal environmental impact. Adoption of digital solutions, shifting to remote monitoring, electronic consent, and virtual follow-ups will reduce our reliance on paper, travel, and resource-intensive processes. Furthermore, through innovation and partnerships with industry and academia, we hope to pilot and implement greener technologies, sustainable practices, and new models of care that not only lower the hospital's carbon footprint but also generate learning that can be shared across the wider NHS.

Together, this strategy ensures that research is not just something we do, it's how we transform care, live our values, and shape a brighter future for our patients and communities.



A National Mandate: Research and innovation as a Core NHS Function

This vision aligns with the national direction set by the Department of Health and Social Care (DHSC) and the National Institute for Health and Care Research (NIHR). The NIHR Strategy: Best Research for Best Health – The Next Chapter calls for research to be faster, more inclusive, more embedded in healthcare, and focused on improving health and care for everyone. It highlights research as a core function of the NHS, not a luxury or an addition, but fundamental to delivering high-quality care.



The NIHR's Equality, Diversity and Inclusion Strategy (2022–2027) further reinforces our responsibility to ensure that research opportunities are accessible to all communities, especially underserved populations. Our investment in a mobile research unit (MRU) and two regional hubs in Ellesmere Port and Tarporley directly supports this ambition, extending research opportunities beyond the hospital into local communities.

The Lord O'Shaughnessy Review (2023) into commercial clinical trials challenges the NHS to become globally competitive in research delivery, making trials faster to set up, simpler to deliver, and more accessible to patients. This is not just an economic imperative but a patient-centred one. When research thrives, patients benefit from earlier access to cutting-edge treatments and innovations. As a trust we need to position ourselves to take advantage of the evolving research landscape across Cheshire and Mersey to increase our life sciences activity. At the heart of this is the creation of a commercial delivery team, something that will drive research income, allow us to grow our team further and deliver ever increasing opportunities for patients.

The UK Government's 10-Year Health Plan for England, published in July 2025, sets out a bold vision to reinvent the NHS through three major shifts: from hospital to community, analogue to digital, and sickness to prevention. Research and innovation are critical enablers of this transformation. The plan commits to embedding research

into everyday clinical practice, accelerating clinical trials, and harnessing technologies such as AI, genomics, and wearables to improve outcomes and reduce inequalities.

The UK Government has reinforced its commitment to embedding innovation in the NHS through a series of recent policy initiatives. The Life Sciences Sector Plan (2025) outlines a 10-year vision to position the UK as a global leader in health research and innovation, backed by over £2 billion in funding. Complementing this, the Prime Minister's 2025 announcement introduced major reforms to accelerate clinical trials and improve access to NHS data. Additionally, the Life Sciences Transformational R&D Investment Fund supports large-scale research infrastructure projects. Together, these policies aim to drive economic growth, improve patient outcomes, and ensure the NHS remains at the forefront of cutting-edge healthcare delivery.



Harnessing Regional Research Strengths

Our strategy does not stand alone. It is embedded within a vibrant regional and national research ecosystem.

We are proud to collaborate with the NIHR Research Delivery Network (RDN) North West, which provides the operational backbone to clinical research delivery across the region. The RDN supports the smooth running of studies, ensuring they recruit effectively and meet the needs of both participants and researchers.

We also benefit from strong partnerships with NIHR-funded infrastructures in the Northwest and Wales, including:

- The Clinical Research Facilities (CRFs) in Liverpool, Manchester and Wrexham, supporting early-phase and complex trials
- The Applied Research Collaborations (ARCs) North West Coast, which focus on translating research into practice, addressing health inequalities, and driving improvements in population health
- The Health Innovation North West Coast, part of England's wider Health Innovation Network, which supports the adoption and spread of proven innovations in health and care
- NIHR's Cheshire and Merseyside Clinical Research Delivery Centre (CRDC) established to enhance the speed and efficiency of commercial clinical research delivery
- We also need to foster our relationships with research active organisations which sit in close geographical proximity. By integrating resources and expertise across the Countess of Chester, CWP and colleagues in PCN's across West Cheshire, we hope to strengthen collaboration, enhance shared learning, and deliver joint research outputs that are greater than the sum of their individual efforts. This unified approach would not only streamline processes and reduce duplication but also foster innovation and generate wider benefits for patients and the local community.



Building on a Strong Foundation

- A new state-of-the-art Clinical Research Unit (CRU) enables delivery of a broad portfolio of clinical trials, providing a much-needed dedicated clinical space for the delivery of research on the Countess of Chester site
- A Mobile Research Unit (MRU) has allowed us to develop a presence in community settings, supporting engagement with research among underserved pockets of our population. It also supports research delivery in non-traditional settings which will help reduce the inequities seen in research participation across West Cheshire
- Two research hubs located at Ellesmere port and Tarporley also expand our footprint beyond the hospital walls. Our aim is to partner and support primary care providers to increase their involvement in research through offering access to these hubs at dedicated site, ensuring estate challenged practices can centre their research offering closer to their patient populations
- Over recent years we have been successful in securing additional infrastructure investment via successive rounds of NIHR Capital Investment calls. These have enabled us to strengthen infrastructure for many of our essential support services, including pharmacy and imaging, and expand access to research in underserved communities. We will commit to continuing the quest to bring the best possible facilities to patients at the Countess of Chester, ensuring we remain at the forefront of inclusive, high-quality research delivery.



A Strategy for People and Patients

Our research workforce are central to the success of the Research Department at the Countess of Chester, driving the delivery of high-quality studies and ensuring patients have access to cutting-edge care.

It is vital that they feel valued and supported through ongoing investment in their professional development, with opportunities to build not only research expertise but also clinical and leadership skills. By nurturing their growth, we can foster a motivated, skilled workforce that is empowered to innovate and shape the future of research within the Trust. Over the next five years we will invest in all members of the workforce; clinicians, nurses, allied health professionals, research practitioners, pharmacists, healthcare scientists, and operational teams, with a clear focus on developing the next generation of researchers through training, mentorship, and career pathways.

Equally vital are our partnerships with Higher Education Institutions in the region, in particular the opening of a new medical school at the University of Chester which offers significant opportunities for our Trust to strengthen clinical partnerships, enhance research and training capacity, and attract a new generation of medical professionals committed to improving patient care for our local communities.



Why Research Matters?



There is compelling evidence that research-active hospitals deliver better patient outcomes, shorter hospital stays, improved survival, and higher patient and staff satisfaction.



Our patients deserve the best care today, and they deserve to know that we are actively working on the treatments, technologies, and interventions that will define the care of tomorrow.



This is the driving force behind **“Research Matters – Better Care, Brighter Futures”** a strategy that ensures research is not something we do alongside patient care, but something that is fundamental to how we deliver care.



Our Strategic Goals

To deliver on our vision of research being a core part of care at the Countess of Chester Hospital, we have identified four strategic goals. These goals will guide our work over the coming years and ensure that research benefits all patients, communities, and staff.



Make research accessible to all



Enhance our research capacity and capability



Strengthen our partnerships



Focus on working with the life science sector

Strategic Goal 1: Make Research Accessible to All

At the Countess of Chester Hospital, we are committed to creating a culture where research is embedded in everyday care. We believe that research should be something every patient, carer, and member of staff can engage with and benefit from. Our ambition is to ensure that research is not only visible and valued but also inclusive and accessible to all.

To achieve this, we will:

- Actively promote research across our hospital and local communities, making it a visible and celebrated part of care
- Increase visibility and representation of research across the divisional structure of the hospital
- Develop and implement a comprehensive Community Engagement and Communications Plan to raise awareness of research opportunities and their benefits
- Prioritise the involvement of underrepresented and underserved groups, ensuring our research reflects the diversity of the communities we serve
- Expand our reach beyond hospital walls through our Mobile Research Unit (MRU) and community research hubs, bringing research opportunities directly to people where they live and work.





This strategic goal is underpinned by **five** key sub-themes:

1. Embedding Research in Everyday Care

We aim to make research a routine part of clinical practice. This means integrating research into care pathways, encouraging staff to engage with research, and ensuring patients are routinely offered opportunities to participate. By normalising research as a core component of healthcare delivery, we can enhance care quality and innovation

2. Visibility and Community Engagement

Research should be visible, accessible, and relevant to the communities we serve. Through targeted communications, public events, media outreach, and the use of our MRU, we will raise awareness and build trust. Our goal is to demystify research and foster a sense of shared ownership and pride in our research activity. In addition, we need to make sure research is represented at all levels of the trusts management structure. At present this occurs at the Board of Directors and Operational Management Board however the divisional leadership meetings should have research representation

3. Inclusion and Representation

We are committed to equity in research. This means designing studies that are inclusive, removing barriers to participation, and ensuring our research workforce and governance structures reflect the diversity of our population. We will align with the NIHR Research Inclusion Strategy to ensure our work addresses health inequalities and is representative of all communities



4. Public Partnerships and Patient Involvement

We recognise that meaningful public involvement is essential to high-quality research. We will seek out feedback using the NIHR Postgraduate Research Experience Survey (PRES) to understand where we can improve our performance, and ensure patients get the best experience when they participate in research at the Countess of Chester

We will work in partnership with patients, carers, and the public, valuing their insights and experiences. This includes involving them in research design, delivery, and governance, and supporting their participation through training, feedback mechanisms, and transparent communication

5. Research for Population Health Impact

We will endeavour to support research that is designed to address the most pressing health challenges facing our region. Guided by national priorities, we will focus on life sciences research, prevention, early intervention, and reducing health inequalities. By leveraging the NIHR Research Delivery Network and the Cheshire and Merseyside CRDC, we will expand access to innovative treatments and ensure our research delivers real-



Strategic Goal 2: Enhance Our Research Capacity and Capability

To become a leading research active organisation, we must invest in our people, infrastructure, and systems that enable high-quality research delivery. This goal focuses on growing our internal capacity, supporting staff development, and expanding the scope and scale of research across specialties and settings.

To achieve this, we will:

- Invest in time, people, skills, and infrastructure to grow our research capabilities
- Appoint of an Innovation Lead and establish an innovation function in the department
- Create clear pathways for clinical and non-clinical staff to pursue research and innovation careers
- Expand our research portfolio across a broader range of specialties and care settings
- Strengthen leadership, capability, and opportunity across all professions
- Ensure our facilities and digital infrastructure support complex and innovative research
- Ensure we have a governance structure that related to the activity we are undertaking and is reviewed regularly to ensure all evolving regulations are followed.

This strategic goal is underpinned by **six** key sub-themes:

1. Workforce Development and Career Pathways

We will nurture the next generation of researchers by creating inclusive and accessible career pathways for all staff. This includes:

- Development of a research leadership structure within the Countess that is resilient and fit for purpose
- Developing structured routes into research for clinical and non-clinical staff
- Supporting talent acquisition, retention, and progression through training and mentorship
- Promoting IAOCR accreditation for individuals and other professional development opportunities
- Development of our leaders and our future leaders by identifying development needs, appropriate training opportunities and real-world experience
- Having appraisal processes that reflect these ideals and ensure that progression in skills and developing experience are the cultural norm of the department.

2. Infrastructure and Technology

Modern, well-equipped facilities are essential to delivering high-quality research. We will:

- Invest in our Clinical Research Unit (CRU) and digital platforms
- Pursue Good Clinical Science Accreditation (GCSA) to demonstrate excellence

- Integrate technologies such as electronic health records, data analytics, and telemedicine to enhance research delivery and data quality
- Fully utilise EDGE and other digital platforms to ensure optimal efficiency in research governance, delivery, financial modelling and reporting of research activity.

3. Expanding Research Across Specialties and Settings

We aim to broaden the scope of research across departments and into the community. This includes:

- Creating research working relationships between primary and secondary care to support innovative trial delivery methods
- Engage with the Cheshire and Merseyside CRDC to ensure pipeline of commercial/life sciences projects for specialties
- Supporting new medical and surgical specialties to engage in research
- Offering roles in our clinical research unit and community-based research via the MRU.
- Promoting research in underserved areas and across diverse care settings.

4. Staff Wellbeing, Recognition, and Retention

A thriving research culture depends on a motivated and supported workforce. We will:

- Implement wellbeing initiatives including adoption of flexible working practices,

working from home where appropriate and provision of self development workshops

- Celebrate achievements through annual awards and spotlight features
- Foster a culture of appreciation and recognition at all levels.

5. Staff Wellbeing, Recognition, and Retention

Collaboration and investment are key to sustainable growth. We will:

- Formalise academic partnerships to support joint projects, placements, and knowledge exchange
- Seek funding from government, industry, and philanthropic sources to support research and innovation
- Explore regional opportunities in commercial and cancer research through NIHR Cheshire and Merseyside CRDC and C&M ICB structures.

6. Staff Wellbeing, Recognition, and Retention

Collaboration and investment are key to sustainable growth. We will:

- Ensure up to date SOPs relating to research governance and delivery
- Ensure handbooks and SOPs available for the CRU, MRU and community hubs
- Aiming for GCSA accreditation as a unit with excellent processes in place.

Strategic Goal 3: Strengthen Our Partnerships

Collaboration is fundamental to delivering impactful, inclusive, and sustainable research. At the Countess of Chester Hospital, we are committed to building and strengthening partnerships across the health, care, academic, voluntary, and commercial sectors. These relationships are essential to expanding our research capacity, aligning with national priorities, and improving health outcomes for our population.

We will:

- Deepen our collaboration with the higher academic institutions including increasing the number of academic joint appointments at the trust
- Pursue Teaching Hospital status and begin the development of a plan to work towards University Hospital status
- Work closely with regional and national research infrastructure, including the NIHR Research Delivery Network and Cheshire & Merseyside ICB
- Establish a West Cheshire Research Collaborative to unify and amplify local research efforts
- Baseline mapping of potential sustainability-focused innovation partners, including universities and industry
- Engage with the voluntary, community, social, faith, and enterprise (VCSFE) sector to ensure research is relevant and accessible.

This strategic goal is underpinned by **three** key sub-themes:

1. Academic and Institutional Partnerships

Our partnerships with local universities and other regional stakeholders will be central to our research ambitions. together, we will:

- Establish a formalised and closer working relationship in the form of a memorandum of understanding ensuring seamless collaboration and data sharing
- Ensure clear lines of communications with the potential development of cross institutional oversight committees to bring together the research, education, innovation and sustainability agenda
- Pursue teaching hospital status, integrating research and education into clinical practice through joint appointments, student engagement, and shared curricula
- Deliver collaborative research projects that align with national or regional health priorities and use the combined strengths of both institutions
- These efforts will enhance our academic profile, attract talent, and position us as a centre of research excellence in West Cheshire
- Develop a longer-term plan to work towards university hospital status in the next 5-10 years.

2. Establishing a West Cheshire Research Collaborative

The Countess of Chester Hospital's research department will support the establishment of a West Cheshire Research Collaborative, bringing

together all nine West Cheshire Primary Care Networks (PCN's), Secondary care providers, Academic institutions and allied organisations such as Local Health Authority, charities and the voluntary sector. This collaborative would be uniquely tailored to the needs of our local community, ensuring that research initiatives are both relevant and impactful. Members would be able to explore the potential to collaborate and share resource through the development of synergistic partnerships. By engaging local clinicians in the design and delivery of research, the collaborative would ensure that the outcomes directly benefit the community.

3. Integrated Health and Community Collaboration

We will expand our partnerships across the Chester Health Campus and Cheshire West to create a more connected and responsive research ecosystem. This includes:

- Developing our West Cheshire Research Collaborative that links primary and secondary care, public health, and the voluntary sector
- Designing Community-Driven Research that reflects local needs and priorities, ensuring our work is meaningful and impactful
- Collaborating on Project Design and Delivery with local health partners to address pressing health challenges and improve outcomes
- These partnerships will help us deliver research that is grounded in real-world needs and accessible to all.



Strategic Goal 4: Focus on Working with the Life Sciences Sector

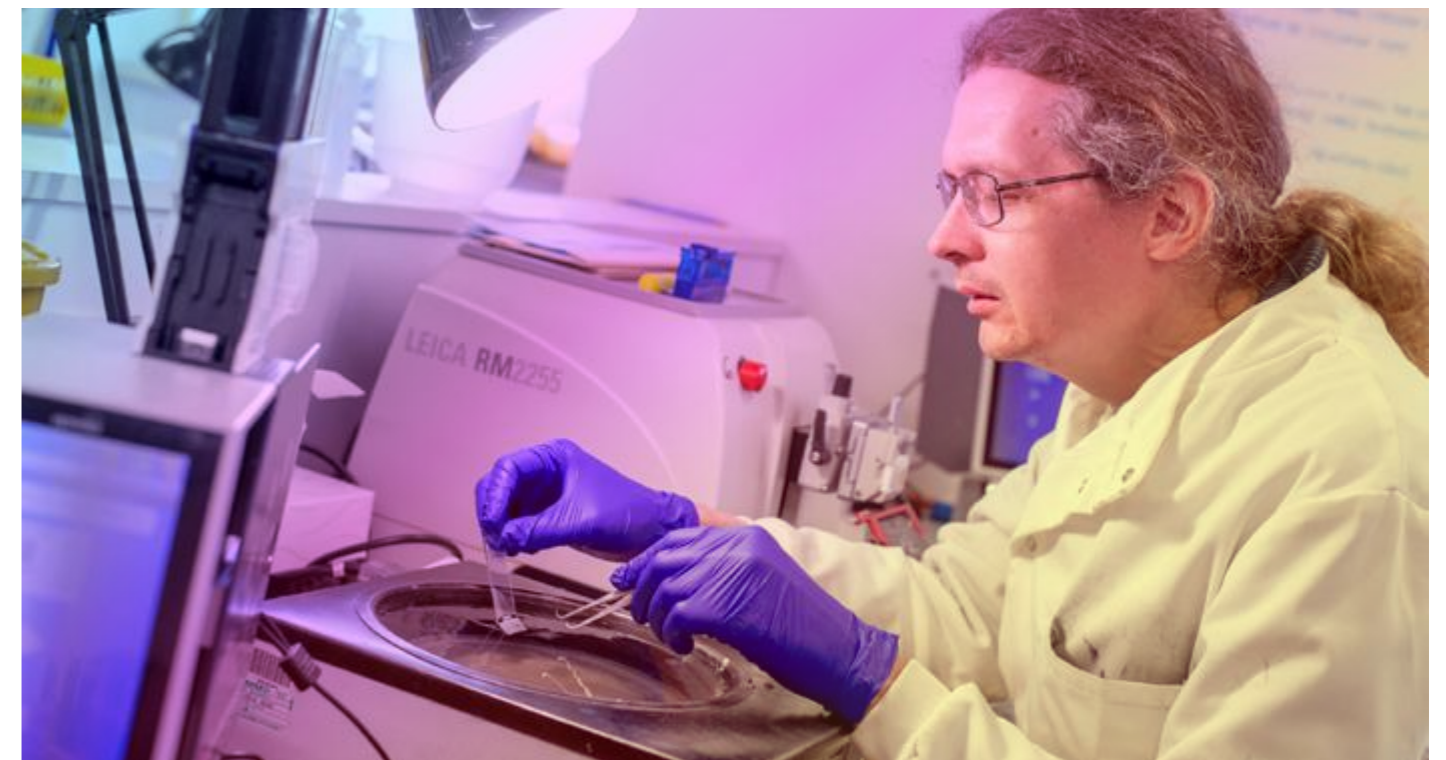
To accelerate our Research and Innovation portfolio and to improve patient outcomes, the Countess of Chester Hospital is committed to strengthening its relationship with the life sciences industry. Our aim to bring cutting-edge therapies, diagnostics, and technologies to our patients while contributing to the UK's national ambition to lead in life sciences innovation. Our strategy aligns with the NIHR goals to deliver commercial trials at pace while contributing to increasing our global competitiveness to deliver commercial trials.

We will:

- Play an active role in the Cheshire and Merseyside Commercial Research Delivery Centre (C&M CRDC)
- Endeavour to integrate commercial research across primary and secondary care through vertical integration between organisations, and engagement with Cheshire and Mersey Primary Care Commercial Research Delivery Centre (C&M PC-CRDC)
- Proactively engage with Contract Research

Organisations (CROs), MedTech firms, pharmaceutical companies, and biotech innovators

- Invest in infrastructure and systems that support commercial research delivery
- Generate income through commercial partnerships to reinvest in research capacity
- Align with national priorities, including the recommendations of the O'Shaughnessy Review and the UK Life Sciences Sector Plan to make the UK a global leader in commercial clinical trials.



This strategic goal is underpinned by **three** key sub-themes:

1. Building Infrastructure for Commercial Research

To attract and support commercial partners, we will invest in the facilities, technologies, and systems needed to deliver high-quality, industry-sponsored research. This includes:

- Expanding our clinical trial capabilities and digital infrastructure
- Enhancing data management systems to meet regulatory and sponsor requirements
- Pursuing accreditations and quality standards that demonstrate our readiness for commercial collaboration
- Development of a commercial delivery team within the department
- Engage with the Cheshire and Mersey CRDC including use of agile workforce
- Expand the use and functionality of our

Clinical Research Unit and Community Research Hubs.

2. Strategic Engagement with Industry Partners

We will actively build relationships with life sciences organisations to increase the volume and diversity of commercial research. Our approach includes:

- Engaging with CROs and the NIHR Research Delivery Network (RDN) to identify and pursue commercial opportunities
- Engage with the CRDC expression of interest group to identify new trial opportunities
- Build relationships with Primary Care CRDC to increase opportunities for partnership and collaboration
- Develop a communications strategy which showcases our clinical expertise, research capabilities, and commitment

to innovation to attract new partners

- Participating in multi-centre trials and national initiatives that raise our profile and expand our research portfolio.

3. Driving Value and Impact Through Commercial Research

Commercial research offers significant benefits for patients, staff, and the organisation. We will:

- Ensure patients have early access to innovative treatments and technologies
- Generate income that can be reinvested into building research capacity
- Contribute to national goals for life sciences growth, supporting the UK's position as a global leader in clinical research.



Implementation Plan

Strategic Goal 1 Make Research Accessible to All		
Milestone	Actions required	KPI / Measure
Launch Community Engagement Plan	<ul style="list-style-type: none"> Support from Communications team, secure RRDN strategic funding, embed engagement activity within R&D department job plans 	<ul style="list-style-type: none"> 5+ events a month targeting health campaigns e.g. World Diabetes Day. Engagement with schools, careers events etc
Expand MRU outreach to underserved areas	<ul style="list-style-type: none"> MRU operational funding and staffing with a sustainability plan developed 	<ul style="list-style-type: none"> Increase signups from within the West Cheshire area to 'Be part of Research' Identify at least one study per year that can be delivered in full or in part on the MRU
Embed research into care pathways across all specialties	<ul style="list-style-type: none"> Continue to engage with support specialties to establish effective partnership working. Sustained program of engagement across the hospital 	<p>All Departments / divisions have:</p> <ul style="list-style-type: none"> Research presence at divisional board level All specialties have a research lead and appropriately funded time for research Active API program across all specialties Involvement of non-medical API and PIs e.g Pharmacists, Physician Associates
Evaluate inclusion and diversity in research participation	<ul style="list-style-type: none"> Link with local NIHR infrastructure to utilise local EDI training and support packages 	<ul style="list-style-type: none"> Ensure that demographic data is being collected as part of Edge system to gather baseline data Increase representation of participants in research to under represented groups by 25% above baseline
Evaluate		

Strategic Goal 2 Enhance Research Capacity and Capability		
Milestone	Actions required	KPI / Measure
Study volume	<ul style="list-style-type: none"> Engagement with all clinical teams to maximise PI engagement, API involvement, Allied Health Professional support 	<ul style="list-style-type: none"> Increase number of staff trained for research delivery Ensure all staff up to date with GCP Aim to increase number of studies open by 10% year on year Increase number of study recruits by 10% year on year (particularly life sciences)
Improve study delivery performance	<ul style="list-style-type: none"> Processed aligned to delivery of 150 days NIHR targets 	<ul style="list-style-type: none"> 80% of studies being delivered to time and target
Launch structured research careers pathways within research team	<ul style="list-style-type: none"> Support from University of Chester and Postgraduate Education team Training/mentorship programmes 	<ul style="list-style-type: none"> Increase in Medical Associate PIs/PIs Increase in engagement across allied health professional – Non medical APIs and PIs
Ensure governance processes fit to meet NIHR objectives Achieve GCSA accreditation	<ul style="list-style-type: none"> Process map and standardisation of governance processes Accreditation, consultancy and compliance support 	<ul style="list-style-type: none"> Fully integrate governance processes within research data program (EDGE) CRU fully operationalised with team achieving GCSA accreditation
Expand digital infrastructure for trials	<ul style="list-style-type: none"> Increased utilisation of the research data management platform EDGE 	<ul style="list-style-type: none"> Consider research addition for EPR platform to better integrate research with clinical pathways Increased use of EDGE to report on KPIs and metrics of success
Evaluate workforce development impact	<ul style="list-style-type: none"> Regular surveys Development and career conversations 	<ul style="list-style-type: none"> 20% increase in research staff retention rates Progression of staff into senior roles

Implementation Plan

Strategic Goal 3 Strengthen Our Partnerships		
Milestone	Actions required	KPI / Measure
Operationalise West Cheshire Research Collaborative	<ul style="list-style-type: none"> Stakeholder engagement and facilitation resources Pursue strategic NIHR funding for collaborative working 	<ul style="list-style-type: none"> Initially engagement of 9 PCNs Progressing to wider engagement with other partner organisations Vertical integration of research between primary and secondary care Operationalisation of research hubs for community research activity
Collaborate with Primary and Secondary Care CRDC's	<ul style="list-style-type: none"> Continue engagement with secondary care CRDC Establish Ellesmere Port Hub as a PC-CRDC centre for life sciences research 	<ul style="list-style-type: none"> Increased pipeline of commercial studies delivered at Countess Commercial delivery at Ellesmere Port hub in partnership with Countess and PC-CRDC
Develop a formal MOU with University of Chester	<ul style="list-style-type: none"> Need bilateral engagement and commitment to working together and formalise agreement 	<ul style="list-style-type: none"> Formation of relevant committees for oversight
Develop co-supervised PhD and MSC projects	<ul style="list-style-type: none"> Identify interested departments and clinicians to work with teams at Chester University 	<ul style="list-style-type: none"> At least 3 projects underway within 2 years
Joint research and teaching programmes with University of Chester		<ul style="list-style-type: none"> Formal designation as a Teaching Hospital Working towards University Hospital Status
Expand VCSFE sector engagement	<ul style="list-style-type: none"> Use of MRU to engage communities and charities etc 	<ul style="list-style-type: none"> Stakeholder engagement with multiple organisations Collaborative working with these organisations – development of formal partnerships

Strategic Goal 4 Work with the Life Sciences Sector		
Milestone	Actions required	KPI / Measure
Develop a streamlined pathway for industry sponsors incorporating CRDC bids	<ul style="list-style-type: none"> Ensure process map for trial setup, mapped to 150 days NIHR targets Development of a commercial research team 	<ul style="list-style-type: none"> Double the number of commercial studies open at COCH within 12 months
Communication strategy to market new facilities to commercial partners Achieve GCSA accreditation	<ul style="list-style-type: none"> Develop sponsor ready facilities Marketing and engagement materials and opportunities 	<ul style="list-style-type: none"> Doubling of commercial income which can be made available to sustainably increase staffing levels and reinvest in infrastructure Achieve GCSA accreditation
Increase access to diverse patient populations via community hubs, use of MRU for research and community engagement	<ul style="list-style-type: none"> Delivery of commercial studies outside of the hospital through vertical integration with primary care 	<ul style="list-style-type: none"> Multiple trials being conducted collaboratively across primary and secondary care Recognition of regional hub and MRU as research active sites – including development of team capable of delivering research studies out in the community
Publish commercial research impact report	<ul style="list-style-type: none"> Financial governance with dedicate research accountant 	<ul style="list-style-type: none"> Demonstrate the impact to our local communities by increasing access to novel therapeutics and by demonstrating the impact on re-investment to building research capacity within West Cheshire.
Reinvestment of commercial income to grow workforce and develop sustainable model for life sciences research	<ul style="list-style-type: none"> Use of forecasting to predict income Investment in permanent commercial delivery team 	<ul style="list-style-type: none"> 50% of income reinvested into workforce/infrastructure projects



PUBLIC – Council of Governors
4th February 2026

Report	Agenda Item 10.	Patient and Family Experience Report							
Purpose of the Report	Decision		Ratification		Assurance	X	Information	X	
Accountable Executive	Sue Pemberton			Director of Nursing & Quality/Deputy Chief Executive					
Author(s)	Fiona Altintas			Deputy Director of Nursing of Quality and 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 is positive on BAF 1, 2, 8			X	
Strategic goals	Patient and Family Experience People and Culture Purposeful Leadership Adding Value Partnerships Population Health						X	X	X
CQC Domains	Safe Effective Caring Responsive Well led						X	X	X
Previous considerations	Patient Experience Update Quarter 1 and inpatient Survey Report								
Executive summary	<p>There are multiple platforms, systems and processes for the Trust to receive feedback from patients, families and service users. Actions are taken, in response to feedback, and as a Trust we are improving triangulation and responsiveness to feedback in a meaningful way, that promotes learning, changes in practice and a change in culture that embraces patient and family experience to its fullest.</p> <p>There are several Trust Strategies that demand that patient and Family Experience are at the centre of Trust processes and values and vision. The Trusts ward accreditation program embeds patient and family experience as part of the review process, with specific questions and patients taking part in each review. The national inpatient survey (2025) is currently underway and the results are expected later in the year. The renew and refresh of the Patient Experience Group in conjunction with the Quality Safety and Experience Strategy will continue to support the changes required and provide a reporting and governance committee whose primary agenda is Patient and Family Experience. This refresh has been</p>								

	<p>undertaken by the Director of Nursing and the Deputy Director of Nursing, Quality and Governance.</p> <p>Positive feedback responses far outweigh negative feedback from the Friends and family Test, however communication, delays and waiting times and discharge are a recurring theme from all platforms of feedback. Divisions are required to produce action plans and to have targeted actions to improve patient and family experience.</p> <p>Plans are being developed to ensure patient engagement events occur throughout the year to further ensure and expand upon patient's feedback and improvement. The Patient Led Assessment of Care (PLACE) continues with improving results and engagement with members of the public within the assessment team. In addition, the Equality delivery System (EDS) is currently underway with three identified services being reviewed and measured. These are Nutrition, the Emergency Department and Birthing Debriefs.</p>
Recommendations	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> • Note the contents of the paper • Note the overall themes of feedback both positive and negative. • Receive updates as requested

Corporate Impact Assessment	
Statutory/regulatory requirements	CQC/Constitution/other regulation/legislation
Risk	BAF impact is positive on BAF 1, 2, 8
Equality & Diversity	Meets Equality Act 2010 duties & PSED 2 aims and does not directly discriminate against protected characteristics
Communication	Not confidential

Patient and Family Experience Report

1. Introduction

A better patient and family experience is associated with improved patient safety, improved clinical outcomes and higher patient satisfaction scores. A positive patient experience can enable patients to feel more empowered to take on a fuller role in their own health care, that could manifest in many ways, from being better able to understand their healthcare pathways, to be more prepared to speak out, enabling clinical staff to respond to any worries and concerns.

We listen and learn from patient and relatives feedback that we receive, to understand better how to improve the experience we provide to our patients and their families. Working in partnership with patients and their families, as partners in care as they know best what works best for them. Every opportunity is explored to improve the quality of care that we provide.

2. Background

During 2024/25 the Trust has embedded the Patient and Family Experience Strategy and Vision (2024-2027) which is aligned to the Trust Strategy which empowers all staff to become leaders in patient experience by providing the tools and framework for improvement, with a commitment to continually improve the experience of patients, families, and carers while they are under our care and beyond.

The vision describes six critical components of a patient journey and at each step, the Trust has committed to a vision statement and a patient affirmation. The strategy was developed from listening and engagement events with staff and patient representatives, data analysis from concerns and complaints, consultation with divisional leads and nursing leads. There have also been Patient and Family Experience Visions developed specifically in Maternity and the Emergency Department (ED).

Progress is monitored through a variety of routes including patient engagement events, ward accreditation, and review of patient and family stories, along with quantitative data gathered from patient satisfaction surveys, including the National Patient surveys, Healthwatch reports and the Friends and Family Test.

Other mechanisms for receiving feedback include:

- Non-Executive and Governors Walk abouts
- Patient Led Assessment of the Care Environment (PLACE)
- Social Media Feedback
- Equality Delivery System (EDS) Assessment
- Learning from incidents and patient and family participation in investigating incidents

The Trust participates in all National Surveys

- Inpatient National survey
- Maternity National Survey
- Children and Young Persons National Survey
- Emergency Department National Survey.
- National Cancer Patient Experience Survey

More recently a Quality, Safety and Experience Strategy has been developed and ratified with core, corporate and divisional priorities set. Progress is being made with these priorities, and they are monitored through Quality Governance Group.

Learning from complaints and concerns, alongside Healthwatch reports also supports the triangulation of data and feedback to continuously improve patients and relative experience and satisfaction.

A new Patient & Family Experience Group has been convened led by the Director of Nursing.

3. Purpose

The purpose of the paper is to provide the committee with an overview of progress to date and plans for the coming year to improve our patients and their families experience whilst under our care.

4. Data Source Review and Analysis

Friends and Family Test

The Friends and Family Test (FFT) feedback by SMS text and interactive voice mail continues across all Inpatient, Outpatient, ED, day case and Maternity services, with all services leads now receiving an automated monthly FFT report. From this report, each division/department reviews the data and develops actions to improve satisfaction.

Healthcare communication, the platform that provides the Trust with FFT, has given notice to the trust that it will no longer be supporting FFT from August next year (August 2026). A Task and Finish group has been convened to source alternative options. We have secured a three-month extension to the contract with healthcare communications which will take the Trust to the end of February to source alternatives. We do have the option of a further 3 months if required. The aim is to develop a method of collecting feedback real-time on discharge using iPad's where appropriate. IM&T and BI are integral to this working group that must work at pace.

Trends and data from the FFT are also presented monthly on the Integrated Performance Report.

The Friends and Family test is split into three areas, Inpatient, Outpatient and ED. The National positive response averages that we benchmark against are:

- Inpatient 94%
- ED 78%
- Outpatients 94%

However, we do have an internal stretch target of 95% for all three.

The positive response rate up to an including December 2025 is demonstrated in Diagram 1.

Friends and Family Test – reduction in overall response rate for all areas, but improvement in all areas for positive response rate. Improvements in positive response rate demonstrate just short of national response rates in inpatients, and over national positive response rate for outpatients. ED positive response rates improving but still under national level - ED 72.7% (78%), Inpatient 92.3% (94%), Outpatient 94.2% (94%). This comparison can be seen in Table 1. The lack of postcard submission will contribute for drop-in response rate, resolution expected end of Quarter 3

Table 1

Category	National Average	Countess of Chester
Inpatient	94%	92.3%
Outpatient	94%	94.2
Emergency Department	78%	72.7%

Diagram 1

COCH IPR: Friends & Family Test (FFT) - Positive Rates

Owner: Sue Pemberton - Deputy Chief Executive Officer and Director of Nursing

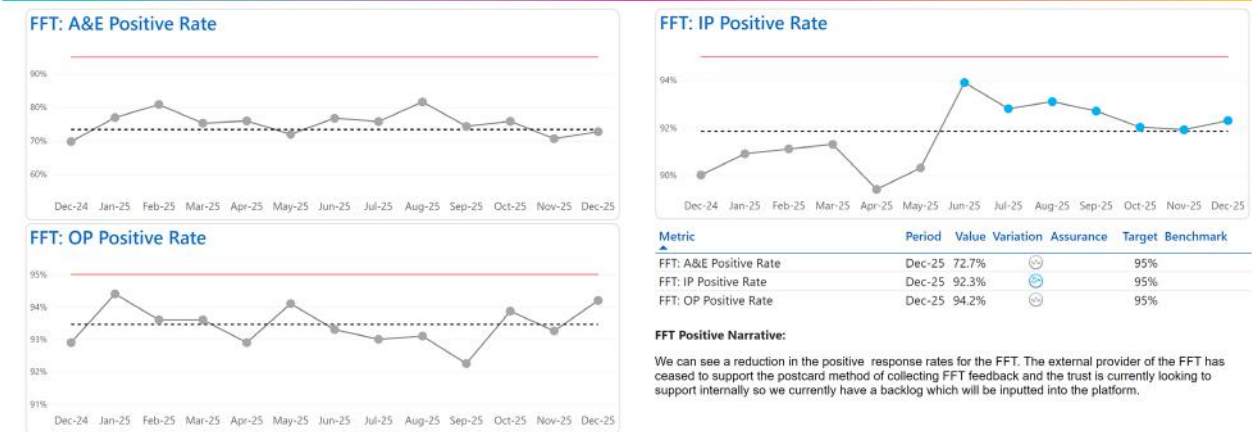


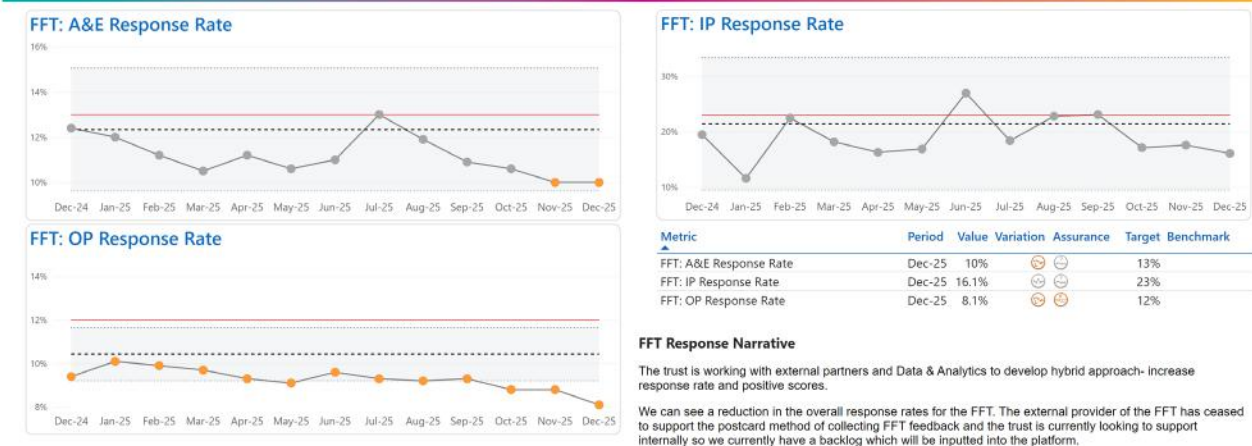
Diagram 2 represents the overall response rate up to an including October 2025 for the three areas. The National response rates are:

- ED 13%
- Inpatient 23%
- Outpatients 12%

Diagram 2

COCH IPR: Friends & Family Test (FFT) - Response Rates

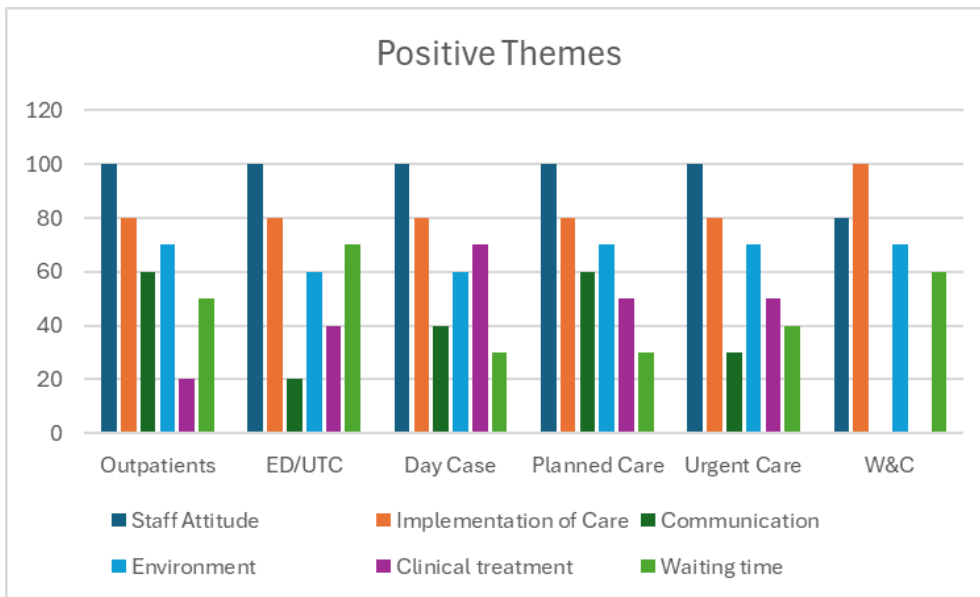
Owner: Sue Pemberton - Deputy Chief Executive Officer and Director of Nursing



For both Outpatients and the Emergency Department we are seeing a response rate well below the national average and the inpatient response rate although not as consistently below the national average has been on a downward trajectory.

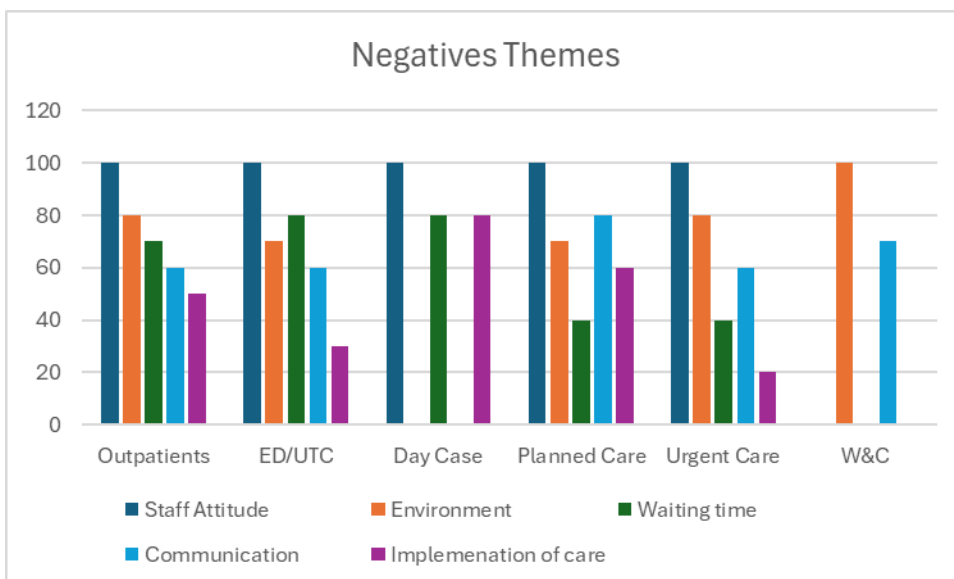
Friends and Family Test themes and trends

Positive Themes



Staff attitude and implementation of care were by far the highest categories of positive feedback, with Environment coming third. Communication on average came 4th followed by both clinical treatment and waiting times.

Negative themes



The number of the negative comments were significantly less that the positive responses, however the themes remain the same.

The review of the FFT feedback supports the divisions to highlight areas they should concentrate on improving and they triangulate this with any divisional concerns or complaints they receive within month. The process allows for a review of services being delivered against the patient experience strategy.

Inpatient Survey 2024

National Feedback

Nationally, the results from the 2024 survey demonstrate some areas of improvement when compared to those from 2023. Of the 36 questions that were also asked in 2023, 17 show statistically significant improvement, 17 remain stable and 2 show statistically significant decline.

National Positive findings include Interactions with hospital staff, staff availability and overall experience. National Key areas for improvement are waiting times and care after leaving hospital.

Respondents with a disability or those living with frailty reported poorer experiences of inpatient care for all the questions analysed in the survey. Similarly, respondents with dementia, Alzheimer's, a mental health condition, a neurological condition, or a condition which affects their physical mobility reported poorer experiences in most areas.

People who had an emergency admission to hospital also had poorer experiences than those with planned admissions.

Countess of Chester

Further interrogation of the 2024 Inpatient Survey results demonstrates that there are 12 specific questions, when comparing them with those of other Trusts, that have generated a worse score. However, we were scored about the same as other Trusts in 33 questions.

- the trust's results were much worse than most trusts for 0 questions.
- the trust's results were worse than most trusts for 7 questions.
- the trust's results were somewhat worse than most trusts for 5 questions.
- the trust's results were about the same as most trusts for 33 questions.
- the trust's results were somewhat better than most trusts for 1 question.
- the trust's results were better than most trusts for 0 questions.
- the trust's results were much better than most trusts for 0 questions.

The Trust scored somewhat better than most trusts for 1 question

Picker Interrogation

Picker is an approved contractor who work with 61 organisations and supports the Trust in the interrogation of the survey results. The trust has shown favourable results in a variety of questions and patient responses, and the table below highlight the high rating and improving scores the trust has received.

Mealtime help and food availability outside of mealtimes has improved year on year since 2020

- 97 % of all responder's have confidence and trust in doctors and have been included the patient in conversation.
- 98% of responders have confidence and trust in nurses and 97% of patients responded that nurses included them in conversations
- 99% of patients responded that they were treated with kindness and compassion
- 97% of patients said they were treated with respect and dignity overall.
- 78 % of patients rated their overall experience as 7/10 or more – best score since 2021.

The Trust is currently progressing with the 2025 National Inpatient Survey, and the 2025 Maternity Survey results have recently been shared and can be summarised as below:

A total of ninety-seven service users (38% response rate) participated in the 2025 CQC National Maternity Survey. The Countess of Chester's results are broadly in line with national peers, with most indicators rated "about the same."

Key strengths include:

- Labour and Birth: Strong performance in compassionate care, multidisciplinary teamwork, and partner involvement, with five questions scoring significantly above the national average.
- Key improvement priorities include:
 - Antenatal Care: Lower scores for choice and personalized information, mental health support, and staff awareness of medical history.
 - Postnatal Ward Care: Challenges with partner presence, discharge processes, and access to staff and information

These themes align with FFT feedback and internal quality intelligence. Actions are underway through the Maternity Quality Improvement Plan, with oversight via established governance structures. The new Women & Children's Building is already enhancing privacy, dignity, and family experience. A co-produced action plan with the MNVP will further support delivery of improvement

Healthwatch

Overview

Between July and September 2025, 14 patient experiences were shared with Healthwatch regarding services at the Countess of Chester Hospital. Feedback spans a broad range of departments, including dermatology, rheumatology, ED, plastic surgery, mental health, ophthalmology, and endoscopy. It reflects a mixture of concerns about communication and waiting times alongside examples of excellent and compassionate care.

Key Themes and Findings

- Long Waiting Times and Delays in Treatment
- Chronic condition management
- Poor communication and coordination between departments
- Concerns about A&E Experience and patient safety
- Discharge and Post-Hospital Support
- Positive experiences of Care

Despite the above, several positive examples demonstrate good practice and strong patient relationships:

Eye Clinic: Praised for being "wonderful," with staff showing empathy and personal attention.

Endoscopy: Described as professional and efficient, with clear explanations (though a request for staff to slow down when speaking).

Out-of-Hours Service: Patients commended "lovely" and caring staff.

Mental Health (CBT): One patient described six months of excellent counselling, crediting staff for helping him re-engage socially after trauma.

These positive comments show that frontline staff compassion and professionalism remain a strong asset for the Trust (Healthwatch)

Key Actions

Reduce excessive waiting times for urgent procedures (skin cancer treatment, reconstructive surgery) and routine reviews for chronic illness.

Strengthen inter-department communication, particularly between referring and treating teams, with clear accountability for follow-up and information sharing.

Address ED patient safety and dignity concerns, including cleanliness, clinical oversight, and pain management during long waits.

Improve accessible communication, ensuring patients with visual impairments receive information in preferred formats (e.g. text/email).

Review discharge processes to ensure carers are supported and patients are safe to return home.

Celebrate positive feedback, especially in Eye Clinic, Endoscopy, and Mental Health services, to reinforce good practice and staff morale.

Conclusion from Healthwatch

The Countess of Chester Hospital continues to receive mixed feedback from patients. While staff are consistently praised for their kindness and professionalism, systemic issues (particularly communication failures, treatment delays, and inconsistent care coordination) remain significant barriers to patient satisfaction and safety. A renewed focus on timeliness, communication standards, and patient-centred planning will be key to improving experiences and rebuilding public confidence in the Trust.

Complaints and Concerns

Throughout the year, the complaints team has maintained a strong focus on improving learning and responsiveness across the organisation. Monthly attendance at the Trust's Safety Surveillance and Learning and Sharing meetings has enabled the collation and thematic analysis of incidents and complaints, which are shared with each division to support learning and service improvement. In addition, patient stories are gathered monthly and shared in various forums to highlight the patient experience and support a culture of compassionate care.

Triangulation

- Communication Failures & Lack of Clear Information
- Delays / Access Issues & Care Coordination Problems,
- Concerns About Quality-of-Care Safety.
- Administrative Errors
- Prolonged Waits / Repeated Rescheduling.

The PALS team work closely with the division, holding weekly meetings with divisional leads to support timely response to complaints and concerns. It should be acknowledged that complaints are becoming more complex and family meetings are often held to support understanding and closure of complaints. A briefing to all divisions has been shared to support the process

Handling concerns and complaints

Acknowledge Early

- If you can't resolve it quickly, call to acknowledge the concern.
- Introduce yourself and set realistic expectations.

Prioritise Communication

- Proactive communication is key.
- Keep the individual informed throughout the process.

Pick Up the Phone

- Phone calls often resolve concerns faster than emails.
- Helps build rapport and clarity.

Set and Stick to Timescales

- Be clear about when they can expect a response or resolution.
- If there are delays, update them.

Be Person-Centred

- Show empathy and understanding.
- Avoid overly formal or impersonal responses.

Patient & Family Experience Group

Looking forward, a new format and series of Patient and Family engagement meetings are in the planning. As part of the Safety, Quality and Experience Strategy each division will be held accountable for updating progress of Patient and Family Experience on a bi-monthly basis, demonstrating how they are delivering the Trust 'Patient Experience 6 Steps' vision within their areas. This will then be fed into a meeting for both internal and external stakeholders such as governors, Healthwatch and translation services for example, with a quarterly report being scheduled for the Quality Governance Group.

5. Conclusion

It is evident that there are multiple platforms, systems and processes for the trust to receive feedback from patients, families and service users. Actions are taken, in response to feedback and as a Trust we are improving triangulation and responsiveness to feedback in a meaningful way that promotes learning, changes in practice and a change in culture that embraces patient and family experience to its fullest.

Ward accreditation embeds patient and family experience as part of the review process, with specific questions and patients taking part in each review.

The renew and refresh of the Patient Experience Group in conjunction with the Quality Safety and Experience Strategy will continue to support the changes required and provide a reporting and governance committee whose primary agenda is Patient and Family Experience. This refresh has

been undertaken by the Director of Nursing and the Deputy Director of Nursing, Quality and Governance.

Plans are being developed to ensure patient engagement events occur throughout the year to further ensure and expand upon patient's feedback and improvement.

The Patient Led Assessment of Care (PLACE) continues with improving results and engagement.

The Equality delivery System (EDS) is currently underway with three identified services being reviewed and measured. These are Nutrition, the Emergency Department and Birthing Debriefs.

Positive feedback response by far outweighs negative feedback from the FFT, however Communication, delays and waiting times and discharge are a recurring theme from all platforms of feedback. Divisions are required to produce action plans and to have targeted actions to improve patient and family experience.

The 2025 National Inpatient Survey is currently underway, with preparation taking place in November 2025 regarding the discharge process, as this was an area of concern in the 2024 survey.

Improvements are required with the timeliness of complaints and concern responses, and this is a priority for all divisions.

6. Recommendations

The Council of Governors is asked to:

- Note the contents of the paper
- Note the overall themes of feedback both positive and negative.
- Receive updates as requested

PUBLIC – Council of Governors
4th February 2026

Report	Agenda Item 11.	Anchor Institution Update					
Purpose of the Report	Decision		Ratification		Assurance	X	Information
Accountable Executive	Jonathan Develing			Director of Strategy and Partnerships			
Author(s)	Jonathan Develing			Director of Strategy and Partnerships			
Board Assurance Framework	BAF 1 Quality BAF 2 Safety BAF 3 Operational BAF 4 People BAF 5 Finance BAF 6 Capital BAF 7 Digital BAF 8 Governance BAF 9 Partnerships BAF 10 Research			X			
Strategic goals	Patient and Family Experience People and Culture Purposeful Leadership Adding Value Partnerships Population Health						X X X X X X
CQC Domains	Safe Effective Caring Responsive Well led						X X X X X
Previous considerations	Board of Directors October 20205						
Executive summary	The purpose of this paper is to provide an update on progress. toward the development of an Anchor Institution.						
Recommendations	The Council of Governors is asked to note the progress of the Anchor Institution Group.						

Corporate Impact Assessment	
Statutory/regulatory requirements	CQC/Constitution/other regulation/legislation
Risk	None
Equality & Diversity	Meets Equality Act 2010 duties & PSED 2 aims and does not directly discriminate against protected characteristics
Communication	Document to be published on website

Anchor Institution Update

1. Introduction

NHS organisations are rooted in their communities. Through its size and scale the NHS can positively contribute in many ways beyond providing health care.

The Countess of Chester Hospital NHS Foundation Trust is accredited by the Integrated Care Board as an Anchor Institution.

Typically, an anchor institution has three component parts:

- Collaborate closely with local partners on targeted interventions to reduce health inequalities, promote earlier intervention and prevention. This is evidenced by our work to deliver the NHS Prevention Pledge
- Purchasing more locally for social benefit. This is evidenced by our work to deliver improved Social Value in the local economy.
- Reducing our environmental impact. This is evidenced by our work to deliver our Green Plan.

2. Background

The Trust has an anchor institution oversight group that meets on a bimonthly basis to coordinate the various activities within the organisation. The group itself is not a delivery mechanism but acts as a means of aligning, joining up the initiatives both within and outside of the Trust.

3. Summary

In summary the most recent activities as of January 2026 include:

Green Agenda

- Development of a refreshed Green Plan – approved by the Board of Directors in October 2025 and in the public domain on the Trust website
- Audit of activity against the green plan ambitions including sustainability reports and submissions via a national federated platform / data portal on a quarterly basis
- Progress of sustainability targets for the national KPMG assurance audit.
- Progress in developing a business case in support of looking at alternative forms of heating the hospital through new technologies such as geothermal heating sourcing.
- The entire Trust transport fleet vehicles are now all electrically powered.
- The Women's and Children's unit recently opening is the first NHS building to be accredited as a net zero build.
- I.T. and printer equipment energy savings including automated power down of equipment are generating financial, energy and recycling savings.

Prevention

- The Trust works with the Cheshire and Merseyside Prevention Pledge network and is an active contributor
- This includes our commitment to the following pledges
 - Embedding prevention within our governance structures
 - Quality improvement for prevention
 - Using Marmot principles in service design
 - Lifestyle approaches to CVD and stroke prevention and rehabilitation
 - Establish key anchor practices.

- Systematically adopting and embedding a 'Making Every Contact Count approach
- Work with primary care, local authorities and VCSO's to systematically refer to sources of non-clinical support through social prescribing.
- Support workforce development, providing training and/or resources to frontline staff to offer brief advice and/or referral in supporting patients to eat well, be physically active, reduce harm from tobacco and alcohol and promote mental well-being.
- Ensure a smoke-free environment, linked to support to stop smoking for patients and staff who need it. A new steering group has been developed to forward the agenda and new National materials being provided to Trusts

Social Value

The Trust recognises its wider role within our community as one of the largest employers within Cheshire West. The translation of this can be seen in the development of the Women's and Children's Unit in employing local tradesperson y choice hence helping to support the local economy.

The Trust also has apprenticeship schemes and facilities in reach educational session into local schools talking about NHS career opportunities.

The Trust now chairs a Country Park Management Group bringing respective landowner partners together to oversee the management of the whole of the country park and not just portion belonging to the hospital. This includes Cheshire and Wirral Partnership Trust, NHS Property Services and the Land Trust.

4. Recommendations

The Council of Governors is asked to note the progress of the Anchor Institution Group.

PUBLIC – Council of Governors
4th February 2026

Report	Agenda Item 13.	NHS England Enforcement Notice					
Purpose of the Report	Decision		Ratification		Assurance	Information	X
Accountable Executive	Jane Tomkinson			Chief Executive Officer			
Author(s)	Karan Wheatcroft			Director of Governance, Risk and Improvement			
Board Assurance Framework	BAF 1 Quality			X	Linked to all BAF areas.		
	BAF 2 Safety			X			
	BAF 3 Operational			X			
	BAF 4 People			X			
	BAF 5 Finance			X			
	BAF 6 Capital			X			
	BAF 7 Digital			X			
	BAF 8 Governance			X			
	BAF 9 Partnerships			X			
	BAF 10 Research			X			
Strategic goals	Patient and Family Experience						X
	People and Culture						X
	Purposeful Leadership						X
	Adding Value						X
	Partnerships						X
	Population Health						X
CQC Domains	Safe						X
	Effective						X
	Caring						X
	Responsive						X
	Well led						X
Previous considerations	The board of Directors received updates and briefings through the process of agreeing the undertakings.						
Executive summary	<p>NHS England has responsibility for the regulation of providers of NHS services (both ICBs and Providers), the exercise of provider enforcement powers, and producing and revising guidance on those powers.</p> <p>CoCH received a draft letter in October 2025, and following correspondence with NHSE, the enforcement undertakings were signed by both parties (as attached) on the 28th November 2025.</p> <p>At the time of receiving the letter, the Trust already had action plans in place and progressing:</p> <ul style="list-style-type: none"> Financial plan (including cost improvement programme and request for deficit support funding). Urgent and Emergency Care Improvement plan. CQC Section 29a action plan. 						

	<p>The Board receives assurance of performance against these and there is clear correlation through the Board Assurance Framework. Scrutiny has also been provided through a regionally led System Oversight Group.</p> <p>We are fully committed to delivering against these requirements and have a strong grip on the actions needed to do so.</p> <p>Significant work is firmly embedded and we are seeing measurable signs of improvement in all areas, including the quality and safety of care, operational effectiveness, and financial control. These changes are driven by strengthened leadership, clearer accountability, and a sustained focus on patient outcomes</p> <p>Embedding these improvements continues, but the trajectory is positive and firmly aligned with national expectations.</p> <p>Our priority remains on delivering safe, high-quality care for our patients. We are supporting our staff to achieve this by ensuring they have the right leadership, tools and resources, by listening carefully to frontline feedback, and by empowering teams to make and sustain improvements. We are also committed to being open and transparent about progress and challenges as we move forward.</p> <p>Appendix (i) provides an overview of NHSE regulatory powers including enforcement undertakings.</p> <p>Appendix (ii) provides the full NHSE undertakings letter.</p>
Recommendations	The Council of Governors is asked to note the final NHSE enforcement undertakings.

Corporate Impact Assessment	
Statutory/regulatory requirements	Trust compliance with the Provider Licence and Code of Governance.
Risk	Various risks included on Board Assurance Framework (BAF) and risk registers.
Equality & Diversity	Meets Equality Act 2010 duties & Public Sector Equality Duty 2 aims and does not directly discriminate against protected characteristics.
Communication	Published through Public Council of Governors papers.

Appendix (i) NHSE Enforcement Undertakings Context (slides)

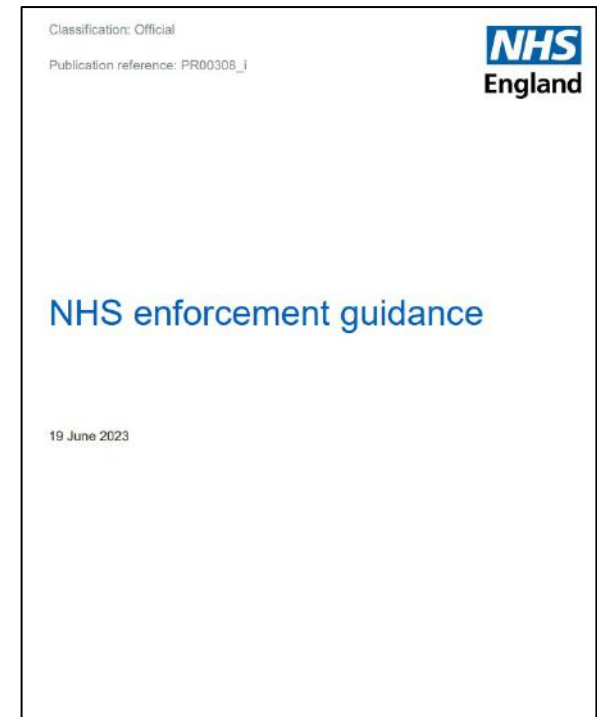
Appendix (ii) NHSE Enforcement Undertakings Signed Letter

A large group of NHS staff members, including nurses, doctors, and support workers, are posed for a group photograph in a hospital setting. They are wearing various uniforms and some have lanyards with ID badges. The background shows a typical hospital corridor with a door and a wall-mounted screen.

NHS England Regulatory Powers including Enforcement Undertakings

Introduction

- NHS England has responsibility for the regulation of providers of NHS services (both ICBs and Providers), the exercise of provider enforcement powers, and producing and revising guidance on those powers.
- Providers may be subject to:
 - a) discretionary requirements
 - b) undertakings
 - c) additional governance licence conditions (foundation trusts only)
 - d) monetary penalties
 - e) revocation of licence
 - f) directions for NHS trusts (s27B NHS Act 2006).



NHS England's Findings

Source: NHSE Enforcement Guidance 2023



CoCH Enforcement Undertakings

- The Trust was subject to NHSE undertakings following the CQC assessment in 2022, with the quality section of these undertakings lifted in January 2025.
- The Trust undertakings in respect of financial performance remained and the Trust's performance would continue to be monitored through the System Oversight Group.
- On the 10th October 2025, the Trust received a letter from NHSE setting out the **Draft** Enforcement Undertakings (which would supersede previous undertakings)

CoCH Enforcement Draft Undertakings (Oct 2025)

1. Financial Planning

- Deliver 25/26 plan, Quarter on Quarter run rate improvements.

2. Funding Conditions and Spending

- Support financing T&Cs, reporting, spending approvals.

3. Performance

- A&E 4 hour performance (78%), 12 hour waits (<10%).

4. Quality

- Mental health waits in ED, and CQC Section 29a actions.

5. Reporting

- Additional reporting, assurance and oversight meetings

CoCH Plans already in place and subject to scrutiny:

- Financial plan (incl. CIP and request for deficit support funding).
- Urgent and Emergency Care Improvement plan.
- CQC Section 29a action plan.
- System Oversight Group reporting

ENFORCEMENT UNDERTAKINGS

LICENSEE:

Countess of Chester NHS Foundation Trust (“the Licensee”)
 The Countess Of Chester Health Park
 Liverpool Road
 Chester
 Cheshire
 CH2 1UL

DECISION

NHS England, on the basis of the grounds set out below, and having regard to its Enforcement Guidance, has decided to accept from the Licensee the enforcement undertakings specified below pursuant to its powers under section 106 of the Health and Social Care Act 2012 (“the Act”).

The undertakings in this document supersede the undertakings previously agreed on 31 January 2025, which will now cease to have effect.

GROUND

1. Licence

1.1 The Licensee is the holder of a licence granted under section 87 of the Act.

2. Breaches

2.1 NHS England has reasonable grounds to suspect that the Licensee has provided and is providing health care services for the purposes of the NHS in breach of the following conditions of its licence:

2023 Licence	Summary of condition
NHS2(5)(a),(b),(c), (d), (f) & (g)	The Licensee shall establish and effectively implement systems and/or processes: (a) to ensure compliance with the Licensee’s duty to operate efficiently, economically and effectively;

	<p>(b) for timely and effective scrutiny and oversight by the Board of the Licensee's operations;</p> <p>c) to ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, NHS England and statutory regulators of health care professions;</p> <p>(d) for effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern);</p> <p>(f) to identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the conditions of its licence;</p> <p>(g) to generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery.</p>
<p>NHS2(6)(a) to (f)</p>	<p>The systems and/or processes referred to in paragraph 5 should include but not be restricted to systems and/or processes to ensure:</p> <p>(a) that there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;</p> <p>(b) that the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;</p> <p>(c) the collection of accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(d) that the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;</p> <p>((f) that there is clear accountability for quality of care throughout the Licensee's organisation including but not restricted to systems and/or processes for escalating and</p>

	resolving quality issues including escalating them to the Board where appropriate.
CoS3	The Licensee shall at all times adopt and apply appropriate systems and standards of corporate governance and financial management.

3. Financial Sustainability and Governance

3.1 In particular:

- 3.1.1 the Licensee reported circa (c.) £23.6m deficit (excluding deficit support funding (DSF)) for the financial year (FY) 24/25. The outturn was in-line with plan.
- 3.1.2 the Licensee had a £19.8m Cost Improvement Programme (CIP) Plan in FY24/25 with a 100% recurrency target. The Licensee delivered £11.9m CIP recurrently in FY24/25, leaving a CIP gap of £7.9m.
- 3.1.3 the exit underlying position of the Licensee at 31 March 2025 was reported as a £33.2m deficit.

3.2 The PricewaterhouseCoopers FY25/26 Rapid Financial Diagnostic carried out across the Cheshire and Merseyside Integrated Care System in June 2025, highlighted the following financial risks at the Licensee:

- 3.2.1 run -rate reductions are required across the organisation to support delivery of the FY25/26 plan. These reductions have been profiled in plans and will be monitored through routine performance reporting.
- 3.2.2 the Licensee has a significant CIP target in FY25/26 and this will require a material increase in delivery from the prior year.
- 3.2.3 inflationary pressures have typically been higher than national estimates, which typically manifests as an in-year mitigation for the Licensee to offset.
- 3.2.4 costs associated with the public enquiry are assumed to be funded as they were in FY24/25. However, if this is not the case, there is a potential material risk to the position.

3.3 The matters set out above demonstrate a failure of financial governance arrangements and financial management by the Licensee, including, in particular:

- 3.3.1 a failure by the Licensee to adopt and apply systems and standards of corporate governance and of financial management which reasonably would be regarded as:

(a) suitable for a provider of the Commissioner Requested Services provided by the Licensee, and

(b) providing reasonable safeguards against the risk of the Licensee being unable to carry on as a going concern.

3.3.2 a failure to establish and effectively implement systems and/or processes:

(a) to ensure compliance with the Licensee's duty to operate efficiently, economically, and effectively;

(b) for effective financial decision-making, management, and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); and

(c) to identify and manage material risks to compliance with the conditions of its licence including through development and delivery of forward plans; and

(d) to ensure that it has in place personnel on the Board, reporting to the Board and within the rest of the Licensee's organisation who are sufficient in number and appropriately qualified to ensure compliance with the licence conditions.

4. Performance

4.1 In particular:

4.1.1 following an unannounced inspection of urgent and emergency care (UEC) services at the Licensee between October and November 2023 by the Care Quality Commission (CQC), The Trust was given a rating of 'inadequate' for the provision of urgent and emergency care (UEC) services. This rating was given across three of the five domains; 'safe', 'effective' and 'responsive'.

4.1.2 the CQC noted that patients attending the Emergency Department (ED) at the Licensee could not always access the service when they needed it and there were significant delays in receiving the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with national standards.

4.1.3 the Licensee's A&E performance for March 2025 was 59.4% (significantly below the national ambition for 24/25 of achieving 78%). Whilst June 2025 A&E performance for the Licensee has seen a marginal improvement (up to 63.7%), it is still significantly below the national ambition of 78% for March 2026.

4.1.4 similarly, the Licensee's performance for percentage of patients spending over 12 hours in ED currently sits at just over 22% (i.e. one in every five patients is likely to experience a wait in ED of over 12 hours). This is the fourth highest

percentage of all North West hospitals and double the national ambition for 2025/26 of less than 10% of patients spending over 12 hours in ED.

4.1.5 the Licensee is in the lowest percentile nationally for mental health waits above 12 hours . 42% of adult mental health patient attendances wait 12 hours or more in the ED.

The matters set out above demonstrate a failure of governance arrangements including, in particular, failure to establish and effectively implement systems or processes:

- (a) to ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;
- (b) for timely and effective scrutiny and oversight by the Board of the Licensee's operations; and
- (c) to ensure compliance with healthcare standards binding on the Licensee.

5. Quality

5.1 In particular:

5.1.1 there is a concern that the patients attending with mental health care needs are not receiving appropriate and timely care within the ED setting at the Licensee.

5.1.2 the CQC issued a section 29A warning notice (of the Health and Social Care Act 2008) on 2 April 2025 in relation to their assessment of UEC. The notice was issued around a non- consistent approach to assessing and managing the risk to service users and was found that the governance systems were not effective to ensure action taken to address ongoing concerns are sustained and embedded.

5.2 The matters set out above demonstrate a failure of quality governance arrangements by the Licensee, including, in particular:

5.2.1 that there is clear accountability for quality of care throughout the Licensee's organisation including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.

6. Need for Action

6.1 NHS England believes that the action, which the Licensee has undertaken to take pursuant to these undertakings, is action to secure that the breaches in question do not continue or recur.

7. Appropriateness of Undertakings

7.1 In considering the appropriateness of accepting in this case the undertakings set out below, NHS England has taken into account the matters set out in its Enforcement Guidance.

UNDERTAKINGS

NHS England has agreed to accept, and the Licensee has agreed to give the following undertakings, pursuant to section 106 of the Act.

1. Financial planning

- 1.1 The Licensee will deliver the 2025/26 Financial Plan, as agreed with NHS England.
- 1.2 The Licensee will deliver a quarter-on-quarter run rate improvement from Quarter 3 2025/26 and throughout 2025/26.
- 1.3 The Licensee will comply with all documented actions required by NHS England through the oversight meetings, led by NHS England or its representative.

2. Funding conditions and spending approvals

- 2.1 Where interim support financing or planned term support financing is provided by the Secretary of State for Health to the Licensee pursuant to section 40 of the National Health Service Act 2006, the Licensee will comply with any terms and conditions which attach to the financing.
- 2.2 The Licensee will comply with any reporting requests made by NHS England in relation to any financing to be provided to the Licensee by the Secretary of State for Health pursuant to section 40 of the NHS Act 2006.
- 2.3 The Licensee will comply with any spending approvals processes that are deemed necessary by NHS England.

3. Performance

- 3.1 The Licensee will take all reasonable steps within its control to:

- 3.1.1 improve waiting times for patients attending A&E at Countess of Chester Hospital, with the ambition to achieve a minimum of 78% A&E performance by March 2026.
- 3.1.2 as a minimum, the Licensee will reduce the proportion of patients spending over 12 hours in ED in 2025/26 compared to 2024/25, with the aim of reducing to as close as possible to 10% or lower by March 2026, with an expected year on year improvement.
- 3.1.3 The Licensee will ensure that there is a robust action plan in place to address 12 hour waits in the ED. Timescales are as agreed in the overarching Emergency Department Improvement Plan.

4. Quality

- 4.1 The Licensee will ensure that by a date to be agreed with NHS England:
 - 4.1.1 there is an overarching improvement plan to address the performance and quality of care for mental health wait (s) in the ED, within a timeframe agreed by NHS England.
 - 4.1.2 there is an overarching CQC action plan to address the section 29 A warning notice concerns and has effective oversight and assurance processes in place to monitor improvement.

5. Reporting

- 5.1 The Licensee will provide regular reports to NHS England through the oversight meetings led by NHS England or its representative, on its progress in complying with the undertakings set out above.
- 5.2 The Licensee will attend monthly oversight meetings, or, if NHS England stipulates, conference calls, as required, to discuss its progress in meeting those undertakings. Oversight meetings will be led by NHS England or its representative, with attendees specified by NHS England.
- 5.3 The Licensee will provide NHS England with the assurance relied on by its Board in relation to its progress in delivering these undertakings, upon request.
- 5.4 The Licensee will comply with any additional reporting or information requests made by NHS England.

The undertakings set out above are without prejudice to the requirement on the Licensee to ensure that it is compliant with all the conditions of its licence, including any additional licence condition imposed under the Act and those conditions relating to:

- compliance with the health care standards binding on the Licensee; and
- compliance with all requirements concerning quality of care.

Any failure to comply with the above undertakings will render the Licensee liable to further formal action by NHS England. This could include the imposition of discretionary requirements under section 105 of the Act in respect of the breach in respect of which the undertakings were given and/or revocation of the licence pursuant to section 89 of the Act.

Where NHS England is satisfied that the Licensee has given inaccurate, misleading or incomplete information in relation to the undertakings:

- (i) NHS England may treat the Licensee as having failed to comply with the undertakings; and
- (ii) if NHS England decides so to treat the Licensee, NHS England must by notice revoke any compliance certificate given to the Licensee in respect of compliance with the relevant undertakings.

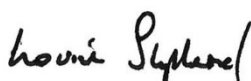
LICENSEE



Signed (Chair or Chief Executive of Licensee)

Dated: 28 November 2025

NHS ENGLAND



Louise Shepherd

Signed (North West Regional Director and Chair of the Regional Support Group)

Dated: 28 November 2025

Committee Chair's Report

Tuesday 9th December 2025 at 13.30 in the Boardroom, 1829 Building

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 People Committee received an update on the visa sponsorship situation and the Committee asked for a paper setting out the number involved, and the process taken to agree and implement the actions required.
- Action plan in respect of the sexual safety charter is progressing with planned completion by end March 2026; this continues to hold a national profile and there has been a recent NHS England letter to all Chief Executive Officers (CEOs) regarding the expectations

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

- Received a Chief People Officer (CPO) report to keep abreast of national and local updates.
- Received a chairs report from the Partnership Forum with no alerts noted. Update included band 2/3 resolution progress, partnership agreement review, and visa update.
- Received a chairs report from the People and Culture Sub Committee with no alerts noted. Updates included development of workforce metrics dashboard, turnover and leaver trends, sickness absence data and actions, return to work compliance, exit interview completion rates, staff experience action plans, implementation of the sexual safety charter, improving resident doctors working lives 10 point plan, and review of People related risk register.
- Received a chairs report from the Education and Learning and OD Committee with no alerts noted. Reference was made to the NHS England placement provider self-assessment which had been reviewed prior to coming to People Committee. Other updates included mandatory training, appraisals and apprenticeships, NETS 2025 survey, General Medical Council (GMC) trainee survey action plans and review of the People related risk register with a new operational risk scored at 9 to be added.
- Received a chairs report from the Workforce Committee with no alerts, although focus is on increasing attendance at meetings. Updates included performance against workforce plan, payroll overpayments, medical roster implementation, overdue policies, variable pay data, and review of people related risks.
- Workforce plan 25/26 position presented with actions being taken to improve the actual position in line with 'normalised' plan recognising that this is higher than the actual plan which was based on the 2024/25 month 9 position. This will continue to be discussed with Pricewaterhouse Coppers (PwC) at the FPRM.
- Culture and leadership update setting out how the actions we are taking align to the culture and leadership framework.

- People Promise paper with reference to flexible working campaign; staff experience action plans and response rates for the staff survey being 44% (subject to final data cleanse).
- Workforce metrics dashboard noting increase in sickness absence, staffing related Datix reporting with further work required on exploring the data.
- Audit tracker progress update with the outstanding action on medical staffing to be closed as superseded with the medical e-rostering system implementation.
- Sexual safety charter update including progress against the actions aligned to each principle of the framework. Actions will continue to be delivered with planned completion for all actions by the end March 2026.

Advise (items presented for the Board's information)

- NHS England Self Assessment for Placement Providers provided to the Committee for information following submission in November 2025.

Risks discussed and new risks identified

- High risks reviewed including the microbiology cover, with an update that recruitment for one of the roles had progressed and would be in post in January 2026, a risk will remain, but the intention is to review with a view to reducing. A risk regarding medical cover and premium rates had been increased to a score of 16 and was included in the risks reported to the People Committee, with an update on the actions being taken to reduce gaps and be proactive in recruitment for future workforce gaps.
- Committee received the People extract of the Board Assurance Framework (BAF) for consideration alongside the People Committee agenda, noting this had been updated at Quarter 2 for the Board.

Committee Chair's Report

18th November 2025 at 11am via Microsoft Teams

Committee	Finance and Performance Committee
Chair	Hasintha Gunawickrema – Non-Executive Director

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)
<ul style="list-style-type: none"> Deficit Support Fund (DSF) - The Trust is delivering in line with its financial plan and is forecast to deliver this with the exclusion of DSF. Cash at Month 7 (£17.6m) expected to cover only 16 days. This position is expected to get worse if cash support doesn't get injected in December 2025 and January 2026.
Assure (matters in relation to which the Committee received assurance)
<ul style="list-style-type: none"> The Chief Finance Officer assured that the Trust is managing its deficit within the pre agreed range of £13m, however the non-receipt of Deficit Support Fund (DSF) of £6.5m leaves the Trust at an adverse variance against the planned deficit of £19.5m. Trust is on track to deliver NHS England (NHSE) target of 30% reduction in agency spend.
Advise (items presented for the Board's information)
<ul style="list-style-type: none"> Budget setting principles and workforce management templates were getting developed with clear oversight from the respective Executive Committee members. High-level overview and Board assurance framework, including the maturity assessment gradings (Maturing, developing, not embedded) were discussed. Committee requested the Executives to provide timely updates with supporting evidence with the Board to ensure they have sufficient time to understand and provide robust feedback prior to signing the final Assurance statement. The Chief Finance Officer will provide monthly updates to the Board (until March 2026) on key milestones and any new developments/updates on the Planning process. Geothermal Bid Update was escalated to the Board given the size, complexity and financial commitment required for the overall project.
Risks discussed and new risks identified
<ul style="list-style-type: none"> Continued impact due to non-receipt of DSF – impacting the overall external communication, including the communication with appointed third party Pricewaterhouse Copper (PwC) to assess Trust's performance.

Committee Chair's Report

17th December 2025 at 13.30 in the Boardroom, 1829 Building

Committee	Finance & Performance (F&P) Committee
Chair	Non-Executive Director, Ms H Gunawickrema

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)

- Challenge of Cash deficit as we go into Quarter 4.
- Planning submission and assurance statements discussed with the Board with minor changes made to one assurance statement discussed reduced due to additional information regarding commissioning arrangements noting more work to do to understand this with the integrated Care Board (ICB) and an element of the operational gap was reduced - positive change to ensure target expectations met.

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

Financial Performance:

- Month 8 financial position with an adverse variance YTD of £8.2M driven by non-receipt of Deficit Support Funding. Earlier industrial action costs have now been absorbed. Under delivery of Cost Improvement Programme (CIP) £7.4M has been mitigated through non recurrent items. Likely forecast deficit is £33.8M (excluding deficit support funding) which is an improvement of £300k from Month 7.

Operational performance:

- Review of Integrated Performance Report (IPR) for operational (including referral to treatment (RTT), cancer and diagnostics) and financial performance. Committee noted improvements in Referral to treatments (RTT) in October and improvements within Emergency Department 4- and 12-hour performance metrics, Ambulance handover times and Corridor management.
Based on the information shared relating to deterioration
- Diagnostics performance has declined, which has a direct link to the reduced ability to spend Elective Recovery Fund money.
- Ongoing risk flagged with Non Criteria to Reside (NCTR) remaining high. To further understand the wider impact of the current NCTR performance subject matter expert (Divisional Director, Therapies & Integrated Community care) were invited to join the next committee meeting to share further information on 'delay days incurred'.
- Details on Doctors strike and direct operational impact was discussed. Chief Operating Officer (COO) was requested to share a performance comparison between 'strike days' and 'business as usual (BAU) days'.
- Challenges in sourcing agency staff has been flagged as a key driver for the long wait time for Echocardiogram Request was made to provide an update to the committee on the resource position.
- **Update on the digital and data strategic programme**, including ambient voice technology, Artificial Intelligence (AI) clinical coding solutions, Electronic Patient Record (EPR) integration and Regional order comms. Report also included NHS

Digital Maturity Assessment with a good score achieved by the Trust, and EPR usability survey where the Trust scored slightly higher than national average.

- Committee requested further updates on the following:

1) Cyber Business continuity plan

2) Update F&P Committee and the Board on the AI Policy and the assurance framework followed.

3) Assurance requested to confirm safety and functionality of integration project with blood transfusion prior to the old process gets switched off.

- **Senior Information Risk Owner (SIRO) report** providing assurance on cyber security activities, information governance and Data Security & Protection Toolkit (DSPT). Recognising some Freedom of Information (FOI) breaches with an interim solution on delivery of FOI and separately an outsourced solution for Information Governance.
- **Audit tracker** reviewed with updates against outstanding actions with dates agreed and internal audit review of progress planned to close actions (Estates, Cost Improvement Programme (CIP), IT infrastructure, Cerner lessons learned.
- **Health and safety** 6 monthly report providing an update on health and safety incidents, fire safety assurance, major capital programmes support, ligature reduction and other health and safety work.
- Estates and facilities update providing an overview of improvements in the environment, water safety and specialist compliance, policies, governance and reporting, reputation and stakeholder engagement, health and safety and security services, facilities and cleaning, clinical engineering and equipment management, financial performance and efficiency, future planning and priorities.
- Information Governance Annual Report providing an overview of the roles and responsibilities, Data Security and Protection Toolkit (DSPT) audit, FOI requests, training compliance, Information Commissioners Office (ICO) reportable incidents. The Information Governance (IG) service is currently outsourced to the Midlands and Lancashire Commissioning Support Unit to provide resilience and longer term view of the service is required.
- Thirlwall Inquiry financial spend update showing significant under spend year to date against the plan. In year forecast being revisited along with a view for 2026/26. NHS England have funded the Trust's response to the Inquiry to date.
- Chair reports received from a range of reporting Committees and Groups. Subject Access Requests (SARs) breaches noted and action being taken to increase resource to recover this position. Echo performance alerted from Operational Performance Executive Led Group (OPELG) as updated in the meeting.

Advise (items presented for the Board's information)

- National cost collection complete with initial feedback showing an improvement and position positive to national average. Full update will be reported through F&P Committee in Quarter 4.
- Update on Digital and data strategy development with internal audit providing substantial assurance on the approach. Strategy to come back for review and approval. AI governance framework and/or policy requested for future review.

Risks discussed and new risks identified

- Reviewed relevant extracts of High risks and the Board Assurance Framework (BAF) in terms of operational effectiveness, finance and capital, digital and data

confirming position and alignment to Finance & Performance Committee agenda. As discussed at the Board, the Committee is keen to understand the trajectory for when risk scores are expected to reduce and/or meet the risk appetite.

- Strategic risks noted in health and safety report.
 - 1) Deconstruction of the old Women and Children's building
 - 2) Ageing fire alarm system – Potentially require additional funding from that which is already allocated.
 - 3) Temporary absence of a centralised Control of Substances Hazardous of Health (COSHH) management system.

Committee Chair's Report

8th January 2026 at 9.30am in the Women & Children's Building Seminar Room

Committee	Quality & Safety Committee
Chair	Non-Executive Director, Prof A Hassell

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)

- Continued challenge in evidencing Sepsis compliance in line with NICE guidelines. The Committee received assurance on recognition in respect of NEWS scoring and training compliance. Further work needed on evidencing timeliness of clinical assessment and treatment. Impact of rapid assessment triage processes is being reviewed to ensure risk assessment compliance deterioration is addressed. Cerner NEWS Trigger hard stop to be implemented in January 2026. New NICE guidelines released November 2025 which are being assessed.

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

- Received an overview of the processes in place for safer mobility and falls prevention, including Datix reporting and learning; reduction in number of falls and harms from falls; and an improvement in falls assessment compliance.
- Good progress being made against the Internal Audit Action log with a number of adult review management actions now fully complete and closed including Data Quality Review – Emergency Department (ED) and Strategic Oversight Framework (SOF) Data Quality - Complex Patient Discharge.
- Urgent and Emergency Care Quality Committee (CQC) update with details of action delivery and outcomes. Key risk areas remain patient safety checklist compliance at all time points; and 4 hour A&E performance. Amber areas include mental health triage, Sepsis management, Infection Prevent & Control (IPC), Braden and MUST (Malnutrition Universal Screening Tool assessment) compliance, paediatric nursing in ED. Discussion included the need for continued assurance reporting.
- Integrated Performance Report (IPR) quality and safety metrics reviewed.
- Quality Governance Group (QGG) Chairs report providing assurance on a range of areas. Alerts on VTE, stroke, and mobility and falls with actions being taken and monitored.
- Striving for excellence amid year report with Zero platinum ratings, Nine gold ratings, Twenty-one silver ratings, One bronze rating and Zero white ratings. The report demonstrated that the ward accreditation processes have been strengthened and are now embedded and are driving improvements in standards.
- Cleaning standards monitoring report for August 2025 to November 2025 demonstrating high compliance in both Planned Care and Urgent Care. A small number of exceptions noted and when these occur the exceptions are managed through remedial cleaning, staff feedback and repeat monitoring, with escalation where improvement is not evidenced. It was recognised that vacancies and sickness absence has a significant impact.

- Maternity Incentive Scheme Year 7 compliance and assurance report providing assurance on all 10 safety actions, notwithstanding that there is an exception report for new resident doctor training compliance with the training now either complete or booked. Committee confirmed recommendation for Chief Executive Officer (CEO) to sign the report submission.
- Received a summary of the maternity survey results, feedback and areas for improvement. Action plan being developed further with Maternity and Neonatal Voices Partnership.
- Quality Impact Assessment (QIA) update providing assurance on the QIA process for the cost improvement programme.
- Medical devices gap analysis and action plan update. Gaps in process, assurance, compliance and risk were set out. Progress is being made to processes, procedures, training and awareness, with multidisciplinary work required to continue to take this forward. Agreed to continue to bring a quarterly update to the Committee.
- Resuscitation annual report received providing assurance on training, trolley checklist compliance, DNACPR. Report demonstrated improved training compliance with the team now keen to move this forward to increased numbers of staff receiving enhanced education.
- E'Discharge 24 hour compliance is improving but challenges remain in general surgery (this includes patients in SDEC). Further system development is underway to support sustained improvements going forward.
- Mortality report providing assurance on HSMI and SHMI levels. Committee requested more details on learning into action, recognising the Committee has a different role to Board.

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

- Not applicable.

Risks discussed and new risks identified

- Review of Board Assurance Framework (BAF) 1 and related high risks. Recognising the risk management improvement work that continues. Updates on a number of risks recorded as high were provided.

Committee Chair's Report 7th October 2025

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

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)
<ul style="list-style-type: none"> No specific items to alert but a number of areas identified below to keep under review through the Audit Committee.
Assure (matters in relation to which the Committee received assurance)
<ul style="list-style-type: none"> Anti-fraud progress report demonstrated a range of activity against plan. Freedom to Speak Up (FTSU) arrangements and processes, with continued focus on improvement including triangulation with other routes and sharing learning with People Committee. Provider licence compliance checklist received with a mid-year update on key aspects of the requirements, notwithstanding the long standing performance challenges. System Oversight Framework (SOF) data quality complex patient discharge pathways received limited assurance and identified some areas for action. Divisional Director, Therapies and Integrated Community Care (TICC) provided assurance that these actions are nearing completion including data validation, narrative for Board reporting and Standard Operating Procedure (SOP). Data Security and Protection Toolkit (DSPT) audit review provided assurance of Trust assessment but recognised more work to do to improve compliance with toolkit. Audit recommendations tracker and follow up showed good progress of implementation. Discussion took place on some of the extension to timeframes to ensure clarity of rationale. Continued progress with the recovery programme for out of date policies, recognising a significant number of clinical policies are expected to progress through a further extraordinary Quality Governance Group meeting in October 2025. Standing Financial Instruction (SFI) procurement waiver compliance 2024/25.
Advise (items presented for the Board's information)
<ul style="list-style-type: none"> Five ongoing fraud investigations at various stages. Approved an update to the anti-fraud, bribery and corruption policy and response plan to include reference to the failure to prevent fraud legislation. Governance organogram will be further developed following the Mersey Internal Audit Agency (MIAA) Divisional governance support which is in progress.

- Technical updates from Internal and External audit both referred to Artificial Intelligence(AI) governance and this is something that should be considered for a future Board development day.

Risks discussed and new risks identified

- Received the Board Assurance Framework (BAF) 8 extract relating to the work of the Committee and discussed the potential to reduce the residual risk in Quarter 3. The Committee also noted the importance of the BAF being a key tool in the Trust and the need to continue to embed this across Committees.