

Meeting of the Council of Governors in Public

Wednesday 15th April 2026, 14.00 – 16.00 in the Women & Children’s Building
Seminar Room

Chair	Mr N Large, Trust Chair
Apologies	Prof A Hassell, Non-Executive Director
In attendance	Mr R Morrow, Head of Facilities (Item 4) and Ms F Altintas, Deputy Director of Nursing & Quality Governance (Item 11)

Time	Agenda Number	Agenda item	Lead	Page Number	Decision Required
14.00	1.	Welcome, apologies, and opening remarks (verbal)	Trust Chair		For noting
14.02	2.	Declarations of conflicts of interest with agenda items (verbal)	Trust Chair		For noting
14.03	3.	To approve the minutes of the Council of Governors held on the 4 th February 2026 (attached)	Trust Chair		For approval
14.05	4.	To consider any matters arising and action log (attached)	Trust Chair		For noting
		Action - 7-25/26 – Facilities Management Update (to be presented on the day)	Head of Facilities Services		For noting
14.15	5.	Patient Story (to be presented on the day)	Director of Nursing & Quality/ Deputy Chief Executive		For noting
14.20	6.	Trust Chair’s Briefing (verbal)	Trust Chair		For noting
14.25	7.	Chief Executive Officer’s Report (attached)	Chief Executive		For noting
14.30	8.	Lead Governor Update – April 2026 (attached)	Lead Governor		For noting
14.35	9.	Staff Survey (attached)	Chief People Officer		For assurance
14.45	10.	Cheshire and Merseyside Provider Collaborative Priorities (to be presented on the day)	Director of Strategic Partnerships		For noting
14.50	11.	Quality Priorities Update (attached)	Deputy Director of Nursing & Quality Governance		For assurance
15.00	12.	a) Membership & Engagement Committee Chairs report 10 th March 2026 and approved	Committee Chair		For assurance & noting

		minutes 11 th December 2025 (attached)			
		b) Membership & Engagement Committee Terms of Reference (attached)	Committee Chair		For approval
15.10	13.	Governor Election Process Proposal (verbal)	Trust Chair/ Director of Governance, Risk and Improvement		For discussion
15.15	14.	Urgent Care Update (attached)	Chief Operating Officer		For noting
15.20	15.	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 – 10th February 2026 • Chair's Report Finance & Performance Committee – 21st January 2026 and 25th February 2026 • Chair's report from the Chair of the Quality & Safety Committee – 5th March 2026 • Chair's Report Audit Committee – 3rd February 2026 	Non-Executive Directors		For noting and discussion
15.30		b) Integrated Performance Report (IPR)** (slides to be presented on the day) <ul style="list-style-type: none"> • Operational Performance • Quality • Safety 	Chief Operating Officer Director of Nursing & Quality/ Deputy Chief Executive Medical Director		For assurance

15.40		<ul style="list-style-type: none"> • Finance • People <p>c) Integrated 5 Year Plan & Trust Priorities (to be presented on the day)</p>	<p>Chief Finance Officer</p> <p>Chief People Officer</p> <p>Chief Finance Officer/ Chief Executive Officer</p>		For noting
15.50	16.	To receive feedback from Governors (verbal)	Governors		For noting
15.55	17.	Non-Executive Director/ Governor Walkabouts Summary Report - Quarter 4 2025/26 (attached)	All Governors /Trust Chair		For noting
15.58	18.*	<p>For noting:</p> <p>a) Draft Council of Governors Workplan (attached)</p> <p>b) Council of Governors Photo Sheet (attached)</p>	<p>Director of Governance, Risk and Improvement</p> <p>Trust Chair</p>		<p>For noting</p> <p>For noting</p>
15.59	19.	Any Other Business (verbal)	Trust Chair		For noting
16.00	20.	Close of meeting			

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

**Please note that the full Integrated Performance Report (IPR) – February 2026 is available within the 31st March 2026 Board of Directors papers - [Board of Directors Meeting Packs | Countess of Chester Hospital](#)

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

Minutes of the Council of Governors (in Public)

Wednesday 4th February 2026, 13.30 – 15.30, 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"/>	<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"/>	<input checked="" type="checkbox"/>
Public Governor, Mr J Jones (Lead Governor)	<input checked="" type="checkbox"/>	<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	N/A
Public Governor, Mr T Wheeler	<input checked="" type="checkbox"/>	N/A	N/A	N/A
Public Governor, Ms S Dunbar	<input checked="" type="checkbox"/> (Via Microsoft Teams)	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>
Public Governor, Ms L Jha	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>
Public Governor, Mr R Taylor	N/A	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Public Governor, Prof T Fisher	N/A	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Ellesmere Port and Neston				
Public Governor, Mr B Jones	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A
Public Governor, Dr K Chatterjee	N/A	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Vacant position</i>	N/A	N/A	N/A	N/A
<i>Vacant position</i>	N/A	N/A	N/A	N/A
<i>Vacant position</i>	N/A	N/A	N/A	N/A
Flintshire				
Public Governor, Mrs R Overington	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A
Public Governor, Mr M Roberts	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>
Public Governor, Mr I Gibbons	N/A	N/A	<input checked="" type="checkbox"/>	N/A
Remaining England and Wales				
Public Governor, Mr D Cassidy	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/> (Via Microsoft Teams)
Partnership Governor, Ms C Gahan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (Via Microsoft Teams)	<input checked="" type="checkbox"/>
Partnership Governor, Dr K Knight	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A
Partnership Governor, Ms K Chambers	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A
Partnership Governor, Mr P Tardivel	N/A	N/A	N/A	<input checked="" type="checkbox"/>
Staff Governor				
Staff Governor, Ms P Edwards	<input checked="" type="checkbox"/>	<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	N/A
Staff Governor, Ms A Jayne Caple	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A
Staff Governor, Ms D Kambasha	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A
Staff Governor, Ms A Lewis-Aaron	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A
Staff Governor, Mrs C Price	<input checked="" type="checkbox"/>	N/A	N/A	N/A

Staff Governor, Dr S Tueger	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (Via Microsoft Teams)	<input checked="" type="checkbox"/> (Via Microsoft Teams)
Staff Governor, Mrs M Woodward	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A
Staff Governor, Ms C Finney	N/A	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Staff Governor, Mr R Gorman	N/A	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Staff Governor, Ms N Cottrell	N/A	N/A	<input checked="" type="checkbox"/>	<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"/>	<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"/>	<input checked="" type="checkbox"/>
Head of Quality, Ms L Kanwar	<input checked="" type="checkbox"/> (Item 14)	N/A	N/A	N/A
Chief People Officer, Ms V Wilson	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (Via Microsoft Teams)	<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	N/A
Deputy Chief People Officer – Organisation Development, Ms L Pritchard	<input checked="" type="checkbox"/> (Item 15)	N/A	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)	N/A
Chief Operating Officer, Ms C Chadwick	<input checked="" type="checkbox"/>	<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)	<input checked="" type="checkbox"/>
Deputy Director of Finance, Ms H Wells	<input checked="" type="checkbox"/> (on Ms K Edge behalf)	N/A	N/A	N/A
Medical Director, Dr N Scawn	<input checked="" type="checkbox"/>	<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)	<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"/>	<input checked="" type="checkbox"/>
Non-Executive Director, Mr M Guymer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A
Non-Executive Director, Ms P Williams	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A
Non-Executive Director, Ms W Williams	<input checked="" type="checkbox"/> (Via Microsoft Teams)	<input checked="" type="checkbox"/> (Via Microsoft Teams)	<input checked="" type="checkbox"/>	<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"/>	<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"/>	N/A
Non-Executive Director, Ms S Corcoran	<input checked="" type="checkbox"/> (Via Microsoft Teams)	<input checked="" type="checkbox"/> (Via Microsoft Teams)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Executive Director, Mr P Williams	N/A	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (Via Microsoft Teams)
Non-Executive Director, Ms H Gunawickrema	N/A	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Executive Director, Mr P Jones	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Executive Director, Dr A Simpson	N/A	N/A	N/A	<input checked="" type="checkbox"/>

Director of Governance, Risk & Improvement, Mrs K Wheatcroft	<input checked="" type="checkbox"/>	<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	N/A
Head of Corporate Governance, Mrs N Cleuvenot	<input checked="" type="checkbox"/>	<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	N/A
Director of Clinical Research, Dr P Bamford	N/A	N/A	N/A	<input checked="" type="checkbox"/> (Item 9)
Committee Secretary, Mrs C Jones	<input checked="" type="checkbox"/> (minutes)	<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.</p> <p>Apologies were noted from the Chief Executive, Ms J Tomkinson and Public Governors, Ms J Chillery and Ms S Cook.</p> <p>Introductions were made around the table for new Governors in attendance.</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 22nd October 2025</u></p> <p>The minutes of the meeting held on the 22nd October 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>Public Governor, Mr R Taylor (RT) shared his patient story experience with the Council of Governors. RT attended the Dermatology clinic, where he reported that the staff were excellent. He saw the Consultant in the Jubilee Day Surgery Centre (JDSC) and later in the Theatre Admission Lounge (TAL), where he waited from 12:30pm until 3:30pm. Due to the consultant having an emergency, RT was uncertain if he would be seen. At 5:00pm, he considered returning home, but the registrar informed him that he would need to wait for Mr Das. RT waited until 6:45pm, at which time the team arrived, and the procedure was completed by 7:00pm. RT returned home at 8:00pm. He noted that staff stayed late to complete the procedure. The lesion was benign, and RT is now receiving dressings in the plastic surgery department, where he continues to be well cared</p>	

for by staff. The Trust Chair, Mr N Large (NL) thanked RT for sharing his experience with the Council of Governors and expressed appreciation to the staff for their support throughout RT's care.

The Council of Governors **noted** the Patient Story.

6. **Trust Chair's Briefing**

The Trust Chair, Mr N Large (NL) informed the Council of Governors that Partnership Governor, Dr K Knight has stood down as a Governor and thanked her for her support to the Trust. It was noted that Non-Executive Director (NED), Dr A Simpson will be identifying a new Governor to Replace Dr K Knight from the University of Chester.

NL noted that following the Summer 2025 elections a number of new Governors have joined the Council of Governors, alongside a number of new NEDs who joined the team during the last year. The team's focus is on financial matters and meeting targets. The Chair shared an operational update confirming that referral to treatment (RTT) performance is on target for delivery, as are Urgent Care waiting times, patient experience, and the Care Quality Commission (CQC) report. Improvements have been made to waiting times and patient flow, with care in the Emergency Department (ED). Ambulance delays throughout the year have reduced, and the 4-hour patient waits, and flow work have begun to positively impact performance, with rates reaching 70% at one point. The main objective remains to address Urgent Care issues.

Director of Nursing & Quality/Deputy Chief Executive, Ms S Pemberton (SP) updated the Council of Governors regarding the CQC report, noting that although the report was promised by the end of January 2026, it has not yet been received but has been chased. Anticipated improvements are expected within the report following multiple visits from different bodies, including the Integrated Care Board (ICB) around the Same Day Emergency Care (SDEC) unit who provided feedback indicating much improvement. Healthwatch visited in November 2024, July 2025, and December 2025. During the July 2025 visit, several areas for improvement were identified. The December 2025 follow-up visit assessed actions taken since the July and found the Trust no longer using corridor spaces with most escalation now occurs via SDEC. Patients and relatives informed Healthwatch of improvements to visiting arrangements and the availability of private rooms with patients speaking positively about staff and staff levels, though some mentioned night-time light and noise, privacy, washing facilities, and limited food choices. The Healthwatch report will be shared with the Board of Directors once available. Most staff have completed the care and compassion programme, with positive feedback and support noted in this area with a focus on Urgent and Emergency Care (UEC) and changing the patient experience. SP expressed satisfaction with the report and emphasised the need to maintain improvements. Changes in ED were described as significant, with the Trust recognised as one of the top ten hospitals for improvement. The importance of changing external perceptions following these improvements was highlighted. NL responded that altering external indicators is challenging, as they are based on annual data and the Trust's underlying deficit, which is expected to persist for the next five years. Improvements in Infection Prevention and Control (IPC) rates

	<p>and hospital mortality rates were noted, though the underlying deficit continues to affect the Trust. NL stated that some factors are beyond the Trust’s control but reassured the Council that ongoing work is making a difference for safety and quality improvement. (Public Governor, Ms S Dunbar (SD) joined the meeting)</p> <p>Staff Governors, Ms C Finney (CF) commented that during walkarounds, staff demonstrate a strong desire to improve, and local feedback from friends and family is received. NL observed that staff are often positive and wish to improve; their commitment is driving positive change.</p> <p>NL outlined the national objective of the ten-year plan, with medium-term ambitions, and emphasised the need to align next year’s targets and measures strategically. NL reiterated the importance of the Council of Governors involvement in discussing strategies and supporting challenges and the Board of Directors is working towards meeting deadlines for short-term planning, with significant detail required with an extra Board of Directors meeting scheduled to sign off plans for submission.</p> <p>NL acknowledged that there remains much to do, but incremental change is occurring. NL confirmed that the year plan aims to achieve balance and thanked staff for their efforts.</p> <p>Public Governor, Prof T Fisher (TF) reported undertaking a walkaround that morning, noting positive and uplifting engagement with staff. TF suggested that an Executive walkabout would be welcome in the area visited (Ward 50/52). SP added that Executives visit different areas each month as part of an ongoing programme and regularly meet Ward Managers. TF noted bed pressures, and SP explained the practice of boarding and the need to eliminate it.</p> <p>The Council of Governors noted the Trust Chair’s Briefing.</p> <p>a) <u>Non-Executive Director (NED) Roles</u></p> <p>NL provided an update regarding NED roles, noting that the introduction of NED walkabouts is planned from April 2026. NL emphasised that the purpose of these walkabouts is to foster relationships with teams and NEDs, for NEDs to gain a deeper understanding of services, and support staff, recognising the challenging nature of the current environment.</p> <p>The Council of Governors noted the update regarding the NED roles and responsibilities.</p>	
7.	<p><u>Chief Executive Officer’s (CEO) Report</u></p> <p>On behalf of the Chief Executive Officer, the Director of Nursing & Quality/Deputy Chief Executive, Ms S Pemberton (SP) reported that the official opening of the Women & Children’s Building was extremely well attended, with a large number of both current and former staff present. Tours of the building were conducted, and the event was described as a great celebration.</p>	

	<p>Director of Strategic Partnerships, Mr J Develing (JD) outlined discussions held at both national and regional levels. JD highlighted that national guidance from the Government and NHS England (NHSE) indicates that all Foundation Trusts (FTs) are to become advanced FTs by 2035. A consultation document regarding this is currently being circulated, with pilot schemes underway. The intention is for FTs to adopt a more holistic, whole-system approach to care within their local economies, focusing on the care of entire populations. JD noted that all hospitals have faced significant challenges over the winter period, with substantial increases in activity. There was a reported 3.6% growth in Emergency Department attendances, and a 10.39% increase across the system. Sustaining high standards of care in the context of this growth was acknowledged as a considerable achievement.</p> <p>JD informed the Council of Governors that all providers now form a provider collaborative, operating as a single entity with a Terms of Reference (TOR) in place. This collaborative aims to deliver change and realise benefits at scale, as outlined in the report shared with the Council. Notably, the system has successfully secured £3m in Cheshire and Merseyside (C&M) for ambient voice technology (AVT), with Alder Hey leading on this initiative. JD further referenced discussions in December 2025 regarding the digital excellence programme, which forms part of the wider transformation of care. The NHS App and wider digital opportunities were noted as key developments with Artificial Intelligence (AI) being introduced into Dermatology care, particularly for the rapid diagnosis of patients via scans.</p> <p>At a local level, JD reported that primary care in Cheshire West is under significant pressure and does not currently offer the same services as other systems. JD referenced the recent urgent care showcase, which was well attended. Additionally, mobile research and falls teams have been active in Frodsham, with the aspiration to extend this provision further. JD emphasised that the hospital recognises its broader role within the wider community.</p> <p>The Trust Chair, Mr N Large advised that under the new FT model, there are proposals within forthcoming legislation to phase out Governors, creating some uncertainty. NL assured the Council that support would continue regardless of legislative changes. Partnership Governor, Mr P Tardivel (PT) raised a query regarding AVT information and expressed interest in understanding how this is being managed. It was agreed that contacts would be made outside the meeting. Chief Digital & Data Officer, Mr J Bradley (JB) confirmed that he had already e-mailed PT separately to facilitate cross-border collaboration. (Chief Operating Officer, Ms C Chadwick joined the meeting)</p> <p>The Council of Governors noted the contents of this report.</p>	
8.	<p><u>Lead Governor Update – February 2026</u></p> <p>Lead Governor, Mr J Jones (JJ) provided an update regarding the next stage for Governors within the NHS, referencing the NHS Governors Provider Newsletter. JJ noted that Carl Roberts, Lead Governor for C&M, is seeking to have a conversation with NHSE and will share any feedback in due course. JJ reported on the recent Urgent Care Showcase, describing it as an excellent event and</p>	

very well received. Staff Governor, Ms N Cottrell (NC) confirmed that the showcase will be repeated in November 2026 and that it was positively received as a whole. JJ explained that a demonstration of an implantable cardiology device was received at the showcase with the device being capable of identifying a potential stroke, the monitor is placed under the skin and provides daily alerts and monitoring. Public Governor, Prof T Fisher (TF) enquired about patient rollout, with NC confirming that approximately one thousand five hundred patients are currently using the device.

The Trust Chair, Mr N Large (NL) congratulated JJ on becoming a grandfather for the first time referencing his family's use of the new Women & Children's Building.

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

9. **a) Research Update**
 (Director of Clinical Research, Dr P Bamford in attendance for the item)

Director of Clinical Research, Dr P Bamford, (PB) shared a Research update presentation with the Council of Governors, highlighting the following:

- The Research Strategy.
- An introduction to research matters and alignment with the Trust and National priorities.
- Research's strategic goals, 1. Make research accessible, 2 & 3. Build capacity and strengthen partnerships and 4. Work with life science and the future.
- The new National Institute for Health and Care Research (NIHR) funding model, three regional funding categories and calculating a delivery budget for hospitals (NHS Trusts).
- Finance and funding and capital funding.

Public Governor, Mr M Roberts (MR) enquired about relationships with pharmaceutical companies for funding. PB confirmed existing relationships with several companies, particularly regarding Diabetes studies, and emphasised the need to proactively build these relationships. PB noted that major pharmaceutical companies seek centres with established track records and expressed the intention to further promote the Trust's capabilities. It was noted that obtaining accreditation for the research unit this year will support these efforts.

Staff Governor, Dr S Tueger (ST) commended the presentation but raised concerns about staffing shortages, highlighting the significant impact on Cancer patients, as no trials are currently available due to insufficient staff numbers. PB acknowledged that staff may need to be reallocated to certain areas and recognised the difficulty of such decisions, noting that increased funding is essential for growth in Cancer trials. PB stated that commercial trials do not provide substantial funding and emphasised the need to expand the commercial unit to finance NIHR staff and further Cancer research.

Public Governor, Prof T Fisher (TF) declared an interest as a member of the NIHR Board. TF reported that more clinical trials are being considered and that the Trust is well positioned in the North West. PB confirmed bids have been

submitted to Innovation UK, though the Artificial Intelligence (AI) bid was unsuccessful, and various other bids are ongoing to support the milk bank. TF suggested the Trust access Health Innovation and noted the great potential of the innovation agenda. PB reported limited links to Health Innovation, as there is currently no one dedicated to this area. PB stated that he only has two sessions per week allocated to Research, which does not allow time for innovation work. TF queried public awareness of the Trust’s Research activities, to which PB responded that the public engagement is insufficient and efforts to increase visibility are ongoing.

Action: It was agreed for PB and TF to meet outside of the meeting to discuss Research further and Trust links to Health Innovation.

Partnership Governor, Mr P Tardivel (PT) found it useful to see the structure, strategy, and outcomes, and suggested presenting changes resulting from the strategy. PB noted that the strategy includes a page of Key Performance Indicators (KPIs) and offered to share this information if there is interest.

Non-Executive Director, Prof A Hassell (AH) queried whether the Trust has sufficient specialists for commercial trials. PB confirmed that specialists are available in certain areas but acknowledged possible capacity constraints. PB outlined that future growth will focus on commercial expansion.

The Council of Governors **noted** the Research update.

b) Research Strategy

The Council of Governors **noted** the Research and Innovation Strategy, Research Matters – Better Care, Brighter Futures.

**PB/
TF**

10. **Patient and Family Experience Report**
(Item taken after item 16a. The recent Chair’s reports of Board Sub-Committees)

Staff Governor, Ms C Finney (CF) provided positive feedback regarding the Patient and Family Experience Report, highlighting recurring themes relating to waiting times and delays. Assurance was given that these issues are being addressed, and relevant information is included in the report shared with the Council of Governors. It was noted that the National Inpatient Survey 2024 results indicated comparable scores to other Trusts, with seventeen significant improvements identified. Continued efforts to further improve these areas were acknowledged. CF also reported a strong focus on learning from complaints and concerns, with the Patient and Family Experience Group meeting monthly to review progress. Actions are being implemented and monitored through various forums.

The Trust Chair, Mr N Large (NL) queried how membership engagement can be enhanced to bring together friends and family for networking purposes. CF confirmed that this is incorporated as part of the overall strategy.

Director of Nursing & Quality/Deputy Chief Executive, Ms S Pemberton (SP) observed that once patients have a negative experience in ED, it is challenging

	<p>to recover their satisfaction upon transfer to the Ward, as the initial ED journey significantly impacts the overall patient experience.</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> • Noted the contents of the paper. • Noted the overall themes of feedback both positive and negative. • Received updates as requested. 	
11.	<p><u>Anchor Institution Update</u></p> <p>Director of Strategic Partnerships, Mr J Develing (JD) provided an update covering three elements: the Green Plan, the Prevention Plan, and Social Value. It was noted that the Anchor Institution Steering Group is not a delivery group.</p> <ul style="list-style-type: none"> • Green Agenda: The Women & Children’s Unit is now housed in the first NHS building constructed as a net zero facility. The geothermal project remains ongoing, with innovation efforts that could potentially be valued at £24m. • Prevention: A steering group has been established to explore opportunities related to a free environment. • Social Value: There are wider implications for the Trust, which currently employs 4,500 people. <p>Public Governor, Ms L Jha (LJ) inquired whether the geothermal initiative will generate sufficient energy to allow for the sale of surplus energy. JD responded that this is a strategic intent; however, the actual amount of energy to be delivered remains to be determined, and the possibility of selling energy will be considered if feasible. It was noted that Cheshire Wirral Partnership (CWP) did not apply, as their boilers were not sufficiently aged.</p> <p>The Council of Governors noted the progress of the Anchor Institution Group.</p>	
12.	<p><u>Provider Capability Feedback</u></p> <p>The Trust Chair, Mr N Large (NL), stated that the assessment is complete and feedback will be shared when available.</p> <p>The Council of Governors noted the Provider Capability Feedback update.</p>	
13.	<p><u>NHS England (NHSE) Enforcement Notice</u></p> <p>The Trust Chair, Mr N Large (NL) confirmed that notice has been shared and reflects where the Trust has been. The Trust has robust plans for improvement with changes hopefully to be seen in the coming year.</p> <p>The Council of Governors noted the final NHSE enforcement undertakings.</p>	
14.	<p><u>Medium Term Planning</u> (Item taken after item 9a). Research Update and 9b. Research Strategy)</p>	

	<p>The Chief Finance Officer, Ms K Edge (KE) presented the Medium Term plan to the Council of Governors, highlighting:</p> <ul style="list-style-type: none"> • The National timetable. • The Performance and delivery of targets. • The Financial deficit limit and planning bridge. • The capital planning. • Workforce deadlines and submissions. • 2026/27 Cost Improvement Programme (CIP) allocation approach and development. • 2026/27 productivity opportunity. • Board assurance statements. • Next steps and recommendations. <p>The Trust Chair, Mr N Large (NL) provided the Council of Governors with advance notice that the Board of Directors will be signing off the board assurance statements in the coming week. NL advised that this will present challenges in the coming year; however, the starting position is more favourable due to the work delivered during the current year. NL emphasised that staff need to understand the Trust’s position, and that effective messaging will be important for this purpose. (KE left the meeting)</p> <p>The Council of Governors noted the Medium Term Planning update.</p>	
15.	<p><u>‘Innovation Fortnight’ Feedback</u></p> <p>Chief Operating Officer, Ms C Chadwick (CC) informed the Council of Governors that the two weeks ‘Innovation Fortnight’ project was designed to provide colleagues working on the shop floor with an opportunity to implement some of their improvement ideas over a two week period. Sessions were held to outline the initiatives, and feedback was gathered thereafter. It was reported that some initiatives were successful, while others required significant financial investment. Although colleagues were given the opportunity to participate, CC observed that industrial action during one of the weeks hindered the ability to measure the impact of changes as thoroughly as intended.</p> <p>In Planned Care, an additional Resident Doctor was assigned, resulting in increased oversight in anaesthetics and the ward that treats the fractured neck of femur patients, efforts to ring fence beds for these patients have continued. The expansion of the surgical workforce has yielded positive results, and the team is assessing the affordability of maintaining these additions.</p> <p>For Urgent Care, the initiative to protect Doctors’ time received negative feedback, as it was deemed too restrictive. However, the introduction of a huddle in the Emergency Department (ED) was well received. Advancements included the allocation of a dedicated Clinical Practitioner to the ED, which will continue moving forward.</p> <p>Social workers were more frequently on site, and up to nineteen beds were made available in the Pinetum nursing home. Additional review meetings for these patients have continued, resulting in greater patient turnover.</p>	

	<p>Within Therapies & Integrated Community Care (TICC), further support was provided to SDEC, and it was noted that financial modelling needs to incorporate this support.</p> <p>In Diagnostics and Pharmacy, staff roles were adjusted to focus on to take out (TTO) prescriptions, resulting in a reduced turnaround time of twenty minutes per prescription.</p> <p>In Radiology, the appointment of a Head of Department for the day has continued, including participation in the 8am Trust position call. Out-of-hours radiology is working with C&M to ensure continued service. A portering colleague was employed for weekends and evenings, but this did not yield the anticipated impact.</p> <p>CC noted that three or four schemes are continuing, reflecting the positive outcomes of the work undertaken during the project.</p> <p>The Council of Governors noted the 'Innovation Fortnight' Feedback.</p>	
16.	<p><u>To receive Board updates:</u> (Item taken after item 14. Medium Term Planning)</p> <p><u>The recent Chair's reports of Board Sub-Committees:</u></p> <p><u>Chair's report from the Chair of the People Committee – 9th December 2025</u> The Chief People Officer, Ms V Wilson (VW) reported on key issues relating to sponsorship, which have been discussed at the Board of Directors and will be revisited at the February 2026 Committee, noting awareness of a number of employees affected by recent immigration changes and confirmed that support is being provided to individuals. VW is working with Unions to review individual cases.</p> <p>VW provided an update on progress regarding the Sexual Safety Charter, recent cases highlighted in the media have increased attention on this issue and an update will be presented to the February 2026 People Committee.</p> <p><u>Chair's Report Finance & Performance Committee – 18th November 2025 and 17th December 2025</u> The Director of Governance, Risk & Improvement, Mrs K Wheatcroft (KW) reported on two Committee meetings, noting that one was an interim Committee focusing on financial pressures. The position regarding the Integrated Performance Report (IPR) will be detailed later on the agenda. KW confirmed that the current financial position is on track, considering the withdrawal of the Deficit Support Funding (DSF) and a medium-term update has already been provided to the Council. KW noted risks associated with Health & Safety and Estates were identified within the Chair Reports, and the Committee continues to monitor these risk areas.</p> <p><u>Chair's report from the Chair of the Quality & Safety Committee – 8th January 2026</u> Non-Executive Director, Prof A Hassell (AH) highlighted an alert regarding Sepsis compliance, specifically noting the four stages of Sepsis. Although the process is complex, there has been positive progress; however, compliance for all emergency patients and inpatients does not fully meet targets for all stages. AH reported that Urgent and Emergency Care encompasses a number of</p>	

measures, and performance that are not yet at the desired level which remains an area for ongoing improvement. AH provided an update on the Striving for Excellence report, confirming that wards are visited regularly and standards have been raised. As a result, not all wards have achieved gold status. Assurance was given that the bar is set high and colleagues in these areas are responding positively. AH noted significant assurance in cleaning areas against targets, with departments responding quickly. AH confirmed that safety actions for the Maternity Incentives Scheme for Year 7 have been met. AH explained that e-discharge is intended to facilitate rapid communication with primary care, with a target of 24 hours. Although the trajectory has plateaued at a higher level, General Surgery, is struggling with plans in place for improvement in this area.

Chair's Report Audit Committee – 7th October 2025
(Chief Digital & Data Officer, Mr J Bradley (JB) left the meeting)

Non-Executive Director, Mr P Williams (PW) noted that Non-Executive Officer, Mr M Guymer, the previous Committee Chair, provided the Chair's Report relating to the meeting held on 7th October 2025. The Committee received assurance across a range of areas with no specific items of alert. It was noted that an anti-fraud progress report was undertaken, with activity measured against the plan. Two logged cases were discussed, with concerns raised regarding delays attributable to ongoing police processes. A discussion regarding Freedom to Speak Up (FTSU) was highlighted as an important means to demonstrate a culture of openness, transparency and trust, reflecting national best practice. The Committee received an update from Mersey Internal Audit Agency (MIAA) on work relating to the Data Security and Protection Toolkit (DPST) annual self-assessment mechanism. MIAA confirmed satisfaction with the self-assessment process undertaken. The internal audit recommendations tracker was presented by KW and her team, showing significant progress on recommendations and providing confidence in the Trust's approach. An update on out-of-date policies was received, with assurance that the recovery process and progress are receiving the necessary senior attention. Technical updates from internal and external auditors were also noted.

PW gave a verbal update from the Audit Committee which took place on the 3rd February 2026. The Audit Committee received various reports and updates, including oversight of recent business conducted by other sub Committees to the Board of Directors to triangulate work across Committees. A presentation from MIAA outlined internal audit progress for 2025/26, which is on track, and the anti-fraud workplan and internal audit plan for 2026/27, which have been actively engaged with. External Auditors, KPMG, provided an update on their planning for the audit of financial statements. Updates from KW and her team highlighted improvements in risk management across the Trust in recent years, with recognition of the increased maturity within the risk management structure, though further development is still required. It was noted that Chair's report will be produced in due course for the meeting.
(PW left the meeting)

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

Integrated Performance Report (IPR)

The Chief Operating Officer, Ms C Chadwick (CC) presented data regarding 4-hour, 12-hour and ambulance handover performance, referencing the December 2025 figures shared with the Council. It was noted that ED attendances were exceptionally high in December 2025, with the trajectory for January 2026 indicating nine hundred more patients compared to January 2025. CC confirmed 4-hour performance was recorded at 62%. Non-criteria to reside (NCTR) performance, relating to patients who do not require to remain in hospital, remains challenging affecting flow within the Trust. Ambulance turnaround times have improved, with a reduction of 36% reported. CC highlighted that corridor care improved; however, for January 2026, corridor care has returned, which was considered preferable to patients remaining in ambulances. It was further noted that this winter has felt more challenging for colleagues, following a relatively favourable autumn. CC reported that NHSE conducted a comparison of the three metrics, and the Trust has been recognised as one of the top ten most improved Trusts in these areas. CC provided an update on Referral to Treatment (RTT) and 52-week elective performance. Additionally, an update on patients waiting over 65 weeks was received from CC. CC shared Cancer performance data for November 2025, highlighting three indicators: Faster Diagnosis Standard (FDS) achieving just over 80% compliance in December 2025; the 62-day indicator remaining above the standard; and the 31-day indicator rated as green. CC reported that diagnostic waits remain a challenge, expressing confidence that improvement plans will result in much better performance by the end of March 2026. It was also noted that additional ultrasound capacity has been offered externally at no cost and has been taken up.

The Director of Nursing & Quality/Deputy Chief Executive, Ms S Pemberton (SP) updated from a Quality point of view. With the Medical Director, Dr N Scawn (NS) providing an update regarding a recent Never Event. The incident involved a patient with a mole on their face, who attended for removal however, another mole was removed instead of the area of change, necessitating the patient's return for the correct procedure. NS confirmed that an investigation has been conducted to determine how the error occurred and actions have been taken accordingly.

NS reported from a Safety point of view on two national mortality metrics: Summary Hospital-level Mortality Indicator (SHMI) and Hospital Standardised Mortality Ratio (HSMR). The Trust is performing below the predicted mortality rate for organisations of a comparable size. NS provided an update on Sepsis performance, specifically relating to patients admitted via the ED with a diagnosis of Sepsis. Notable improvements have been made across three key measures from April 2025 to November 2025, with percentage data recorded. NS acknowledged that further work is required but highlighted ongoing progress in this area.

The Trust Chair, Mr N Large (NL) noted that the Council have already received financial update from the Chief Finance Officer, Ms K Edge (KE).

The Chief People Officer, Ms V Wilson (VW) reported KPI performance as showing improvement, with a more positive outlook for both staff turnover and the rates of appraisal and completion of mandatory training. Sickness absence

	<p>experienced a seasonal increase during the winter months; however, the Trust remains in a favourable position, with absence rates lower than the previous year and the overall trend continuing downwards. Appraisal completion, mandatory training, and Trust specific training were noted to be on an upward trajectory. Agency spend was reported as positive, with overall reductions and less reliance on staff in flexible arrangements compared to the same period last year. (VW left the meeting)</p> <p>The Council of Governors noted the IPR update.</p>	
17.	<p><u>Membership & Engagement Committee Chairs report 11th December 2025 and approved minutes 11th September 2025</u></p> <p>The Chair of the Membership & Engagement Committee, Public Governor, Mr M Roberts (MR), updated the Council that upon assuming the position of Chair of the Committee it was determined that the public membership would be narrowed. The Director of Governance, Risk & Improvement, Mrs K Wheatcroft (KW) added that a data cleanse was undertaken to utilise the membership database proactively, ensuring that the Trust can contact members digitally and that the database remains current. It was noted that all staff members are considered members unless they choose to opt out.</p> <p>MR reported that the number of members of the Committee have now increased noting that Public Governor, Prof T Fisher (TF) will be joining the Committee. MR expressed concerns regarding the Committee, stating that it is not sufficiently connected to the members and does not currently provide adequate value and noted conversations he has had with the FTSU Guardian, Ms H Ellis.</p> <p>During an earlier Ward visit, MR observed that staff are aware of the Council of Governors but not of its functions. TF concurred that, after inquiring on the Ward, staff did not know what the Council or Board of Directors does. The Chief Operating Officer, Ms C Chadwick (CC) commented that she has grown up within the NHS and noted that awareness of the Council and Board is more prevalent among senior NHS employees but felt most NHS staff are familiar with the responsibilities of the Board and communicate this accordingly. The Director of Nursing & Quality/Deputy Chief Executive, Ms S Pemberton (SP) added that the terminology may be a factor; staff may not recognise the term Board of Directors but are familiar with Executives and Non-Executive Directors and their roles. The Trust Chair, Mr N Large (NL) stated that Staff Governors can play a key role in communicating these responsibilities and will ensure alignment in planning to facilitate understanding among staff and the public. (MR left the meeting)</p> <p>The Council of Governors noted the Chair's Report of the 11th December 2025 and approved minutes from the 11th September 2025.</p>	
18.	<p><u>To receive feedback from Governors</u></p> <p>No feedback was shared on this occasion.</p>	
19.	<p><u>Non-Executive Director (NED)/ Governor Walkabouts Summary Report</u></p>	

	<p>Public Governor, Prof T Fisher (TF) reported that he participated in a walkabout across Ward 50/51, engaging positively with staff, patients, domestic staff, and nursing staff. TF queried the process for completed walkabout forms, specifically regarding their subsequent handling and outcomes. The Trust Chair, Mr N Large (NL) clarified that a summary of the forms is compiled and submitted to him, and that relevant details are also shared with the Director of Nursing & Quilty/Deputy Chief Executive, Ms S Pemberton (SP) for any specific issues. Additionally, summary reports are presented to the Council of Governors. SP confirmed that any recurring themes identified are fed back to the appropriate parties; however, individual forms are not necessarily shared in detail. NL further noted that he ensures staff are thanked for their participation noting that the walkabouts are that walkabouts and not inspections. NL emphasised that the feedback loop is closed, and any immediate safety concerns raised are addressed without delay.</p> <p>The Council of Governors noted the summary report from the recent NED/ Governor walkabouts.</p>	
20.	<p><u>Draft Council of Governors Annual Report 2025-26 Extract</u></p> <p>The Director of Governance, Risk & Improvement, Mrs K Wheatcroft (KW) noted that the draft Council of Governors Annual Report extract was not shared prior to circulation last year and emphasised the value in reviewing the draft beforehand. KW further remarked that walkabouts had not been specifically highlighted and can be included in future drafts.</p> <p>Public Governor, Prof T Fisher (TF) agreed with KW's comments and stated willingness to provide feedback, either formally or informally, as appropriate. KW confirmed that any points can be incorporated into the Annual Report and invited Governors to provide feedback directly to herself. Lead Governor, Mr J Jones (JJ) confirmed that the draft provided a fair reflection of the year.</p> <p>The Council of Governors reviewed and approved the draft narrative for the Council of Governors section of the Annual Report.</p>	
21.	<p><u>For noting:</u></p> <p>The Council of Governors noted the:</p> <ol style="list-style-type: none"> a) Council of Governors Workplan. b) Council of Governors Photo Sheet. c) Key Meetings and Dates for the Council of Governors 2026-27. 	
17.	<p><u>Any Other Business</u></p> <p>Public Governor, Prof T Fisher (TF) requested an update presentation from Facilities Management at a future meeting.</p> <p>Action: It was agreed that the Council of Governors will receive a Facilities Management update at a future meeting.</p>	CJ
18.	Close of meeting	

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

Council of Governors Action Log
2026/27 updated April 2026

Action Number	Meeting Date	Allocated to	Agenda Item Number	Issue/Action Raised	Action Details	Action Update/Outcome	Due Date	Status
6-25/26	4 th Feb 2026	Public Governor, Prof T Fisher / Director of Clinical Research, Dr P Bamford	9a.	Research Update	It was agreed for Dr P Bamford and Prof T Fisher to meet outside of the meeting to discuss Research further and Trust links to Health Innovation.	Update 5th March 2026 – An introduction e-mail was shared between Dr P Bamford and Prof T Fisher. Update 11th March 2026 – Prof T Fisher contacted Dr P Bamford to meet.	Apr-26	Closed
7-25/26	4 th Feb 2026	Committee Secretary	17.	Any Other Business	It was agreed that the Council of Governors will receive a Facilities Management update at a future meeting.	Update 9th March 2026 – Presentation Update included on the April 2026 Council of Governors agenda.	Apr-26	Open

PUBLIC – Council of Governors
15th April 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 – 31 st March 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 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.

NHSE has also developed a new National quality and outcomes committee which will oversee the development of Modern Service Frameworks (MSFs) that promote new service standards for safe, effective and good patient experience. With the intent of addressing safety in respect of falls, pressure ulcers, deep vein thrombosis and the deteriorating patient, three frameworks are due for publication in this year including:

- Cardiovascular Care
- Sepsis
- Children and Young People

These will be followed by:

- Mental Health
- End of Life
- Frailty and dementia

2. Regional Updates

The Integrated Care Board (ICB) has established a new executive team and published a revised operating model reflecting the National blueprint and move toward strategic commissioning.

Considering the new fixed management cost envelope the ICB will have five core functions including:

- Clinical leadership and quality
- Health and integrated care commissioning
- Finance and commissioning
- Corporate services and governance
- Strategy and Transformation

Priorities for the ICB going forward include:

- Improving outcomes in population health
- Enhancing productivity and value for money
- Help the NHS support broader social and economic development
- Tackle inequalities in outcomes, experience and access

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

6th February 2026

The CMPC Leadership Board met on the 6th February 2026. The meeting included:

- Updates regarding the appointments to the Cheshire and Merseyside Integrated Care Board (ICB) Executive Team and the ICB operating model including strategic commissioning.
- An overview of the draft Cheshire and Merseyside ICB 5 year integrated plan with the following priorities:
 - Neighbourhood Health
 - Population Health
 - Maternity and Neonatal Care
 - Children and Young People
 - Mental Health
 - Neurodiversity
 - Frailty and Falls Prevention
 - Palliative and End of Life Care
- Transformation updates covering best value community offer, productivity opportunity around UEC (unwarranted variation), and capital prioritisation.
- Financial position, system deficit and risks, contract offers, CMPC blueprint opportunities and cost improvement planning.

18th February 2026

Chairs and CEOs attended the Leadership Board on 18th February 2026. This meeting included:

- Provider priorities ahead of the March strategic discussions with the Cheshire and Merseyside ICB and NHS England.
- The final CMPC Provider Blueprint was endorsed, confirming five strategic priorities: fragile services; financial sustainability; community offer standardisation; economies of scale; and corporate service consolidation.
- The updated CMPC governance arrangements including strengthened arrangements for Professional Groups, and key workstreams.
- Progress in respect of the blueprint workstreams.
- Financial planning across the system, the scale of the recurrent financial challenge and CIP requirements across providers.
- Digital investment updates.

4. Cheshire West

The Cheshire Health and Well Being Board has been working with partners to develop a new Health and Well Being strategy for 2026 - 2030.

The Vision for the strategy is to reduce inequality, increase years of healthy life and promote improved mental and physical health and wellbeing for everyone in Cheshire West and Chester. Priorities include

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention
- Tackle racism, discrimination and their outcomes
- Pursue environmental sustainability and health equality together

5. Cheshire and Warrington Devolution

The Parliamentary Order for the new Cheshire and Warrington Combined Authority has now been signed off by Minister Miatta Fahnbulleh MP, which means the Authority is officially up and running. A Mayor will be elected in May 2027, and the Authority will be responsible for at least £650 million of funding over the next 30 years.

Its first meeting is planned for April 2026, with local Council Leaders acting as the Board until the Mayor is in post.

Devolution is intended to bring decisions closer to home, support local businesses, attract talent and drive investment. Over the next year, the focus will be on bringing in investment, creating jobs, and improving transport to help build a sustainable, inclusive economy by 2045. This puts Cheshire and Warrington alongside other northern areas already benefiting from devolution, with a stronger voice both regionally and nationally.

Nick Walkley, previously Chief Executive of Homes England, has been appointed as Interim Chief Executive of the new Authority.

6. NHS England Letter regarding Corridor Care

NHS England wrote to all Trusts on the 4th March setting out the additional actions needed to eradicate corridor care. The Trust supports these actions and is committed to working with partners to ensure sustainable improvements can be made to eradicate the need for escalation beds in corridors.

7. NHS Oversight Framework (NOF)

NHS England published the NHS Oversight Framework segmentation and rankings for Q3 on the 18th March 2026. We are pleased to note the improvement in ranking for the Countess of Chester Hospital NHS Foundation Trust in the acute and specialist league table from 132/134 to 122/134. While league tables only tell part of the story, progress and accountability matter. The improvement reflects the hard work of our teams in tackling the long-standing challenges the Trust faces.

8. GIRFT Streaming Case Study

NHS England Getting it Right First Time team have commended the Trust on the improvements made through introduction of streaming for urgent and emergency care, with a case study published to demonstrate the achievements.

The Trust introduced Streaming and Rapid Assessment Triage (RAT) on 24th November 2025 for walk-in adult patients, which has led to improvements in time to initial assessment, resulting in a significant reduction in median time to initial assessment, as well as earlier decision making and clear safety benefits.

Whilst there is clearly more to do to improve waiting times within our emergency department this is a clear example of our commitment to improving the services for our patients.

9. PLACE Report

The outcomes of the 2025 Patient-Led Assessment of the Care Environment (PLACE) undertaken across Trust sites on 31st October 2025 demonstrate sustained improvement across most of the domains, with the Trust performing above the national average in the majority of PLACE indicators.

Performance at the Countess of Chester Hospital site in particular shows consistent improvement across all domains, reflecting the impact of the Trust's multidisciplinary approach to maintaining high standards in the patient care environment.

A small number of areas remain below national averages, primarily relating to organisational food provision and environmental accessibility at Tarporley War Memorial Hospital. Targeted improvement actions have been developed and will be monitored through the PLACE governance structure.

The PLACE programme operates as a continuous improvement feedback loop, incorporating assessment, learning, action planning and re-assessment through PLACE-Lite reviews and the PLACE Committee. This approach provides ongoing assurance that environmental quality and patient experience risks are identified, managed and improved.

10. NHS England Education Quality Assessment

The Trust has received a draft report from the NHS England Education Quality Assessment visit in November 2025. The report concludes

"We found no major concerns and identified no patient safety risks. The learning environment within the emergency department has dramatically improved, with learners consistently reporting a significantly better experience than previous cohorts. All doctors in emergency medicine training posts stated they would recommend the placement, describing a positive culture and strong individual support. These findings were triangulated with nursing staff, educators and governance leads, who similarly described an increasingly supportive and collaborative environment".

The Trust had responded to stakeholder concerns through the leadership of the Director of Medical Education, addressing any gaps and improving the experience of training at the Countess of Chester Hospital NHS Foundation Trust.

11. COCH Planning Briefing Sessions

In March 2026, I held a number of briefing sessions for senior leaders across the Trust to speak candidly about where we are as we approach year end, and importantly, where we are going next.

We now have a clear and detailed five-year plan which is grounded in the NHS 10 Year Plan and aligned to national expectations. Built on a realistic assessment of our current performance and financial position, it is ambitious, but it is also deliverable - and it will require sustained focus.

This has been a challenging year, and we are not yet where we need to be, however there has been great progress. We are on track to deliver our financial plan, including £28 million in savings. We have continued to reduce waiting times by increasing activity and maintaining focus on our Urgent and Emergency Care services. There is more to do, but the direction of travel is positive.

We are also seeing meaningful improvements in patient safety. Falls have reduced, alongside reductions in pressure ulcers and infections, and we are now consistently assessing patients for their risk of developing DVT. This reflects our approach to prevention which we are continuing to take into the community.

This progress has been driven by the collective effort of colleagues across the Trust.

12. Board Leadership update

We are delighted to confirm the appointment of Mr Dan Nash as the new Director of Transformation and Productivity to the Board of Directors. This is a critical role in leading the Trust's transformation programmes and addressing the underpinning challenges.

PUBLIC – Council of Governors
15th April 2026

Report	Agenda Item 8.	Lead Governor Update – April 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.

Lead Governor Update – April 2026

I would like to formally welcome Dr Eve Collins, who is now our Chester University Partnership Governor and thank Dr Kate Knight for her contribution to the Trust during her term as a Partnership Governor.

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

The Trust Chair has continued his regular informal communication briefing sessions with all Governors. Prior to the Chairs briefing in March 2026, we had an excellent interactive session around “Freedom to Speak Up” within the Trust.

Governors continue to attend the Trust Board meetings which are held in public, and I continue to encourage other Governors to attend future Board meetings if possible.

The Membership and Engagement Committee meeting was held on the 10th March 2026 where we welcomed new Governors to the meeting. It was again agreed that it would be helpful if display boards were created with photographs of all Governors which could then be displayed across the Trust. This would help raise awareness of Governors. The membership database has now been cleansed, and the Trust can now focus on digital communication. We are further exploring how to recruit more members with a focus already directed to this year’s Annual Members Meeting later in the year. The Committee continues to review its workplan.

The Trusts 2025/2026 Annual Report is now being prepared. Attached to this report is the Lead Governor 2025/2026 review which is to be included.

I would like to thank those Governors who reviewed both the Chair and Non-Executive Directors objectives through the annual appraisal process.

The Non-Executive Directors (NEDs) and Governor’s walkabouts continue to be undertaken. We had a highly informative and excellent walkabout within the Women’s and Children’s new building. I would like to take the opportunity to thank all the staff who give their time to both NEDs and Governors when we undertake all of these valuable walk abouts.

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

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

Appendix 1

Lead Governor Annual Report 2025/2026

2025/2026 has again been a very challenging year for the Trust particularly in the areas of urgent care, waiting lists and the finances. However, all staff both clinical and non-clinical have as always risen to the challenges in their ongoing pursuit of excellent patient care.

All Governors have had a key part to play in monitoring the Trusts' performance and being engaged in the review of the trusts' strategic and operational risks. We do this by holding the Non-Executive Directors to account via various forums including our attendance at Board meetings held in public, their attendance at our Council of Governor meetings where they present on their particular portfolios, and we engage with them regularly when we all undertake the NED/ Governor hospital walkabouts – which Governors find invaluable.

We have over the last year held regular Governor development sessions where both Executive Directors have led on certain topic areas and NEDs have presented on their own lead areas.

The Council of Governors meets formally four times each year. The governance of this meeting has been strengthened during the last year and a work plan developed which is reviewed at each meeting. This has enabled Governors to be much more focused.

To ensure that Governors are kept updated the new Trust Chair holds regular informal briefing sessions which all Governors are invited to.

Governors are members of the trusts Nominations Committee and have, as all Governors have over the last year, been central to the appointment of the Trusts new Chair and in the appointment of the new NEDs.

The Membership and Engagement Committee has been re launched and a new Membership Engagement Strategy has now been developed and agreed. During the forthcoming year Governors aim to be more proactive in their engagement with members of our local communities. A number of Governors terms of office came to an end in September 2025 and I would like to thank each of them for their commitment and involvement whilst here at the trust.

We also saw a significant number of new Governors join the Trust in September 2025 following elections in the summer and I would like to welcome them and look forward to working with them in the forthcoming year. We have again adopted our Governor Buddying scheme – this allows new Governors to align to a Governor who is already within the Trust for them to help and support them during the initial period of their tenure.

There is no doubt that the Trust continues to be under many pressures but there are also so many positive achievements which have taken place through 2025/2026. It is perhaps unfair to single out any particular one, but the Women's and Children new build has to be a wonderful example of what the Trust can and does do so well. Governors have been given such a privileged insight to the development of this building from the initial ground works, and I was fortunate in attending the official opening of this facility. Although the building is without doubt a great achievement, perhaps feedback from a patient who recently had her baby delivered there perhaps sums it up best. She said "Although the building is absolutely fantastic what really made my experience exceptional was the staff who work there – all of them from the cleaning and reception staff through to the clinicians who so professionally delivered our baby safely – all were wonderful and made my experience so exceptional"

The above patient comments regarding the staff are reflected in patients' feedback across the Trust and I on behalf of Governors would like to thank all staff for their compassionate and dedicated care they deliver day in day out even during the most challenging times.

As we look forward to 2026/27 Governors continue to be fully committed to the ongoing development of the Trust.

My term of office as both a Governor and Lead Governor come to an end in September 2026. We have already gone through a structured process to seek a new Lead Governor from September and Tony Fisher has been duly selected. I wish Tony well in this role which I have been privileged to have held and I take this opportunity to thank all Governors for the support that they have given me.

PUBLIC – Council of Governors
15th April 2026

Report	Agenda Item 9.	NHS Staff Survey 2025 – Results and High-Level Actions						
Purpose of the Report	Decision		Ratification	X	Assurance	X	Information	X
Accountable Executive	Vicki Wilson			Chief People Officer				
Author(s)	Vicki Wilson			Chief People Officer				
Board Assurance Framework	BAF 1 Quality BAF 2 Safety BAF 3 Operational BAF 4 People BAF 5 Finance BAF 6 Capital BAF 7 Digital BAF 8 Governance BAF 9 Partnerships BAF 10 Research			X	BAF impact is BAF 4 – People Failure to maintain a positive staff experience and strong levels of engagement risks undermining recruitment, retention and staff advocacy. Poorer staff experience is also associated with reduced quality of care and negatively affects patient outcomes. Sustained deterioration may further impact the Trust’s CQC assessment under the Well-Led domain.			
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 X
Previous considerations	Operational Management Board – 26 th March 2026 Board of Directors – 31 st March 2026							
Executive summary	<p>The 2025 NHS Staff Survey results provide an important indication of colleague experience at a time of sustained operational and financial pressure across the NHS. Five of the nine People Promise domains show no statistically significant movement compared with 2024, suggesting stability in several key aspects of staff experience. However, four domains (those relating to recognition, staff voice, health and wellbeing, and team climate) have deteriorated, reflecting the continued impact of workload, resource constraints and organisational strain. This pattern mirrors the national picture, where only 25 comparator Trusts reported year-on-year improvement.</p> <p>At question level, 84% of responses show no significant change, though notable declines are evident in areas relating to access to materials and equipment, organisational advocacy, health and wellbeing support, and opportunities for learning, development and career progression. By</p>							

	<p>contrast, improvements are seen in flexible working, the reduction in additional paid hours, and appraisal coverage, indicating positive movement in areas where targeted work has taken place.</p> <p>Feedback from staff highlights a mixed picture. There is evidence of strengthening line-management relationships, greater confidence to report incidents, and improvements in flexible working and aspects of inclusion. Alongside this, staff describe increasing work pressure and fatigue, reduced enjoyment, concerns about involvement in decision-making, and diminished confidence that the organisation prioritises patient care and invests in career development.</p> <p>Divisional patterns remain consistent with previous years. Non-patient-facing areas continue to report the most positive scores, while front-line clinical divisions face the greatest challenges in both engagement and morale, reflecting the day-to-day operational pressures in these services.</p> <p>In line with the national planning requirements for 2026/27, the Trust has identified four priority areas where dissatisfaction is greatest and where focused action is expected to have the most impact. These are:</p> <ul style="list-style-type: none"> • Make work feel manageable again • Strengthen staff voice, involvement and the standards we uphold together • Support individual, team and organisational learning • Ensure people feel valued every day <p>These priorities have been informed by detailed analysis of the survey results and shaped by two Trust-wide engagement sessions held with staff on the day the embargo was lifted. Divisional action planning, supported by HR Business Partners, is underway, with progress to be monitored through divisional and People governance arrangements. A consolidated action plan will be presented to People Committee in April 2026.</p>
Recommendations	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> • Note the Trust’s Staff Survey 2025 results. • Note the analysis undertaken and areas for action identified. • Note the Trust priorities identified in section 5. • Take assurance that the Trust continues to engage its staff in the completion of the staff survey, review and analysis of the survey results, and identification of appropriate actions, and will monitor progress via People Committee.

Corporate Impact Assessment	
Statutory/regulatory requirements	CQC/Constitution/other regulation/legislation
Risk	Poor staff experience (BAME and staff with disabilities) risk included on strategic risk register
Equality & Diversity	Meets Equality Act 2010 duties & PSED 2 aims and does not directly discriminate against protected characteristics
Communication	Document to be published on as part of agenda/papers pack.

NHS Staff Survey 2025 – Results and High-Level Actions

1 Introduction

The NHS Staff Survey provides an opportunity for NHS organisations to survey their staff in a consistent and systematic way. This makes it possible to build up a picture of staff experience and, with care, to compare and monitor change over time and to identify variations between different staff groups. The Trust recognises the importance of positive staff experience and the impact this has for patients. Our staff survey results provide valuable insight into the experience of staff working within our Trust and supports us in identifying priorities for improvement. The data from our staff survey is available in the public domain and is used by organisations such as the CQC as part of a wider suite of metrics to review and monitor performance.

2 Background

The survey was made available to all staff (including Bank Staff) for completion during the period September to November 2025 using a mixed survey mode of electronic and paper based. To maintain confidentiality, all Trusts are required to use an external survey provider, with the Trust continuing to use IQVIA for the 2025 survey. The results were subject to a national embargo that was lifted on 12th March 26, with benchmarking available for sharing from this date.

Since 2022, Staff Survey results have been mapped against the NHS People Promise, the promise that all NHS organisations and staff working within them make to each other to work together to improve the experience of working in the NHS for everyone. The people promise includes the following 7 elements, with the staff survey also mapped to two additional measures of engagement and morale.

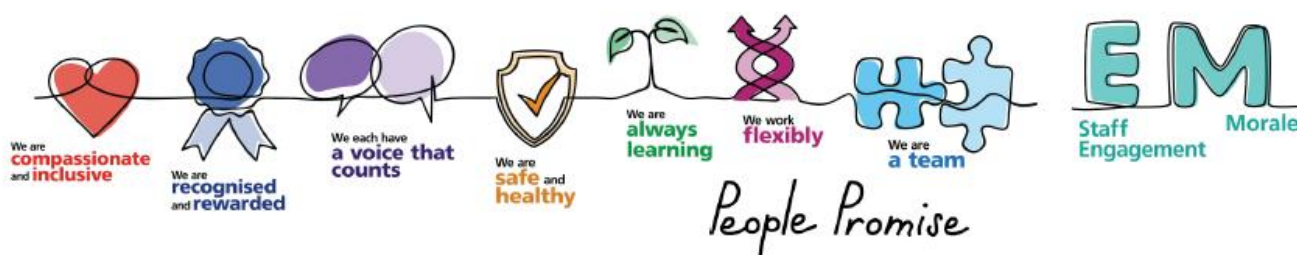


Figure 1 – Visual summary of the NHS People Promise and the additional NHS Staff survey measures of Staff Engagement and Morale

3 Purpose

The purpose of the report is to highlight key observations from analysis of the Trust's staff survey results and benchmark data, and to provide assurance that the Trust continues to engage its staff in the completion of the staff survey and has identified appropriate actions with the aim of further improving staff experience.

4 NHS Staff Survey 2025 Results

The 2025 Staff Survey results show that five of the nine measured domains (the seven People Promise themes plus Staff Engagement and Morale) showed no statistically significant year-on-year movement, indicating that in over half of the areas assessed, overall staff experience remained broadly consistent with 2024. These were:

- We are compassionate and inclusive
- We are always learning
- We work flexibly
- Staff Engagement
- Morale

The remaining four domains showed statistically significant deterioration, reflecting areas where staff perceptions have shifted more noticeably over the past year, specifically:

- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are a team

These are the areas that tend to be most sensitive to operational and financial pressures, as they reflect how staff feel about workload, recognition, voice in decision-making, and day-to-day team climate, all of which are affected when the system is under strain. These changes align with the national pattern of more challenging staff survey results across the NHS in 2025.

The following sections provide a high-level summary of results, and a full copy of the Trust Breakdown and Benchmark Reports are available via the links below:

<https://cms.nhsstaffsurveys.com/app/reports/2025/RJR-benchmark-2025.pdf>

<https://cms.nhsstaffsurveys.com/app/reports/2025/RJR-breakdown-2025.pdf>

4.1 Completion Rates

In 2025, the Trust achieved a completion rate of 44.34% (-0.2% from 2024, the highest response achieved in 11 years) which was an increase in the actual number of employees who responded compared with 2024. This compares to a national response rate for our comparator group of 47%.

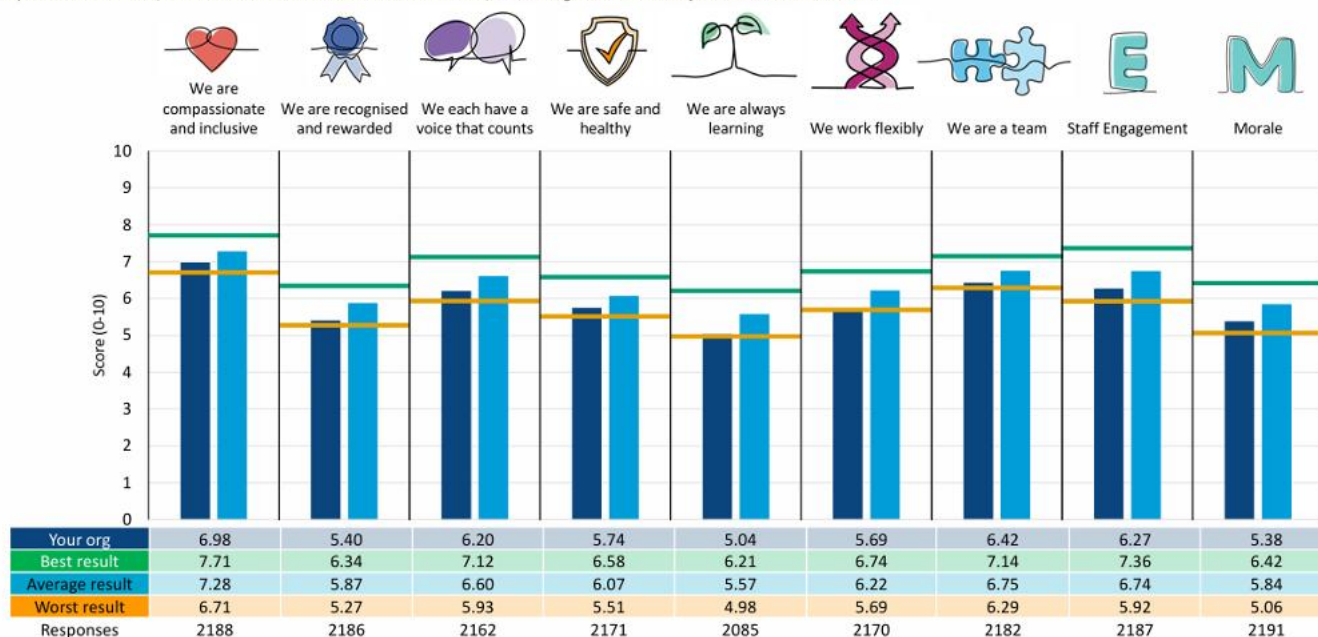
4.2 Benchmarking with Comparator Group

For the purposes of national benchmarking the Trust is compared with 121 other organisations that are categorised as Acute and Acute and Community Trusts.

Figure 2. below provide a visual overview of Trust results against our comparator group.

People Promise elements and themes: Overview Survey Coordination Centre **NHS**

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



The Trust continues to be below the average for our comparator group across all People Promise elements and themes and is aligned to the lowest score for 1 theme “we work flexibly” however this is the theme where we have seen greatest improvement. The 2025 results overall present an improved benchmarking position from 2023 results where we were the worst performing Trust for 7 out of 9 elements/themes.

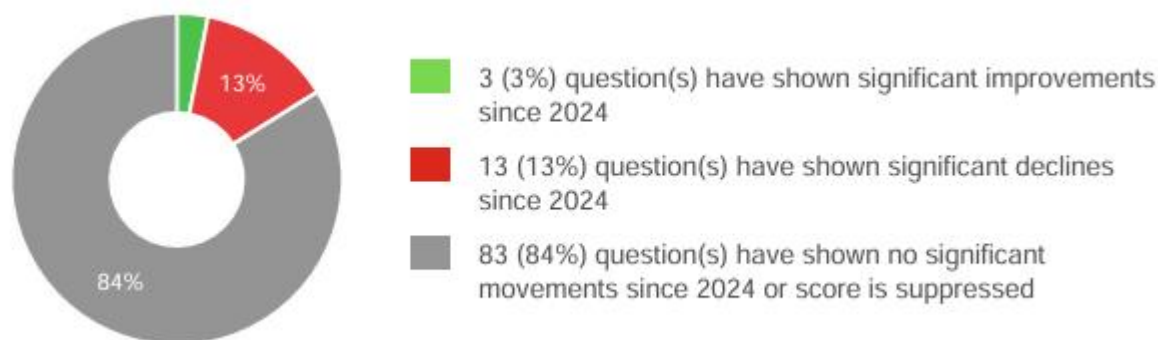
The Trust made progress contrary to the national trend in 2024, however results for 2025 show deterioration in line with the national picture of worsening results across the NHS. Only 25 comparator Trusts nationally saw an increase with the vast majority seeing scores deteriorate, reflecting the significant challenges facing the NHS and the impact these financial and operational pressures inevitably have on staff experience.

4.3 Trust performance compared with 2024 results

The Trust made progress against the national trend in 2024; however, the 2025 results reflect the wider national picture of deterioration across the NHS. Only 25 comparator Trusts nationally reported improvement, with the majority experiencing declining scores, highlighting the continued operational and financial pressures influencing staff experience.

While benchmarking provides helpful context, the Trust maintains a focus on year-on-year change to inform our improvement activity. Comparing 2025 results with 2024 shows that five of the nine People Promise domains recorded no statistically significant movement, while four domains demonstrated statistically significant deterioration, indicating areas where staff perceptions have shifted more noticeably.

At a question level, the picture is similarly consistent, with 84% of questions showing no significant change compared with 2024.



There were 3 questions where a statistically significant improvement has been achieved:

- I can approach my immediate manager to talk openly about flexible working (+3.3%)
- I work additional PAID hours, over and above my contracted hours. (-3.6%)
- In the last 12 months, I have had an appraisal or development review (+3.3%)

and 13 questions that have seen a significant decline, most notably:

- I have adequate materials, supplies and equipment to do my work (-8.6%)
- I would recommend my organisation as a place to work (-6.6%)
- My organisation takes positive action on health and well-being (-6.5%)
- There are opportunities for me to develop my career in this organisation (-6.2%)
- I have opportunities to improve my knowledge and skills (-6.2%)
- Care of patients / service users is my organisation's top priority (-6.2%)

4.4 Feedback Themes

The feedback themes provide helpful context to understand the underlying drivers of staff experience. Positive themes highlight areas where staff feel supported, including improvements in aspects of line management, diversity and equality, and elements of flexible working and work–life balance. Importantly, the increase in reported incidents of violence, bullying and abuse is viewed positively, as it reflects greater confidence among staff to report concerns rather than an increase in behaviours themselves. This suggests that ongoing work to promote psychological safety and encourage speaking up is beginning to have impact.

Alongside these positives, several themes indicate areas where staff experience is becoming more challenging. Higher levels of work pressure and fatigue, reduced enjoyment, fewer opportunities to be involved in change, and concerns about career development and advocacy reflect the operational and financial pressures affecting the NHS. Together, these themes provide a balanced picture, highlighting where current approaches are working well and where targeted focus is needed.

Positive feedback themes	Negative feedback themes
✓ Improvements in line management scores	• Increased levels of work pressure and fatigue
✓ Improvement in specific diversity & equality measures	• Less enjoyment and enthusiasm
✓ Increased reporting of incidents of violence, bullying, abuse	• Less involved in changes and decisions & opportunities to develop

- ✓ Improvements in all 4 areas of flexible working and work life balance
- Decline in advocacy, especially linked to patient care being org top priority

4.5 Most Improved and Most Deteriorated Question

The question-level analysis shows notable variation in how staff experience has shifted over the year. The most improved questions relate to flexible working and day-to-day wellbeing, including increased confidence in approaching managers about flexible working, a reduction in additional paid hours worked, and more staff receiving an appraisal. These improvements suggest that changes in local practice and support structures are beginning to gain traction.

Conversely, the most deteriorated questions relate to foundational elements of the working environment: access to materials and equipment, organisational advocacy, perceptions of health and wellbeing support, and opportunities for learning and career development. These areas are typically most affected by operational and financial pressures, and this downward movement highlights where staff are feeling the strain most. This provides clear direction for targeted actions to strengthen the fundamentals of staff experience over the coming year.

Top 5 Improvements	Top 5 Deteriorations
Q6d – Able to talk to manager about flexible working (+3.3%)	Q3g – Meeting conflicting demands (–8.6%)
Q6b – Trust supports work–life balance (+2.5%)	Q25c – Recommend as place to work (–6.6%)
Q12f – Every working hour tiring (+2.1%)	Q25a – Care is top priority (–6.2%)
Q12e – Worn out at end of day (+2.0%)	Q24b – Career development opportunities (–6.2%)
Q12d – Exhausted at thought of another day (+1.8%)	Q23b – Appraisal helped improve job (–6.2%)

4.6 Question Types

Analysis of the seven question types shows a reduction in ‘Your Organisation’ scores, primarily linked to advocacy and perceptions of staff voice, and a decline in ‘Your Personal Development’, reflecting lower outcomes across the ‘We Are Always Learning’ sub-themes. In contrast, ‘Your Managers’ shows an improvement, indicating strengthening confidence in line manager relationships which was an area of focus following the 2024 results.

Question Type	2024 Overall %	2025 Overall %	Change in %
YOUR JOB	52.80%	51.39%	-1.41%
YOUR TEAM	65.24%	64.99%	-0.25%
PEOPLE IN YOUR ORGANISATION	63.90%	62.43%	-1.47%
YOUR MANAGERS	62.67%	63.12%	0.45%
YOUR HEALTH, WELL-BEING & SAFETY AT WORK	64.27%	63.77%	-0.50%
YOUR PERSONAL DEVELOPMENT	49.45%	46.93%	-2.52%
YOUR ORGANISATION	51.44%	47.88%	-3.56%
OVERALL	59.33%	58.32%	-1.01%

4.7 Staff Engagement & Morale Scores

In relation to the engagement and morale elements, prevalence of stress, anxiety & burnout amongst staff is contributing to lower scores. Staff Engagement is generally higher in non-patient-facing areas, and for Morale, a similar picture emerges. This likely reflects the day-to-day realities of service demand, resourcing, and fatigue in front-line environments. Further work is needed to tackle the root causes of stress, anxiety and burnout.

Staff Engagement	Morale
Corporate Non-Clinical 7.44	Finance & Performance 6.41
Finance & Performance 7.13	Corporate Non-Clinical 6.31
Nurse Management 6.85	Nurse Management 5.95
IMT 6.67	IMT 5.93
TICC 6.57	People Services 5.55
Women's & Children's 6.50	TICC 5.44
People Services 6.32	Planned Care 5.35
Urgent Care 6.24	Women's & Children's 5.30
Planned Care 6.16	Diagnostics & CSS 5.27
Diagnostics & CSS 5.95	Urgent Care 5.23
Estates & Facilities 5.85	Estates & Facilities 5.14

It is noted that the best performing areas are all non-patient facing divisions, mirrored by breakdown data for Staff Groups where A&C staff have the highest average across all areas.

Notably, Add Prof Scientific & Technical are the lowest by some distance for both Engagement and Morale. Feedback from recent staff sessions indicates that this is likely to be associated with the planned organisational changes affecting their service and including how staff have been engaged in the process.

Staff Engagement	Morale
Healthcare Scientists 6.47	Administrative & Clerical 5.65
Additional Clinical Services 6.41	Additional Clinical Services 5.61
Administrative & Clerical 6.41	Healthcare Scientists 5.53
Nursing & Midwifery Registered 6.35	Medical & Dental 5.46
Allied Health Professionals 6.17	Estates & Ancillary 5.28
Medical & Dental 6.01	Nursing & Midwifery Registered 5.16
Estates & Ancillary 5.92	Allied Health Professionals 5.13
Add Prof Scientific & Technical 5.59	Add Prof Scientific & Technical 4.68

4.8 Divisional Breakdown

From a divisional perspective, the best staff experience (as measured by the 30 themes) is within Corporate non-clinical, IM&T and Finance & Performance. The divisional comparison between 2024 and 2025 shows a broadly consistent pattern in how staff across the Trust report their experience, with the relative position of divisions remaining largely unchanged year-on-year.

Corporate (Non-Clinical), Finance & Performance, IM&T and Nurse Management continue to report the highest levels of Staff Engagement and Morale, mirroring their position in 2024. These areas are typically less exposed to the operational pressures experienced in clinical environments, which may contribute to the stability of their results.

Across patient-facing divisions, the comparison highlights continued challenges. Planned Care, Urgent Care, Diagnostics & CSS and Estates & Facilities again feature at the lower end of both Engagement and Morale, reflecting the operational intensity and day-to-day pressures experienced in these settings. While scores have shifted slightly across divisions, the overall pattern shows the same groups remaining under the most pressure in both years.

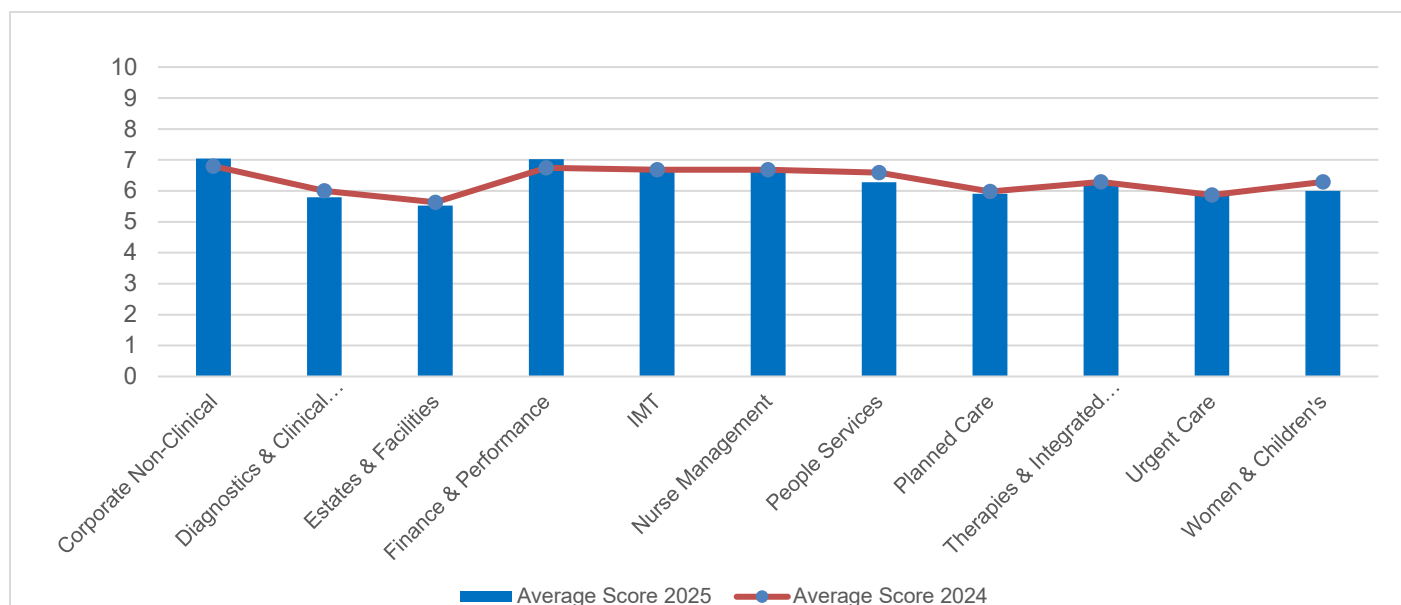


Figure 3.above provides a visual overview of Trust results by Division in 2024 and 2025.

4.9 Workforce equality indicators

Staff survey reporting also provides data for workforce equality indicators. WRES findings show a continued reduction in bullying, harassment and discrimination from colleagues and managers among staff in ethnic groups, although these staff still report fewer opportunities for career progression and continue to experience higher levels of harassment and abuse from patients and the public. WDES results highlight that staff with long-term conditions continue to have a less favourable experience than those without, particularly in relation to harassment and feeling valued, though positive movement is evident across most indicators, including increased reporting and higher levels of reasonable adjustments.

In relation to Workforce Race Equality Standards (WRES) key findings include:	In relation to Workforce Disability Equality Standards (WDES), key findings include:
<ul style="list-style-type: none"> Bullying/harassment and discrimination from staff continue to reduce for ethnic minority colleagues. Abuse from patients/the public remains a material issue across all groups. There's a slight increase for ethnic minority staff and only a small reduction for white staff Perceived fairness of career progression remains lower for ethnic minority staff than for white staff 	<ul style="list-style-type: none"> Colleagues with a long-term condition (LTC) report a less favourable overall experience than those without, including higher exposure to bullying/harassment (from staff and the public) and lower feelings of being valued. Positive movement across most WDES indicators versus prior years, notably more staff with LTCs receiving reasonable adjustments and higher reporting of incidents

- Engagement and satisfaction scores remain lower for staff with LTCs than for those without

5 Engagement with Staff

Divisional leaders have been working closely with HR and OD colleagues to review the feedback in detail and identify the most appropriate local actions. On the day the national embargo was lifted, we held two interactive staff sessions to share the results and invite colleagues to shape the Trusts priorities. Staff worked in groups, facilitated by the Chief People Officer and Head of OD to explore what actions would make the greatest difference and how they could actively contribute to improvement. The sessions were very positive and mark the start of a more proactive and collaborative approach to staff engagement.

6 NHS Staff Survey 2025 – Priorities

In line with the requirements of the 2026/27 Medium-Term Planning Framework and Standard Contract, Trust Boards must identify a minimum of three priority areas where staff experience data shows the greatest dissatisfaction. Following detailed analysis of the results, together with feedback from interactive staff engagement sessions, the proposed priority areas are set out below. Divisional action planning, supported by HR Business Partners, is already underway. Oversight will be maintained through divisional and People governance structures, with the consolidated action plan scheduled for initial reporting to People Committee in April 2026.

The proposed priorities reflect both the quantitative findings from the 2025 Staff Survey and the qualitative insights gathered through Trust-wide engagement sessions, ensuring that the areas selected align closely with what staff told us would make the greatest difference to their experience.

Priority	Specific focus
Make work feel manageable	Reduce: <ul style="list-style-type: none"> • stress, anxiety & burnout • unmanageable workloads and address workload inequity • violence and aggression
Strengthen staff voice, involvement and the standards we uphold together	Increase: <ul style="list-style-type: none"> • staff voice / engagement (in particular, in decision making & change) • psychological safety • the consistent upholding of standards and timely action on concerns
Support individual, team and organisational learning	Improve: <ul style="list-style-type: none"> • appraisal quality • personal learning, development & progression opportunities • organisational learning and improvement culture
Ensure people feel valued every day	Develop: <ul style="list-style-type: none"> • framework for local recognition • Executive and senior leadership visibility

7 Recommendations

The Council of Governors is asked to:

- Note the Trust's Staff Survey 2025 results.
- Note the analysis undertaken and areas for action identified.
- Note the Trust priorities identified in section 6.
- Take assurance that the Trust continues to engage its staff in the completion of the staff survey, review and analysis of the survey results, and identification of appropriate actions, and will monitor progress via People Committee.

A group photograph of approximately 25 individuals, likely the Council of Governors, standing in a hospital corridor. They are dressed in professional attire, including scrubs and business casual wear. The image is overlaid with a semi-transparent gradient that transitions from blue on the left to yellow on the right. The text is centered over the group.

Council Of Governors – April 2026

Quality And Safety April 2026 Year to End of February 2026

Quality and Safety Culture - overview

- Building on moderate assurance from MIAA following audit of the Patient Safety Incident Response Framework trust implementation
- Strong governance processes regarding incident management, oversight and scrutiny
- Governance and decision-making surrounding levels of harm. Working within LFPSE (Learning From Patient Safety Events) guidance – focus on harm to patient regardless of lapses in care
- Multiple platforms for learning embedded in Trust
- Improved Education and Training
- Quality, Safety and Experience Strategy developed and now ‘live’ with reporting structure in place.
- Organisational Learning Policy developed and ratified
- Weekly senior nursing team meetings led by Director of Nursing to drive improvements
- Monthly ward manager/matron and senior nurse meeting
- Strong governance and escalation routes developed and embedded

Incident Reporting

Incidents: All incidents



Incidents: All incidents with moderate harm and above



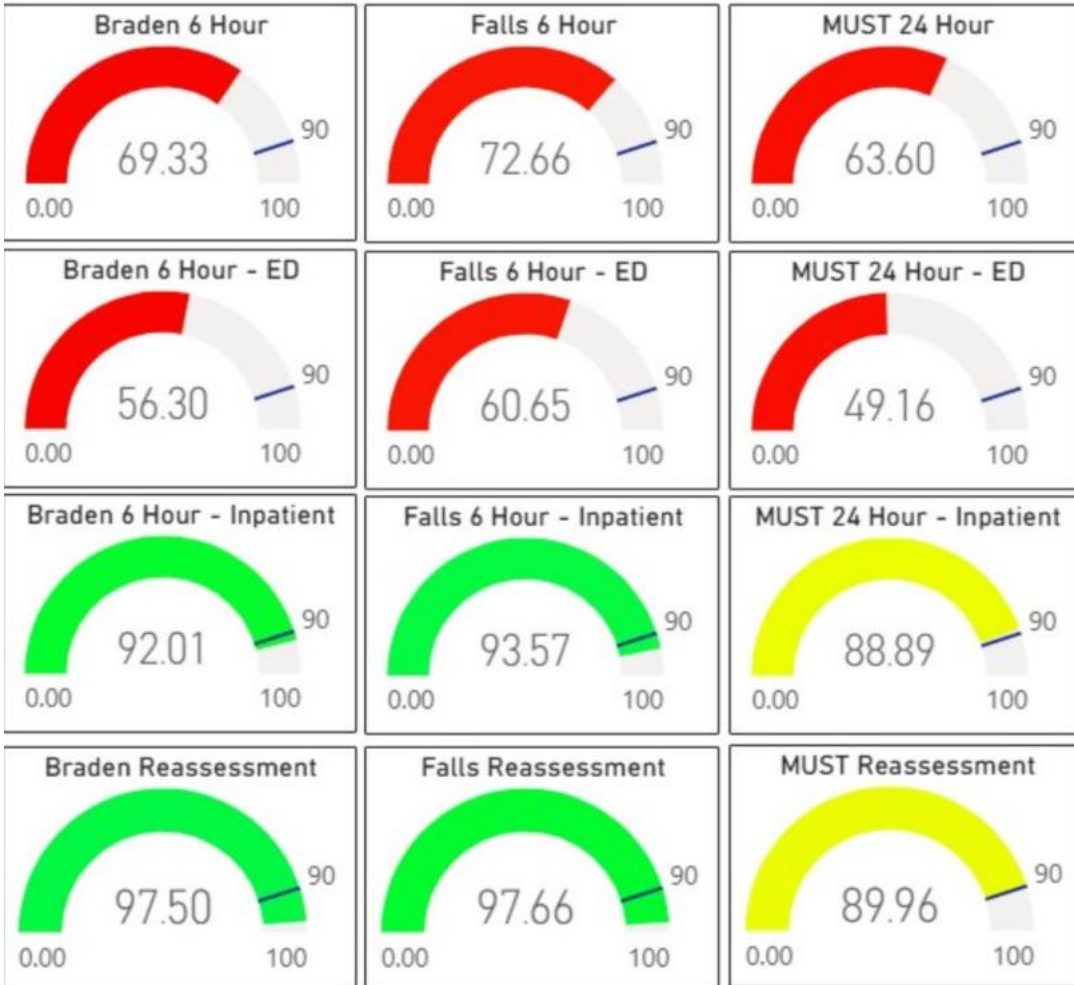
- Consistent levels of incident reporting. There are weekly fluctuations and these are monitored.
- Fluctuations are usually associated with school holidays and some departments reporting a 'batch' of incidents e.g. path lab, pharmacy
- Thematic analysis of moderate and above harms
- All moderate and above harms are monitored through the weekly Patients Safety Oversight Meeting
- 94% of all incidents reported are No or Low Harm

Patient Safety Incident Response Framework

The Trust has reported 9 Patient Safety Incidents to StEIS, including 4 Never Events. 6 have been investigated, presented with ICB and closed. 3 are being investigated and within timeframe.

Incident	Lead Division	Status
Retained Object – NG Guidewire	Urgent Care	PSII complete and presented at PSOM with ICB in attendance
Retained Object – Midline Guidewire	DCSS	PSII complete and presented at PSOM with ICB in attendance
TTP d transfer of Care	Urgent Care	PSII complete and presented at PSOM with ICB in attendance
Death 2 days post discharge	Urgent Care	PSII complete and presented at PSOM with ICB in attendance
Fall resulting in acute subdural haemorrhage (missed diagnosis on CT scan)	Urgent Care	PSII complete and presented at PSOM with ICB in attendance
Delay in rectal cancer due to missed opportunities	Planned Care	PSII complete and presented at PSOM with ICB in attendance
Never Event – wrong mole removal	Planned Care	PSII in progress
Unexpected death (Vascular)	Planned Care	PSII in progress
Never Event – NG guidewire	Urgent Care	PSII In progress

Risk Assessments

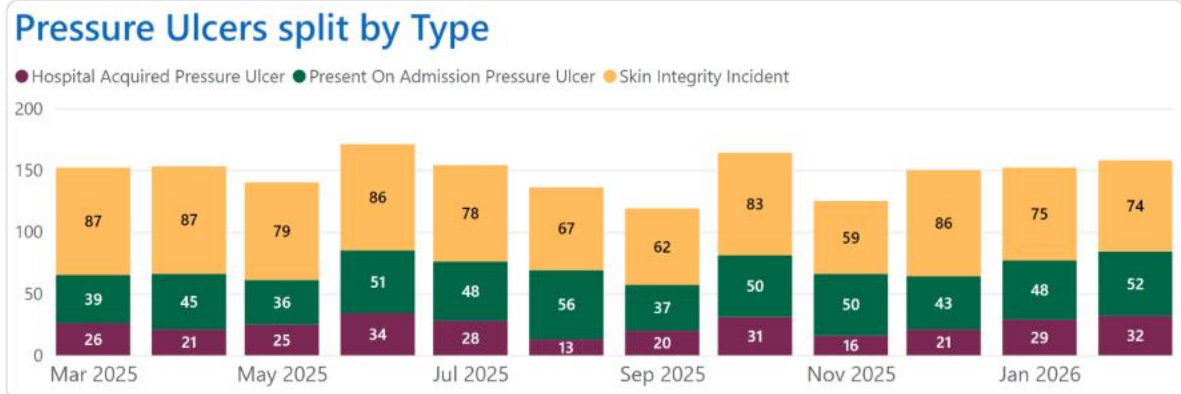
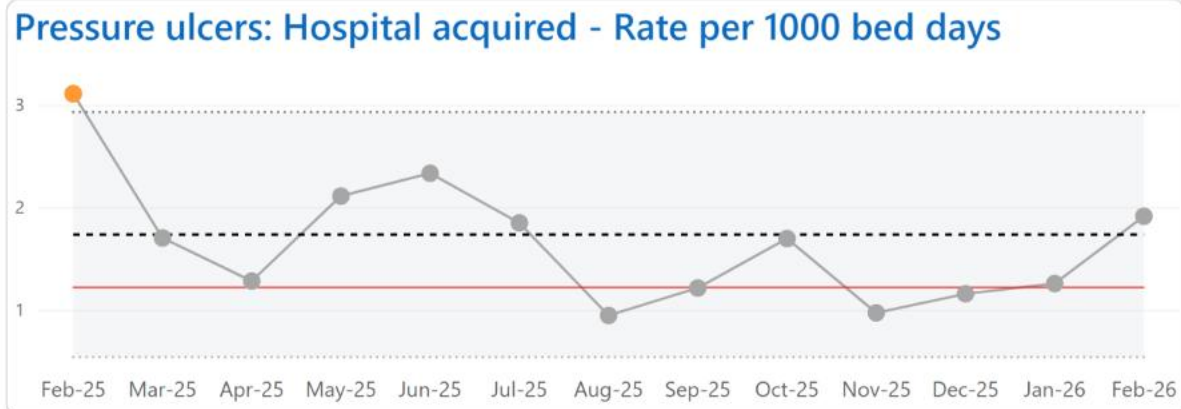


- Improvements in compliance with Risk assessments can be evidenced in inpatients areas
- Challenge remains in ED

However :

Braden – **26.9 %** improvement in Braden risk assessment this year compared to last year
Falls Risk assessment – **25.5 %** improvement in Falls risk assessment this year compared to last year
MUST – ED – **150%** improvement
Inpatient - **60.5%** improvement
Overall – **96.6 %** improvement

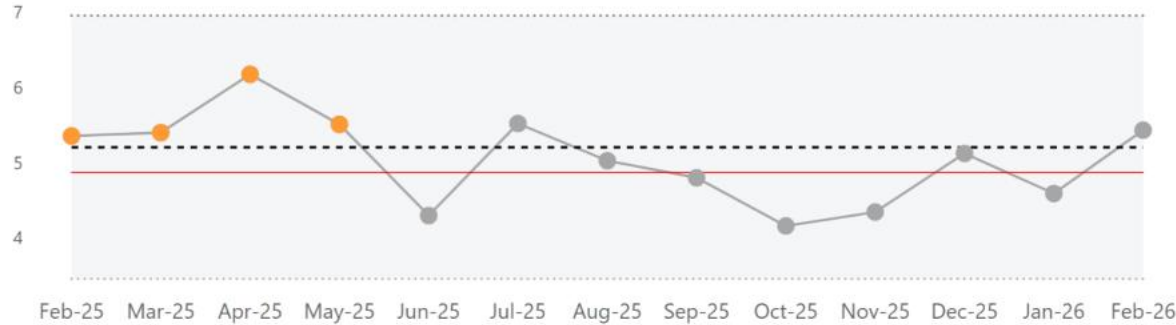
Hospital Acquired Pressure Ulcers (HAPU)



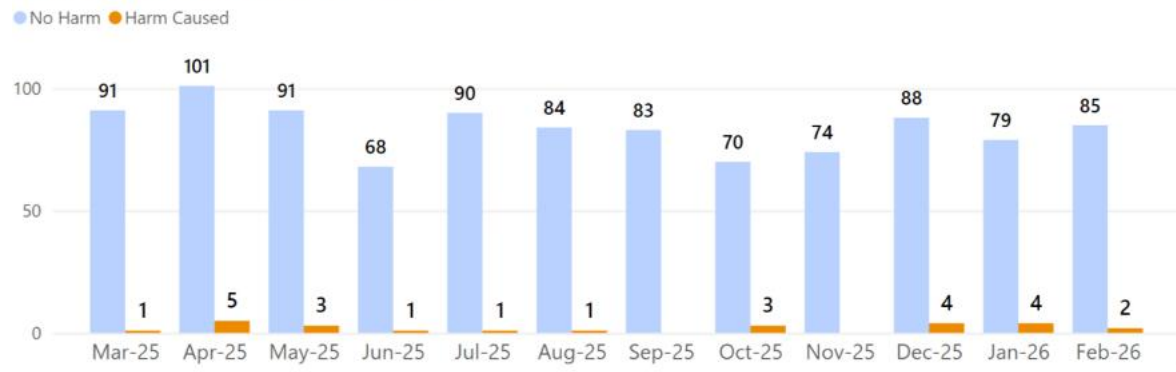
- At the end of February 2026, the Trust is delivering an **8.25%** reduction in Category 2 Hospital Acquired Pressure Ulcers
- Just under **90%** of Pressure Ulcers are classes as low harm
- We have seen a small increase in the number of Cat 3 HAPU with a spike over Dec- January – acuity of patients and challenges regarding hospital flow.
- Focus continues in ED – ensuring Body Map completed and correct surface for patient in a timely fashion
- Further work ongoing to ensure reduction in duplication of incidence of pressure ulcers (risk of over reporting)
- Weekly Pressure Ulcer Review Group
- Focus on % of preventable HAPU

Slips, Trips and Falls

Falls: All - Inpatient Rate Per 1000 Bed Days



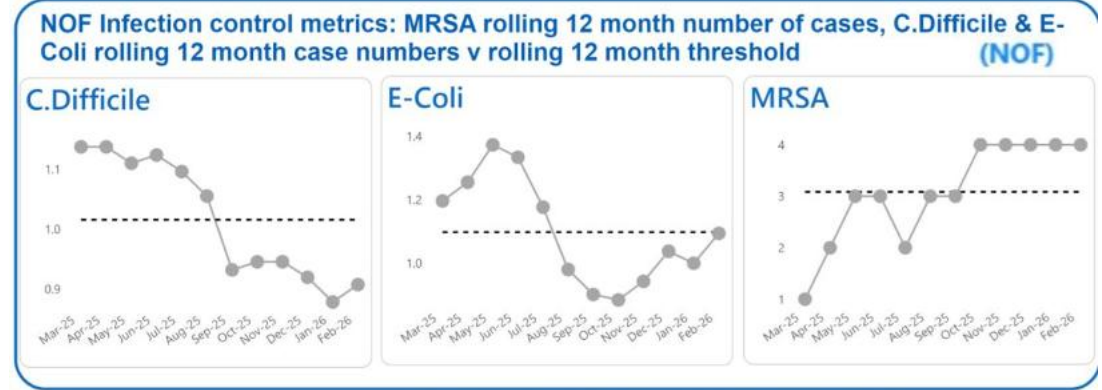
Falls Split By Harm Caused



- The trust is demonstrating a **5.64%** reduction in overall falls this year compared to last year
- We have seen an increase in the level of harm this year (by 5) compared to last – improved reporting and harm grading
- Monthly Falls steering group in place – driving improvements
- Improvements required in compliance in NAIF (National Audit of Inpatient Falls)
- Focus on % of preventable falls

Infection Prevention

- Under trajectory for CDIFF this year
- Over trajectory for E-coli this year
- 4 MRSA in year
- Overall reduction in bloodstream infections compared to last year

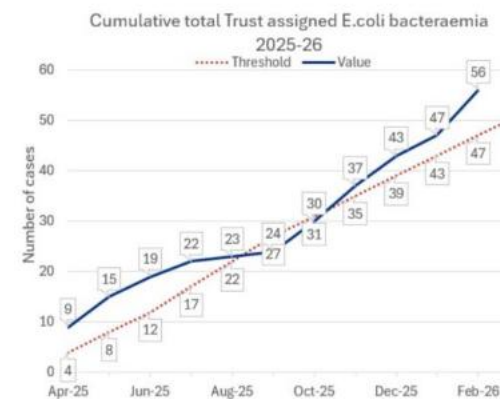


Bloodstream infections year to date (up to 06.03.2026) :-

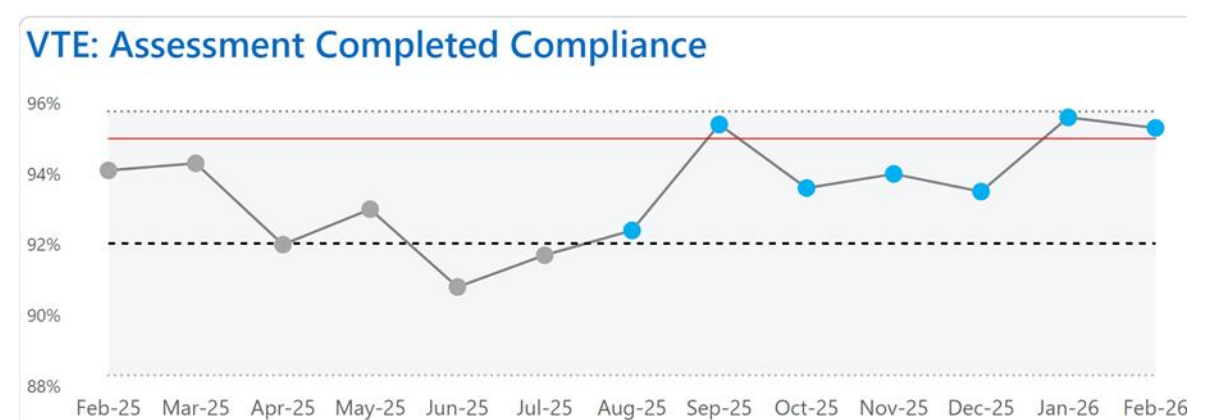
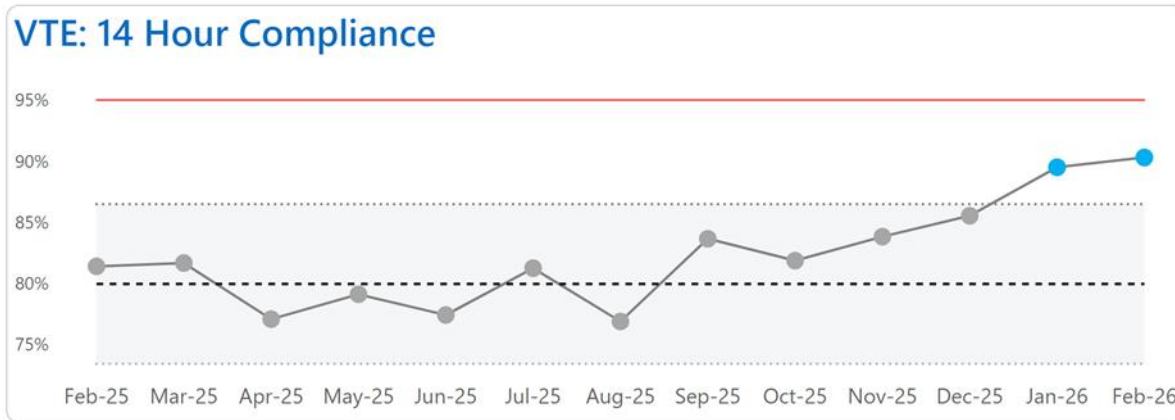
Pathogen	Last year (2024-25)	2025/2026 Cases year to date	2025/2026 NHSE threshold	Performance v threshold
<i>E.coli</i>	60	56	51	+5
<i>Klebsiella spp</i>	33	12	21	-9
<i>P.aeruginosa</i>	8	12	1	+11
<i>MSSA</i>	32	23	N/A	N/A
<i>MRSA</i>	1	4	N/A	N/A
TOTAL	134	107		

There continues to have been a reduced incidence in bloodstream infections (year to date) in comparison with last year. With 106 cases reported this year (v 134 cases reported last year). With just the remaining 25 days of March left I would anticipate we will see an overall reduction in bloodstream infections this year.

Metric	Period	Value	Variation	Assurance	Target Benchmark
Infection Control: C.Difficile Cases	Feb-26	7	🟡🟢	🟢	4
Infection Control: E-Coli Cases	Feb-26	9	🟡🟢	🟡	0
Infection Control: MRSA Cases	Feb-26	0	🟢🟢	🟢	0



VTE 14 hour risk assessment compliance



National compliance standard is 95% of patients have a risk assessment within 14 hours demonstrated significant improvement in compliance and just below national standard now

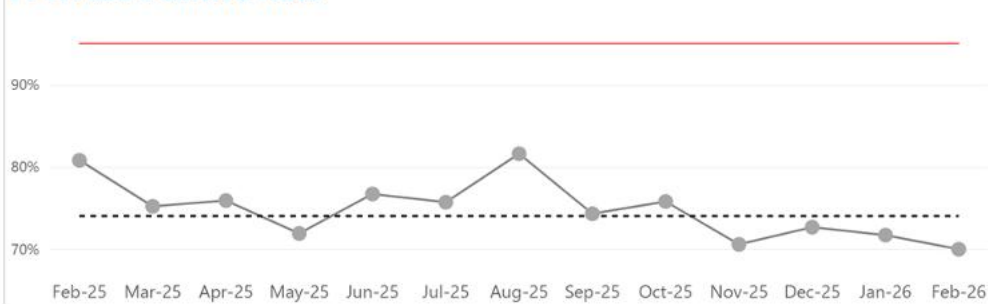
The second graph shows improvements in that a VTE risk assessment is completed.

Next steps is to

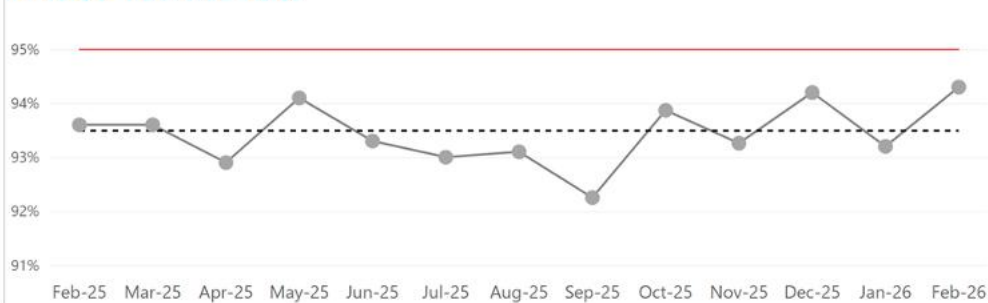
- Improve compliance of prophylaxis prescribed and given within 14 hours
- Hospital Acquired VTE reviews and learning (themes and trends)
- Robust Action plan in plan

Complaints and Concerns and Friends and Family Test (FFT)

FFT: A&E Positive Rate



FFT: OP Positive Rate



FFT: IP Positive Rate



National Average Positive Response Rate :

ED 78%	COCH 70%
Inpatient 94%	COCH 91.7%
Outpatient 94%	COCH 94.3%

In comparison to national Positive Response Rates, COCH is not too far behind

ED is the area where most improvement is required

Working with our digital colleagues (internal and external), a proposal for an iPad solution, which will provide real-time Feedback, resolution of any concerns and timely improvement sin addition to improvements in repose rate.

Sepsis

Sepsis Screening

Mandatory sepsis screening implemented 19th Jan 2026 to ensure that all patients presenting with NEWS2 score >5 are screened for possible sepsis diagnosis.

Current screening compliance >95%

Emergency Department

Local audit conducted every other week reviewing all patients who have been screened for sepsis and have 'sepsis likely' & 'sepsis known' diagnosis to assess care delivery and identify improvement opportunities.

Inpatient Sepsis

Local audit conducted monthly to assess sepsis screening and antibiotic administration times. Audit identifying minimal patients with a diagnosis of sepsis as an inpatient with treatment times consistently >88%.

Summary

The trust has demonstrated improvements in several areas in Quality and Safety metrics this year

Highlights

- Consistent reporting culture
- Reduction in falls
- Reduction in Hospital Acquired Pressure Ulcers (Cat 2)
- Reduction in CDIFF incidence and under trajectory
- Although over trajectory in E-Coli the trust is demonstrating an overall reduction in bloodstream infections
- Improvements in in patient Braden and Falls risk assessments
- Improvements in sepsis screening compliance
- Recent improvements in VTE risk assessment

Membership and Engagement Committee Chair's Report
10th March 2026

Committee	Membership and Engagement Committee
Chair	Myrddin Roberts, Public Governor

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

<p>Alert <i>(matters that the Committee wishes to bring to the Board's attention)</i></p>
<ul style="list-style-type: none"> • There were no items to alert. • =
<p>Assure <i>(matters in relation to which the Committee received assurance)</i></p>
<ul style="list-style-type: none"> • Received a report on the membership numbers and constituencies following the data cleanse. • Reviewed meeting dates and workplan for 2026/27.
<p>Advise <i>(items presented for the Board's information)</i></p>
<ul style="list-style-type: none"> • Discussed raising awareness of the role of Governors across the Trust and externally. Need to explore opportunities for content for Countess Matters. • Need to look at priorities and opportunities to communicate with members. • A small number of governor vacancies remain including a Flintshire Governor gap and a decision needed on timing and approach to future elections. Need to promote awareness in these constituencies.
<p>Risks <i>(discussed and new risks identified)</i></p>
<ul style="list-style-type: none"> • Not applicable.

MEMBERSHIP AND ENGAGEMENT COMMITTEE MINUTES
Thursday 11th December 2025 at 10.00 – 11.00
To be held via Microsoft Teams

Members	14/04/2025	03/07/2025	11/09/2025	11/12/2025	10/03/2026
Public Governor, Mr M Roberts (Chair)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (from 9.44am)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Public Governor, Mr J Jones	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (Chair)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Public Governor, Ms S Dunbar	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	N/A	

Attendees	14/04/2025	03/07/2025	11/09/2025	11/12/2025	10/03/2026
Trust Chair, Mr N Large	<input checked="" type="checkbox"/>	N/A	N/A	N/A	
Director of Governance, Risk & Improvement, Mrs K Wheatcroft	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Head of Corporate Governance, Mrs N Cleuvenot	<input checked="" type="checkbox"/> (minutes)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (minutes)	<input checked="" type="checkbox"/>	
Communications Manager – Ms S Edwards	<input checked="" type="checkbox"/>	N/A	N/A	N/A	
Head of Communications, Ms H Taylor	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Executive Office Manager, Mrs R Butterworth	N/A	<input checked="" type="checkbox"/> (minutes)	N/A	N/A	
Committee Secretary, Mrs C Jones	N/A	N/A	N/A	<input checked="" type="checkbox"/> (minutes)	

Agenda Number	Agenda item	Lead
1.	<p><u>Welcome and apologies</u></p> <p>The Chair opened the meeting, and apologies were noted from Mrs N Cleuvenot (NC).</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 agenda items.</p>	
3.	<p><u>To approve the minutes of the Membership Management Committee on the 11th September 2025</u></p> <p>The minutes of the last meeting held on 11th September 2025 were approved as a true and accurate record of the meeting.</p>	
4.	<p><u>To consider any matters arising and action log</u></p> <p>The Committee reviewed the action log noting the below updates:</p> <p>Action 1 - Explore a skills matrix/biography for Governors through the Membership Committee. Mrs K Wheatcroft (KW) confirmed this action will be picked up at the March 2026 Committee.</p>	

	<p>Action 3 - Communications team to liaise with Primary Care Network to explore membership engagement opportunities. Committee members to explore their personal/professional networks for additional membership engagement and recruitment ideas. KW confirmed that the action will be picked up during agenda item 6 Membership and Engagement Activity.</p> <p>Action 4 - Following governor elections, request expressions of interest from Governors to join the membership and engagement committee. It was agreed to leave the action open and for membership to be escalated through the Committee Chair Report for additional Governors to join the Committee. Mr M Roberts (MR) queried the ideal number of members of the Committee. KW suggested three to five Governors as members of the Committee including a Staff Governor.</p> <p>Action: It was agreed to e-mail all Governors seeking interest to join the membership of the Committee.</p>	<p>NC/ CJ</p>
<p>5.</p>	<p><u>Membership Strategy Update – Membership Database</u></p> <p>Mrs K Wheatcroft (KW) presented the Membership Strategy Update, noting that a significant number of historic members remain unengaged and cannot be contacted due to the absence of electronic communication details. KW highlighted the necessity to make a decisive move to cleanse the database, especially after members were previously asked to confirm their email addresses during the last election process.</p> <p>KW recommended Option C (as detailed in the shared update) to the Committee, which involves removing approximately four thousand members from the database, a topic previously discussed, and KW formally requested the Committee’s approval for this action.</p> <p>Mr J Jones (JJ) queried whether the data cleanse would be a straightforward task. KW responded that, typically, a list of members is generated from the database with Civica’s assistance, and the Trust has met with representatives from Civica, who assured that the removal process can be conducted efficiently once specific approval is provided. KW stated that this would be a relatively simple process for Civica to execute under their existing contract and requested the Committee’s agreement to proceed.</p> <p>Mr M Roberts (MR) questioned whether the organisation is receiving value for money from Civica. KW acknowledged that Civica’s historical involvement has been limited to basic functions, such as maintaining the database and managing the election process. However, KW explained that ongoing meetings are being held with Civica to secure additional support. As a first step, KW expressed an interest in obtaining an electronic membership form from Civica at no extra cost and confirmed ongoing discussions to achieve this.</p> <p>KW stated that there are currently five thousand two hundred and twenty-six public members and five thousand and one staff members. The proposed cleanse would remove three thousand nine hundred and eighty-one public members, as detailed in the supporting paper circulated to the Committee.</p>	

	<p>KW emphasised the importance of not excluding individuals who wish to remain members but do not have email addresses and noted that the approach moving forward should allow for such cases, although the database will need to begin from scratch.</p> <p>MR asked whether there are any requirements regarding the proportion of public to staff members. KW responded that the specific proportion is not relevant in this context, as the numbers involved are small and would not result in a breach of the Constitution.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • Noted the current public and staff membership numbers. • Approved Option C to cleanse the membership database, remove all members who have not engaged with the election process and do not have an email address (3,981) and focus our efforts on engagement and growing membership. 	
6.	<p><u>Membership and Engagement Activity</u></p> <ul style="list-style-type: none"> • <u>Feedback from engagement opportunities</u> • <u>Member communications</u> <p>Mr J Jones (JJ) reported that an individual affiliated with the Trust inquired whether display boards featuring Governor details are currently present within the organisation. Ms H Taylor (HT) confirmed that such display boards are not currently in place and noted that this topic has been discussed previously. HT explained that past efforts to create these boards were hampered by the lack of photographs for some Governors, which would have resulted in silhouettes in the place of photographs and an unprofessional appearance. HT expressed willingness to revisit this initiative, emphasising the importance of obtaining appropriate photographs for all Governors to ensure completeness.</p> <p>Mr M Roberts (MR) inquired about the potential location for such display boards. HT suggested that a suitable area could be identified in the main entrance or main corridor for displaying the Governor information. MR observed during a recent visit to the Maelor Hospital that there was no visible Governor display board and questioned whether the cost and time investment would be justified.</p> <p>Action: It was agreed for Mrs K Wheatcroft (KW) and HT to consider the feasibility of implementing a Governor display board moving forward.</p> <p>Recent changes among Partnership Governors were noted and KW stated that the photographic chart on the website is kept up to date and highlighted that frequent updates could incur significant costs.</p> <p>MR referenced Freedom to Speak Up (FTSU) data shared in a recent bulletin, noting that some of the data presented was unclear. MR subsequently spoke with Ms H Ellis (HE) the FTSU Lead to seek clarification and received feedback during a phone conversation. HE provided reassurance in response to MR's queries, particularly regarding concerns related to harassment and bullying. KW added that issues of bullying and harassment are addressed not only through the FTSU process but also via established management and HR procedures.</p> <p>It was noted that HE will be attending an upcoming Trust Chair and Governor informal meeting to share a FTSU update with all Governors.</p>	HT/ KW

	The Committee noted the updates.	
7.	<p><u>Lead Governor Succession Planning</u></p> <p>Mr J Jones (JJ) noted that the shared paper was self-explanatory and outlined the stages of the process moving forward.</p> <p>Mr M Roberts (MR) inquired whether any interest had been expressed off the record. JJ confirmed that one individual has raised interest.</p> <p>The Committee reviewed and supported the recommended appointment process which will be circulated to all Governors.</p>	
8.	<p><u>Membership Engagement Committee Workplan</u></p> <p>Mrs K Wheatcroft (KW) confirmed that the workplan is for noting, with standing items included for matters arising for the Committee's attention. KW added that the constitution item has been deferred to the March 2026 meeting and asked members if they have any items to include for future agendas moving forward to let them know.</p> <p>The Committee noted the workplan.</p>	
9.	<p><u>Any other business</u></p> <p>Mr M Roberts (MR) reported that he met Public Governor, Ms J Chillery, who would be a valuable addition to the Committee and is considering joining.</p> <p>MR also stated that during a recent visit to the Macmillan area at the Trust, he informed staff that he was a Governor. He noted that a member of staff there was not aware of the Governor role. MR recommended that greater awareness of the Governor role be promoted among Trust staff.</p>	
10.	<p><u>Meeting Summary (include actions/items for escalation)</u></p> <p>No items were raised for escalation.</p>	
11.	<u>Close Meeting</u>	

Next Meeting: Tuesday 10th March 2026 at 14.00 – 15.00, Via Microsoft Teams

PUBLIC – Council of Governors
15th April 2026

Report	Agenda Item 12b.	Membership and Engagement Committee – Terms of Reference					
Purpose of the Report	Decision	X	Ratification		Assurance		Information
Accountable Executive	Karan Wheatcroft			Director of Governance, Risk & Improvement			
Author(s)	Nusaiba Cleuvenot			Head of Corporate Governance			
Board Assurance Framework	BAF 1 Quality BAF 2 Safety BAF 3 Operational BAF 4 People BAF 5 Finance BAF 6 Capital BAF 7 Digital BAF 8 Governance BAF 9 Partnerships BAF 10 Research			X	BAF impact – Linked to all areas of the BAF but specifically the actions within BAF 8.		
Strategic goals	Patient and Family Experience People and Culture Purposeful Leadership Adding Value Partnerships Population Health						X X X X X X
CQC Domains	Safe Effective Caring Responsive Well led						X X X X X
Previous considerations	Membership Engagement Committee – 10 th March 2026						
Executive summary	<p>The Membership & Engagement Committee Terms of Reference (TOR) were reviewed and approved at the 10th March 2026 Committee meeting as part of the annual review to ensure they remain accurate, reflective of the Committee’s purpose, and aligned with the Trust’s governance framework.</p> <p>As part of this year’s review, one minor amendment has been made to the following responsibility 4.1:</p> <p><i>‘Establish a membership strategy for recommendation to the Council of Governors’</i> replaced with <i>‘Review and monitor progress of the membership strategy, providing updates and recommendations to the Council of Governors as required.’</i></p> <p>The remainder of the TOR continues to accurately set out the Committee’s responsibilities, membership, reporting structure, and conduct of business. The TOR with tracked changes is appended to the report.</p>						

Recommendations	The Council of Governors is asked to review and approve the terms of reference of the Membership & Engagement Committee.
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Corporate Impact Assessment	
Statutory/regulatory requirements	Meets the requirements of the Health and Social Care Act 2008 and in line with the Trust's Constitution, Code of Governance and regulatory requirements.
Risk	As outlined within the risk management policy document.
Equality & Diversity	Meets Equality Act 2010 duties & PSED 2 aims and does not directly discriminate against protected characteristics.
Communication	The terms of reference is to be circulated as part of papers.



COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST

MEMBERSHIP AND ENGAGEMENT COMMITTEE

TERMS OF REFERENCE

1.0 PURPOSE

- 1.1 To seek assurance on behalf of the Council of Governors that the membership of the Trust remains representative of the service users and public served by the Trust, and that the membership engagement strategy is being effectively delivered by the Trust, making recommendations to the Council of Governors where appropriate.
- 1.2 To establish and monitor communications with Trust Members and encourage member engagement and recruitment on behalf of the Council of Governors.

2.0 MEMBERSHIP AND ATTENDANCE AT MEETINGS

2.1 The membership of the Committee shall be:

- Chair (a governor Chair shall be nominated by the Chair of the Council of Governors)
- Up to 6 governors

2.2 Regular attendees at the Committee shall be:

- Director of Governance, Risk and Improvement (or Head of Corporate Governance)
- Head of Communications (or nominated Deputy)

Additional attendees may be invited to attend the committee as appropriate.

3.0 AUTHORITY

3.1 The Committee is authorised by the Council of Governors to act within its terms of reference.

4.0 RESPONSIBILITIES

- 4.1 Review and monitor progress of the membership strategy, providing updates and recommendations to the Council of Governors as required.
- 4.2 Support with the design and content of regular communications with Members to encourage engagement.
- 4.3 Consider the communications to Members of Governor vacancies, the election and voting processes and how to improve engagement and election turnout.
- 4.4 Recommend to the Council of Governors Governor development in relation to membership engagement, recruitment and communications, with a particular focus on engaging young people.



4.5 Support and develop plans for the Annual Members Meeting as the principal engagement event for Members and encourage attendance.

4.6 Consider governor involvement with membership engagement opportunities and events.

5.0 EQUALITY, DIVERSITY & INCLUSION

5.1 In conducting its business, the Committee will at all times seek to promote its commitment to equality and diversity by the creation of an environment that is inclusive for both our workforce, patients and service users including those who have protected characteristics and vulnerable members of our community.

6.0 REPORTING

6.1 The Committee shall be accountable to the Council of Governors.

6.2 The Committee shall report to the Council of Governors after each meeting through a Chair's update.

7.0 CONDUCT OF BUSINESS

7.1 A quorum shall be at least three governor members.

7.2 The membership committee shall meet no less than twice a year, ideally on quarterly basis to allow reporting to each Council of Governors meeting.

7.3 Administration for the committee including agenda setting, minute taking, monitoring of workplan and action log update will be undertaken by the Committee Secretary.

7.4 Agendas and papers should be circulated at least 4 working days in advance of the meeting.

8.00 STATUS OF THESE TERMS OF REFERENCE

Reviewed by Membership and Engagement Group: 14th April 2025

Approved by Council of Governors: May 2025 (via e-mail)

Next Review: April 2026 (terms of reference should be reviewed annually)

PUBLIC – Council of Governors
15th April 2026

Report	Agenda Item 14.	Urgent and Emergency Care – 3-year Plan Update					
Purpose of the Report	Decision		Ratification		Assurance	Information	X
Accountable Executive	Cathy Chadwick			Chief Operating Officer			
Author(s)	Cathy Chadwick			Chief Operating Officer			
Board Assurance Framework	BAF 1 Quality			X			
	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						
	BAF 9 Partnerships						
	BAF 10 Research						
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 meeting on 31 st March 2026.						
Executive summary	<p>The Trust has developed a Medium-Term Plan (MTP) which has been submitted to NHS England.</p> <p>Within the MTP, operational targets, over the three-year planning period, were compliant, with the exception of both 4-Hour and 12 Hour Emergency Department performance metrics which were not compliant until year 3 (2028/29).</p> <p>This report provides Governors with an update on the progress of plans to reach the level of compliance submitted in the MTP, for both targets and describes the work still being undertaken.</p>						
Recommendations	The Council of Governors is asked to note the progress against the plans to meet the 4-Hour and 12 Hour targets, within year 3 of the MTP.						

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	To be kept confidential, as the plan continues to be refined and updates will be provided via the Board of Directors to the Council of Governors.

Urgent and Emergency Care – 3-year Plan

1. Introduction

This year NHS England (NHSE) changed operational planning to a 3-year cycle with various targets for each year from 2026/27 up to 2028/29. NHSE's expectations are that by the end of 2028/29 that all providers will have returned to compliance with the constitutional targets across elective measures, which have not been used as a measure since 2019/20 due to the pandemic. For UEC measures there is an expectation that by the end of 2028/29 4-hour performance will be 85%. (see table below)

The Trust was required to submit a 5-year Integrated Plan at full submission on the 10th of February 2026 to NHS England Northwest, as set out in the NHS England Medium Term Planning (MTP) Framework – delivering change together 2026/27 – 2028/29.

The Board reviewed and approved the initial plan for submission to NHSE at the Extraordinary Board meeting on the 11th of December 2025, noting that a 5 Year Integrated Delivery Plan would be required for full submission in February 2026.

On the 9th of February 2026 another Extraordinary Board of Director's meeting was held to consider, approve and confirm Board Assurance on all the elements of the MTP.

Most of the operational targets, over the three-year planning period, were agreed by the Trust Board as compliant, however performance for both 4-hour and 12-hour Emergency Department performance metrics were non-compliant until year 3 of the plan (2028/29).

Area of Performance	Target 2026/27	Plan 2026/27	Target 2027/28	Plan 2027/28	Target 2028/26	Plan 2028/29
RTT – Percentage of patients waiting for <18 weeks for treatment	67%	67%	79.5%	79.5%	92%	92%
Cancer FDS	80%	80%	80%	80%	80%	80%
Cancer 62 Day	80%	80%	82.5%	82.5%	85%	85%
Cancer 31 Day	96%	96%	96%	96%	96%	96%
ED – 4 - Hour Performance	82%	65%	83%	75%	85%	85%
ED – 12-hour Performance	10% or less	15%	10% or less	12%	10% or less	9.8%
ED – Cat 2 Ambulance Response	<25 mins	<25 mins	<20 mins	<20 mins	<18 mins	<18 mins
DM01	>86%	86%	93%	93%	99%	99%

This report provides Governors with an update on the progress of plans to reach the level of compliance submitted in the MTP, for both targets and describes the work still being undertaken.

2. Year 1 2026/27

Year to date for 2025/26 the average 4-hour performance was circa 60% and 12-hour performance on average was nearly 20%. In 2026/27 the Trust's CIP target is already over 6% and therefore there is not the option to increase the CIP further to enable investment in schemes that will significantly turn the dial on the 4- and 12-hour performance metrics.

The 4-hour and 12-hour plans we have submitted for 2026/27 only show marginal increases in compliance and these increases will need to be achieved by internal improvements. So far system partners have no additional plans that will support our position, however the Chief Executive Officer has asked for an urgent meeting with system partners to discuss this further. The level of patients that no longer meet the criteria to reside (NCTR) in the hospital has also significantly increased with an average of 110-120 patients occupying beds on the Countess Site.

Internal Improvements

As of 13th April 2026, the Director of Nursing/ Deputy CEO and Chief Operating Officer will be chairing a new flow improvement group focused on three work streams which are ward processes/ discharge, Emergency Department and Admission Avoidance.

The senior teams are currently working to restructure the improvement plan with a clear focus on 3-4 actions per work stream. This will include clear data measures, and each action will have a direct correlation to improvements in operational performance. The ECIST criteria to Admit Audit and the model ED toolkit will guide the teams on which actions to focus on to make an improvement in our waiting times. The new flow improvement group will report to the Operational Management Board and then to Trust Board.

The Director of Transformation and Productivity is also leading a work stream that will examine length of stay, with the work expected to deliver a sustained reduction in our bed occupancy. Modeling the data on the reduction in length of stay frees up the equivalent of 12 beds, which would show, on average, a 2% decrease in the number of patients waiting over 12 hours in the Emergency Department.

There is circa £250K which the division will use, in full, to employ additional ENPs, which will enable an increase in Type 3 performance, which will support a sustained increase in 4- hour performance.

3. Years 2 and 3 (2027/28 and 2028/29)

In both 2027/28 and 2028/29 the Trust will have made further progress on recovering its financial position and therefore can extend the CIP target by £3m per financial year to invest in plans that significantly improve performance on both 4-hour and 12-hour metrics. Again, in the MTP, compliance levels for these two years have also been submitted with no reliance on system partners and therefore any improvements they offer will accelerate Trust compliance.

Using feedback/advice from the improvement team from Getting It Right First Time (GIRFT), the national Discharge and Admissions Group (DAG), current action plans and data which the team at GIRFT have support us with the division have produced the first draft of plans that will support compliance of the 4-hour and 12-hour targets.

- Introduction of Advanced Clinical Practitioners (ACPs) onto the medical wards. ACPs are MSc qualified, autonomous practitioners, working under four pillars: clinical practice, leadership, education and research. Trainees progress through a 2-year specialty specific. The proposal includes introducing at least 8.0 WTE at a cost of around £500K.

- A Short Stay Frailty Unit that operates 7 days per week. This would support reduced length of stay for Care of The Elderly patients and increase weekend discharge numbers. This proposal has a cost of circa £800K.
- A permanent increase in SHO's, Registrars and Consultants in Acute and General Medicine. This scheme would ensure we are doing today's work today and consistent care of patients. The costs to this are £1.7m in year 1 and £1.7m in year 2.
- Additional bed schemes which include 16 beds on W60, costing £3m.

The Division have been asked to work through these plans and confirm the revenue requirements. Currently the cost for all schemes is £7.7m and there are some other schemes that are in development. All schemes must be able to demonstrate the impact on both/ either the 4-hour and 12-hour targets and the Division needs to use the impact to give a priority order.

Two of the plans include recruitment and training so would take 2 years to be fully implemented and therefore a decision will need to be made during 2026/27 for any agreed recruitment to commence in Q3/Q4 of 2026/27.

Once this work is concluded any schemes being taken forward will be presented at the Operational Management Board and Trust Board where appropriate.

4. Conclusions

The Trust has submitted a credible and realistic plan for all measures contained within the MTP. For Emergency Department performance metrics progress towards compliance could be accelerated as we work with system partners on admission avoidance and reductions in NCTR, however at the time of writing this report there are no confirmed additional schemes from our system partners that would positively impact/ deliver improvements.

Plans for next year (year 1) are progressing at pace and schemes for Years 2 and 3 are being fully developed, with detail of the impact, ensuring any investment made has the greatest impact on our patients and staff.

5. Recommendations

The Council of Governors is asked to **note** the progress against the plans to meet the 4-Hour and 12 Hour targets, within year 3 of the MTP.

Committee Chair's Report

Tuesday 10th February 2026, 13.30 – 16.30, Via Microsoft Teams

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 (<i>matters that the Committee wishes to bring to the Board's attention</i>)
<ul style="list-style-type: none"> No alerts to raise.
Assure (<i>matters in relation to which the Committee received assurance</i>)
<ul style="list-style-type: none"> Freedom to Speak Up (FTSU) - Request that future reports should detail actions taken, indicate whether concerns were appropriately addressed, and note if unresolved issues were escalated to ensure organisational accountability and transparency in addressing concerns. Further assurance is needed that while FTSU has appropriate processes, it remains unclear what organisational learning has resulted from concerns raised through FTSU. Received the Director of Medical Education Annual Report Received assurance of the implementation of the Resident Doctor 10point plan
Advise (<i>items presented for the Board's information</i>)
<ul style="list-style-type: none"> Sexual Safety Charter Framework implementation. Sub committee reports were discussed in detail: <ul style="list-style-type: none"> Staff experience was discussed and reported to People Committee, confirming the 2025 approach has been implemented, and strategies to improve the process for 2026 have been identified and are being planned for implementation. Workforce Sub Committee. Acknowledgement of pressures within the organisation and the fragile services currently within the Trust. There are ongoing issues with regards to sickness levels and the need to fill these gaps, emphasising that, in addition to the existing medical risk, a nursing risk is in review. Joint Local Negotiating & Consultation (JLNC) sub committee. One alert from the Chair's report was highlighted to the Committee regarding rate card application, and a further paper will be taken to Executive Directors Group (EDG) detailing actions to address concerns. Job planning risks and associated cost pressures are being managed. Staff wellbeing risks were noted in relation to the 10-point plan and associated support mechanisms.
Risks discussed and new risks identified
<ul style="list-style-type: none"> There is currently one high risk in relation to medical staffing, which has been upgraded due to challenges associated with changes to the medical rate card and the need to address staffing gaps. It is hoped that this risk can be downgraded in the future; however, this is not currently possible.

Committee Chair's Report

21st January 2026 at 3.30pm via Microsoft Teams

Committee	Finance & Performance Committee (Interim 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)

- **Loss of Deficit Support Funding (DSF):** No DSF assumed for 2025/26; any future support likely to be loans impacting income.
- **Emergency cash requirement:** Cash expected to decline from £16.1m, with Department of Health support required in February 2026.
- **Significant financial deficit:** £24.36m deficit at December, Forecast £33.8m year-end deficit in line with plan.
- **Cost Improvement Programme (CIP) underperformance:** £8m shortfall against plan.
- **Contract uncertainty:** Delay in financial planning due to late commissioner offer and ongoing risks (including headcount and system funding).
- **Board Assurance Statements:** Requirement for extraordinary Board review ahead of 12 February 2026 submission deadline.

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

- **External assurance (PwC):** Increased confidence in delivery of the current financial plan, despite some risks.
- **CIP oversight strengthened:** Appointment of Director of Delivery has improved tracking and governance.
- **Contract risk mitigation:** £3m Integrated Care Board (ICB) related risk mitigated through central funding arrangements (formal confirmation pending).
- **Workforce cost control:** Vacancy management contributing to underspend, with oversight to ensure patient safety and staff wellbeing.
- **Cash position (short-term):** Current balance of £16.1m provides temporary stability.

Advise (items presented for the Board's information)

- **Financial planning status:** Delayed pending clarification of commissioner contract; further discussions planned with the ICB.
- **Five-year plan:** Draft under development, targeting Board approval by 27 January 2026.
- **Updated NHS England guidance:** New requirements for Board Assurance Statements received.

Financial drivers:

- Income underperformance (£8.3m behind plan)
- DSF withholding (£1.6m/month)
- Offset by overperformance and vacancy-related underspend

- **CIP strategy:** All schemes planned as recurrent to support long-term sustainability.
- **Committee focus:** Emphasis on transparency in reporting CIP delivery, contract risks, and transformation impacts.

Risks discussed and new risks identified

- **System funding risk:** availability of DSF and increasing reliance on loans.
- **Liquidity risk:** Declining cash balance and dependence on external financial support.
- **Delivery risk (CIP):** Slippage in CIP delivery and need for more realistic planning and ownership.
- **Contract risk:** Ongoing uncertainty in commissioner agreements and funding assumptions.
- **Income risk:** Continued underperformance against income plan.
- **Operational risk:** Managing vacancy-related savings without compromising patient safety or staff wellbeing.
- **Strategic risk:** Financial resilience dependent on successful risk management and alignment with system partners.

Committee Chair's Report

25th February 2026 at 1.30pm in Conference Room A, 1829 Building

Committee	Finance & Performance 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)

- Urgent Emergency Centre (UEC) performance, with continued work with Getting it Right Frist Time (GIRFT) to maximise effectiveness of the triage processes; and work focussing on the acute take model. Non-compliant plan element within the submitted 5 Year Integrated Plan with a three year recovery plan.
- Cost Improvement Programme (CIP) slippage mitigated in year non recurrently, but focus remains on 2026/27 which includes the carry forward gap in addition to a significant in year CIP.

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

- Review of Integrated Performance Report (IPR) for performance against operational targets. UEC performance continues to be significantly below target. Referral to treatment (RTT) actions being taken to meet the 65 week target by year end; greater challenge to meet 52 week target which is impacting in part by the work on 18 week waits. Cancer performance is back above target for Faster Diagnosis Standard (FDS), 32 and 62 day standards. Diagnostics performance improving, but challenge remains in capacity for Echocardiography with recent action starting to demonstrate improvement and longer term bid for the development of a local Community Diagnostic Centre.
- Divisional Director update on Non-criteria to Reside (NCTR) numbers (19-21%), including context on delay days which significantly vary, and the gradual reduction in bed days. Actions being taken with partners, but challenge in Flintshire in particular for places for care. Exploring opportunity for the Trust to provide services in Flintshire to enable supported discharge and rehabilitation at home with rapid response similar to Cheshire model.
- Update on Strategic digital programme including Ambient Voice Technology; Artificial Intelligent (AI) solutions; eRS (referral service) and Electronic Patient Record (EPR); operational workflow; and Regional order comms (radiology and pathology).
- Senior Information Risk Officer (SIRO) update covering cyber security work including responses to cyber alerts and overall security posture. Data Security Protection Toolkit (DSPT) initial audit complete and awaiting feedback. Information governance, Freedom of Informaiton (FOI) compliance, mandatory training compliance and Information Commissioner's Office (ICO) reportable incidents.
- Finance (month 10) position adverse to plan due to the withholding of Deficit Support Funding and excluding this we are slightly ahead of plan, but context

is that the £3M stretch target is profiled into Month 12. Contract dispute with the Integrated Care Board (ICB) has been resolved and financial risk mitigated. Forecast is to deliver plan, and the known risks continue to be mitigated including non-recurrent mitigation for in year CIP slippage. Over £20m recurrent CIP achieved with an additional £7m carry forward built into 2026/27 plans.

- Planning update noting plan acceptance deadline in March 2026; financial deficit plans and recovery trajectory over 5 years; post Board amendments to plans as approved by the Board including £3m investment reserve per annum in 2027/28 and 2028/29 through increased CIP allocations. Plan submitted to NHS England (NHSE) (compliant plan with exception of UEC with recovery trajectory to compliance in 2028/29) and now awaiting feedback and confirmation of acceptance. Contract dispute remains for 2026/27 in respect of funding for growth which is now with NHSE for review. Risks to income, expenditure, performance and workforce summarised.
- National cost collection paper confirmed good position on cost comparisons nationally.
- Waivers report included overview of 14 waivers and the reasons in line with Standard Financial Instruction (SFIs). Progress discussed which demonstrates improved compliance with procurement processes.
- Summary of the Trusts assessment against the NHS Productivity Growth Estimate for 2025/26 showing strong positive improvement.
- Received paper on Thirlwall Inquiry spend against budget, noting externally funded through NHSE.
- Chair reports from Commercial Procurement Income Group; Capital Management Group; Information Governance and Cyber Security Committee; Operational Performance Executive Lead Group; Estates and Facilities Divisional Group; and Digital Clinical Systems Programme Board. Alert on Subject Access Requests (SARs) compliance and actions being taken to improve triage and apply appropriate extensions for complex SARs to ensure true compliance figure; clinical lead for sustainability needed; and Non DM01 diagnostic waiting times. Agreed that updates would be provided to the next Finance & Performance Committee.

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

- Theatre redevelopment continues to be on the action plan recognising programme is a longer term piece alongside other strategic priorities.

Risks discussed and new risks identified

- Reviewed Board Assurance Framework (BAF) extracts for BAF 3 operational effectiveness; BAF 5 Finance; BAF 6 Capital and BAF 7 Digital. Narrative view on trajectory of reducing residual risk score was included in the paper, with the drivers for the risk score and the review timeframes at which the scores could be considered once actions delivered and consistent outcomes achieved.
- Approach to assurance on clinical risk assessment for Digital programmes to be discussed with Quality & Safety Committee Chair.

Committee Chair's Report

5th March 2026, 9.30am – 12.30pm, 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*)

- Performance against Urgent Emergency Care (UEC) constitutional targets and the impact of demand on the emergency department. There is a continued focus on UEC Care Quality Commission (CQC) action plan and consistency of performance metrics including risk assessments.
- Two areas of sustained good performance worthy of highlight:
 - Perinatal services quarterly report providing assurance on continued compliance with the Maternity Incentive Scheme (MIS) safety actions as well as Perinatal and Maternity Review Tool (PMRT) and Saving Babies Lives.
 - Safeguarding and complex care quarter 3 report providing assurance on ongoing compliance with legal requirements and regulatory standards. Significant increase in complexity and increases in both child and adult referrals noted in quarter 3.

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

- Overview of coronial inquest learning and how this is being developed, recognising there is more to do to fully implement this.
- The Emergency Department (ED) resuscitation space risk assessment provided, with a request for assurance on mitigations to the next committee meeting.
- UEC CQC assurance report providing an update on the action plan delivery, gaps and performance indicators.
- Integrated Performance Report (IPR) demonstrated ongoing improvements in several key quality metrics as well as highlighting persistent challenges in sepsis screenings, pressure ulcer prevention, risk assessment compliance, and complaints management. Patient flow and emergency department performance continues to be highlighted as an area of concern. Discussion included level of concerns and themes of communication with patients, with the Patient Engagement Portal being discussed as an opportunity to improve this.
- Quality Governor Group (QGG) providing an overview of the work of the committee, with alerts on Venous thromboembolism (VTE) compliance; performance against quality and safety priorities; and transfusion compliance.
- Progress against quality and safety strategy priorities.
- Safety surveillance report providing an overview and learning from incidents, complaints and concerns, learning from deaths and coroner's inquests, and Patient Safety Incident Investigations (PSIIs).

- Paper on discharge summaries within 24 hours setting out the improvement but recognising the need for further digital developments to improve this further and ensure this is sustained.
- Sepsis compliance update with screening compliance improved to over 90% following implementation of hard stop on Cerner. Timeliness of antibiotics continues to be an area requiring improvement.
- Assurance on National Institute for Healthcare and Excellence (NICE) guidance update, review and actions.
- Cancer Services Group Chair's report including cancer reviews as an alert but provides some assurance on the reduction in the outstanding cancer harms reviews.
- Ionising Radiation (Medical Exposure) Regulation (IRMER) update including number of reported incidents (all low or no harm), CQC reportable incidents, and governance.
- Patient Safety Incident Response Framework (PSIRF) Mersey Internal Audit Agency (MIAA) action plan update confirming progress against audit recommendations.
- Paediatric ED update providing an update on actions from the CQC feedback and a wider overview of compliance with the Royal College of Paediatrics and Child Health (RCPCH) standards, gap analysis and action plan.

Advise (items presented for the Board's information)

- The new Maternity Outcomes Signal System (MOSS) is now live. The system developed by NHS England provides near-real-time oversight of maternity outcomes and identify emerging risk signals. We are now using MOSS with senior clinical oversight and assurance through established maternity governance arrangements.
- Liberty Protection Safeguards (LPS) are a planned legal framework to replace Deprivation of Liberty Standards in England and Wales for people 16+ who lack mental capacity to consent to care arrangements (early 2026).
- The trust is struggling to move forward with patient safety partners

Risks discussed and new risks identified

- Reviewed the Board Assurance Framework (BAF) and high risk report in context of quality and safety agenda. Risks continue to be scored above risk appetite.

Committee Chair's Report

3rd February 2026 – 9.30 – 12.30

Women & Children's Building Seminar Room

Committee	Audit Committee
Chair	Mr P Williams, Non-Executive Director

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

Alert (<i>matters that the Committee wishes to bring to the Board's attention</i>)
<ul style="list-style-type: none"> • None to raise.
Assure (<i>matters in relation to which the Committee received assurance</i>)
<ul style="list-style-type: none"> • Committee received recent assurance committee agendas and Chair reports for triangulation. Will revisit Audit Committee approach to effectiveness of committees during 2026/27. • Mersey Internal Audit Agency (MIAA) presented the anti-fraud workplan for 2026/27 covering the core and mandatory requirements aligned to Counter Fraud Authority strategy pillars. • MIAA presented anti-fraud progress report on activity being undertaken as part of the 2025/26 plan, including updates on the small number of ongoing investigations. • Draft annual governance statement reviewed and supported. • Update received on out-of-date policies progress. Good progress made, but concerns remain relating to key clinical policies. To remain under review by the Audit Committee. Assurance sought that remaining policies to be updated are prioritised based on risk. • Compliance with the Provider Licence approved, recognising the implications of the NHS England (NHSE) Enforcement Notice and importance of review at year end. • Code of Governance Compliance: partial for external audit and the Committee requested that the succession planning provisions included in the code were assessed as partial, recognising the further work needed, with an action ongoing through the Remuneration Committee. • Annual accounts and annual reporting timetable provided confirming alignment with guidance deadlines. • Standing Financial Instructions (SFIs) and Scheme of Reservation and Delegation (SORD) updates approved including procurement legislation changes. Request made to consider adding reference to the preventing fraud act (e.g. in relation to waivers). • Bad debt write off in 2025/26 of £91k, which included a debt of £57k relating to a deceased overseas patient and a number of smaller amounts relating to overseas visitors, salary overpayment, salary sacrifice, parking fines and R&D. • Internal audit progress report, including substantial assurance on digital and data strategy; substantial assurance on key financial transaction processes;

and divisional governance mapping. Significant amount of work in progress to be completed for the head of internal audit opinion at year end.

- Internal audit follow up report and Trust audit tracker providing assurance on completion of management actions arising from internal audit reports.

Advise (items presented for the Board's information)

- Reviewed the risk-based internal audit plan for 2026/27, recognising risks to be kept under review and those scheduled for future years. Committee deferred approval pending clarification on the rationale for the planned Consent audit. The plan to be approved after the meeting following confirmation on this point and a final review with Non-Executive Directors (NEDs).
- Reviewed and approved KPMG indicative external audit risk briefing for year ending 31st March 2026. This included the materiality levels for the audit work; audit risks and approach; timeline; value for money risk assessment; and audit fees.

Risks discussed and new risks identified

- Reviewed relevant BAF 8 extract, noting the residual risk had reduced to 8 as per January 2026 Board of Directors.
- Risk Management Improvement Plan progress recognising ongoing system and reporting developments, training material and planned roll out.

PUBLIC – Council of Governors
15th April 2026

Report	Agenda item 17.	Non-Executive Director (NED)/ Governor Walkabouts Summary Report (Quarter 4)						
Purpose of the Report	Approval		Ratification		Assurance		Information	X
Accountable Executive	Neil Large			Trust Chair				
Author(s)	Claire Jones			Committee Secretary				
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	Visible leadership and triangulation of information.			
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	Individual walkabout reports reviewed by the Trust Chair.							
Executive summary	<p>Non- Executive Directors (NEDs) and Governors undertake a series of walkabouts across the Trust’s services and departments throughout the year.</p> <p>Walkabouts are intended to support visibility and understanding of the organisation. Visiting operational departments enables NEDs and Governors to have face to face conversations with staff (and patients if appropriate) to understand their services and the challenges they face. These visits provide staff with the opportunity to talk to NEDs and Governors about what it feels like to work within the Trust. Walkabouts provide the opportunity to:</p> <ul style="list-style-type: none"> • Be visible across the organisation. • Understand services and roles. • Show support and recognition. • Listen to colleagues. • Explain to staff the role of NEDs and Governors. 							

	<p>A summary record is created for every walkabout and provided to the Trust Chair. To ensure completeness, a summary report has been completed for the walkabouts within quarter 4 for presentation to the Council of Governors.</p> <p>This summary report covers the following NED/Governor walkabouts:</p> <ul style="list-style-type: none"> • Ward 50 and Ward 51 (4th February 2026) • New Women & Children’s Building (4th March 2026) <p><i>To note walkabouts are not scheduled for January in order to accommodate the hospital’s increased activity during this period to provide optimal support within the Trust.</i></p>
Recommendations	The Council of Governors is asked to note the summary report from the recent NED/Governor walkabouts.

Corporate Impact Assessment	
Statutory/regulatory requirements	Contributes to the Trust compliance with code of governance.
Risk	None.
Equality & Diversity	Meets Equality Act 2010 duties & PSED 2 aims and does not directly discriminate against protected characteristics
Communication	Not confidential.

Non-Executive Director (NED)/ Governor Walkabouts Summary Report (Quarter 4)

1. Introduction

Non- Executive Directors (NEDs) and Governors undertake a series of walkabouts across the Trust's services and departments throughout the year.

Walkabouts are intended to support visibility and understanding of the organisation. Visiting operational departments also enables NEDs and Governors to have face to face conversations with staff (and patients if appropriate) to understand their services and the challenges they face. These visits provide staff with the opportunity to talk to NEDs and Governors about what it feels like to work within the Trust. Walkabouts provide the opportunity to:

- Be visible across the organisation
- Understand services and roles
- Show support and recognition
- Listen to colleagues
- Explain to staff the role of NEDs and Governors

A summary record of the walkabout is produced, and this is shared with the Trust Chair. For completeness it has been agreed that a summary report be produced and reported to the Council of Governors, and this is the summary report.

2. NED/ Governor Walkabouts

The following table provides a summary of the NED/Governor Walkabouts for quarter 4 2025/26.

Walkabout	Summary
<p>Ward 50 and Ward 51 (4th February 2026)</p> <p>Non-Executive Director(s): Ms Wendy Williams</p> <p>Governor(s): Prof Tony Fisher – Public Governor Mr Myrddin Roberts – Public Governor Mr Richard Taylor – Public Governor</p>	<ul style="list-style-type: none"> • Those on the walkabout identified no areas of improvement with staff being patient focused. • Areas for attention were identified as – Ward 50 requiring refurbishment to suit elderly patients with dementia with concerns regarding fabric facilities and estates management with an extra patient bed sited in the centre of A Bay noted. • Observations from the walkabout: <ul style="list-style-type: none"> • Staff were open, honest, kind, professional and friendly. • The bays are monitored at all times by a member of staff. • Patients commented how caring staffing were. • Impressive to see committed staff putting the patient first. • Highly effective team given the full capacity. • An Estates update to be shared at a future Council of Governors requested by Governors.

Walkabout	Summary
<p>New Women & Children's Building (4th March 2026)</p> <p>Governor(s): Mr John Jones – Lead Governor Ms Naomi Cottrell – Staff Governor Ms Louise Jha – Public Governor</p> <p>(unfortunately, there was no NED available on this occasion, but the walkabout continued with the Lead Governor in attendance)</p>	<ul style="list-style-type: none"> • Those on the walkabout identified the new building is an area they would be very satisfied for relatives/friends to be cared for in. • Areas for attention were identified as – Induction suite not yet open as the staffing model is being addressed. • Observations from the walkabout: <ul style="list-style-type: none"> • Clean and calm, good staff and patient facilities and outdoor areas with support for family wellbeing particularly with regards to bereavement. • Tobacco cessation services being well thought through. • Succession planning in place for key roles. • 163 deliveries since the opening with 51% via c-section (as at the time of the walkabout). • A separate safeguarding space available within anti-natal. • Patients want to stay longer in the new facility. • An area that would be recommended as a place to work. • Overall, a brilliant unit with great staff morale.

Whilst walkabouts are not intended to produce action plans, there may on occasion be items to be followed up and these will be included in the table and an update provided as required.

3. Recommendation

The Council of Governors is asked to **note** the summary report from the recent NED/ Governor walkabouts.

PUBLIC – Council of Governors Workplan

Draft 2026/27

Item	Frequency	Lead	Operational Lead	15 th Apr 2026	15 th Jul 2026	14 th Oct 2026	3 rd Feb 2027
1	Welcome and apologies for absence	Each meeting	Trust Chair	Trust Chair	✓	✓	✓
2	Declarations of interest	Each meeting	Trust Chair	Trust Chair	✓	✓	✓
3	Minutes of last meeting	Each meeting	Trust Chair	Director of Governance, Risk and Improvement	✓	✓	✓
4	Matters arising and action log	Each meeting	Trust Chair	Director of Governance, Risk and Improvement	✓	✓	✓
5	Patient Story	Each Meeting (to be presented on the day)	Director of Nursing & Quality /Deputy Chief Executive	Director of Nursing & Quality /Deputy Chief Executive	✓	✓	✓
6	Trust Chair's Briefing	Each meeting (verbal update)	Trust Chair	Trust Chair	✓	✓	✓
7	Chief Executive Officer's Report	Each meeting	Chief Executive Officer	Chief Executive Officer	✓	✓	✓
8	Lead Governor Update	Each meeting	Lead Governor	Lead Governor	✓	✓	✓
9	Staff Survey - Outcomes	Annually	Chief People Officer	Chief People Officer	✓		
10	Inpatient Survey - Outcomes	Annually (as and when received)	Director of Nursing & Quality /Deputy Chief Executive	Director of Nursing & Quality /Deputy Chief Executive			
11	Patient / Family Experience Update	Annually	Director of Nursing & Quality /Deputy Chief Executive	Director of Nursing & Quality /Deputy Chief Executive			✓

Item	Frequency	Lead	Operational Lead	15 th Apr 2026	15 th Jul 2026	14 th Oct 2026	3 rd Feb 2027
12	Anchor Institution Update	Twice annually	Director of Strategic Partnerships	Director of Strategic Partnerships	✓		✓
13	Membership & Engagement Committee Chairs report and approved minutes	Each meeting	Committee Chair	Director of Governance, Risk and Improvement	✓	✓	✓
14	Governor Election Process and Updates	Annually	Trust Chair	Director of Governance, Risk and Improvement	✓ (proposal)	✓	
15	Board of Directors Business Items:						
	a) AAA reports from the Chairs of the Board of Directors Sub-Committees	Each Meeting	Director of Governance, Risk and Improvement	Non-Executive Directors	✓	✓	✓
	b) Integrated Performance Report <ul style="list-style-type: none"> • Operational Performance • Quality • Safety • Finance • People 	Each meeting	Chief Operating Officer	Chief Operating Officer/ Director of Nursing & Quality/Deputy Chief Executive/ Medical Director/ Chief Finance Officer/ Chief People Officer	✓	✓	✓
16	Feedback from Governors	Each meeting	Lead Governor	All Governors	✓	✓	✓
17	Feedback from Council of Governor Workshops		Trust Chair / Director of Governance, Risk & Improvement	Trust Chair/ Director of Governance, Risk & Improvement		✓	✓
18	Feedback from NED / Governor Walkabouts Summary Report	Each meeting	Trust Chair	Non-Executive Directors/ Governors	✓	✓	✓
19	For noting:						

Item	Frequency	Lead	Operational Lead	15 th Apr 2026	15 th Jul 2026	14 th Oct 2026	3 rd Feb 2027
a) Council of Governors Workplan	Each meeting	Director of Governance, Risk & Improvement	Committee Secretary	✓	✓	✓	✓
b) Council of Governors Photo sheet link/sheet	Each meeting	Director of Governance, Risk & Improvement	Committee Secretary	✓	✓	✓	✓
c) Link to the previous Board of Directors papers on the website	Each meeting	Director of Governance, Risk & Improvement	Committee Secretary	✓	✓	✓	✓
20 Any other business	Each meeting	Trust Chair	Trust Chair	✓	✓	✓	✓

→ indicates original position of item on workplan and intention to defer and reschedule

Foundation Trust Council of Governors

PUBLIC

CHESTER AND RURAL CHESHIRE



Robert Howe
Until October 2026



Sheila Dunbar
Until October 2027



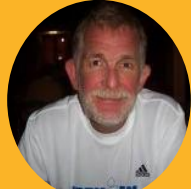
Sharon Cook
Until October 2028



Louise Jha
Until October 2027



Jan Chillery
Until October 2027



Tony Fisher
Until October 2028



John Jones
Until October 2026



Richard Taylor
Until October 2028

ELLESMERE PORT AND NESTON



Dr Kausik Chatterjee
Until October 2028



Vacant



Vacant



Vacant

FLINTSHIRE



Myrddin Roberts
Until October 2027



Christine Holloway
Until October 2028



Vacant

STAFF

ALL OTHER STAFF



Naomi Cottrell
Until October 2028



Dr Salah Tueger
Until October 2028

NURSES/MIDWIVES QUALIFIED



Paula Edwards
Until October 2028



Cheryl Finney
Until October 2028

ALLIED HEALTH PROFESSIONALS



Robert Gorman
Until October 2028

PARTNERSHIP ORGANISATIONS



Carol Gahan
Cheshire West and
Chester Council



Dr Eve Collins
University of Chester



David Foulds
Council for
Voluntary Services



Paolo Tardivel
Betsi Cadwaladr
University Health
Board

REMAINING ENGLAND AND WALES



Daryl Cassidy
Until October 2027

TRUST CHAIR



Neil Large MBE
Chair