

Meeting of the Council of Governors in Public

Wednesday 21st October 2026, 14.00 – 16.00 in the Women & Children's Building
Seminar Room

Chair	Mr N Large, Trust Chair
Apologies	Mr P Tardivel, Partnership Governor, Ms J Tomkinson, Chief Executive and Mr P Williams, Non-Executive Director
In attendance	Ms J Cooper, Associate Director of Nursing, Safeguarding and Complex Care (Item 2.) 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.	Service Showcase – Safeguarding (presentation slides attached)	Associate Director of Nursing, Safeguarding and Complex Care	4 - 7	For noting
14.18	4.	To approve the minutes of the Council of Governors held on the 15 th July 2026 (attached)	Trust Chair	8 - 19	For approval
14.20	5.	To consider any matters arising and action log (attached)	Trust Chair	20 - 21	For noting
14.25	6.	Patient Story (to be presented on the day)	Director of Nursing & Quality/Deputy Chief Executive		For noting
14.30	7.	Trust Chair's Briefing (verbal)	Trust Chair		For noting
14.35	8.	Chief Executive Officer's Report (attached)	Director of Nursing & Quality/Deputy Chief Executive	22 - 26	For noting
14.40	9.	Lead Governor Update – October 2026 (attached)	Lead Governor	27 - 28	For noting
14.45	10.	Anchor Institution (attached)	Director of Strategic Partnerships	29 - 33	For assurance
14.55	11.	Patient Experience (presentation slides attached)	Deputy Director of Nursing & Quality Governance	34 - 41	For noting

15.05	12.	a) Membership & Engagement Committee Chairs Report – 14 th September 2026 (attached)	Committee Chair	42	For assurance & noting
		b) Membership & Engagement Committee approved minutes – 15 th June 2026 (attached)	Committee Chair	43 - 48	For assurance & noting
15.10	13.	To receive Board updates:	Non-Executive Directors		For noting and discussion
		a) The recent Chair's reports of Board Sub-Committees (attached):			
		• Chair's report from the Chair of the People Committee – 11 th August 2026		49 - 51	
		• Chair's Report from the Chair of the Finance & Performance Committee – 20 th August 2026		52 - 53	
15.20		• Chair's report from the Chair of the Quality & Safety Committee – 3 rd September 2026		54 - 56	For assurance
		• Chair report from the Chair of the Audit Committee – 14 th July 2026		57 - 58	
		b) Integrated Performance Report (IPR)** (presentation slides attached)		59 - 68	
		• Operational Performance	Chief Operating Officer		
		• Quality	Director of Nursing & Quality/ Deputy Chief Executive		
		• Safety	Deputy Medical Director		
		• Finance	Chief Finance Officer		
		• People	Chief People Officer		

15.35	14.	To receive feedback from Governors (verbal)	Governors		For noting
15.45	15.	Non-Executive Director/ Governor Walkabouts Summary Report - Quarter 2 2026/27 (attached)	All Governors /Trust Chair	69 - 72	For noting
15.53	16.*	For noting: a) Council of Governors Workplan (attached)	Director of Governance and Risk	73 - 75	For noting
		b) Council of Governors Photo Sheet (attached)	Trust Chair	76	For noting
15.55	17.	Any Other Business (verbal)	Trust Chair		For noting
16.00	18.	Close of meeting			

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

**Please note that the full Integrated Performance Report (IPR) – August 2026 is available within the 29th September 2026 Board of Directors papers - Board of Directors Meeting Packs | Countess of Chester Hospital

Next Meeting: Wednesday 3rd February 2027 at 14.00 – 16.00, in the Women & Children's Building Seminar Room

Safeguarding and Complex Care Annual Report 25/26

September 2026

Jill Cooper

Associate Director of Nursing
(Safeguarding and Complex care)

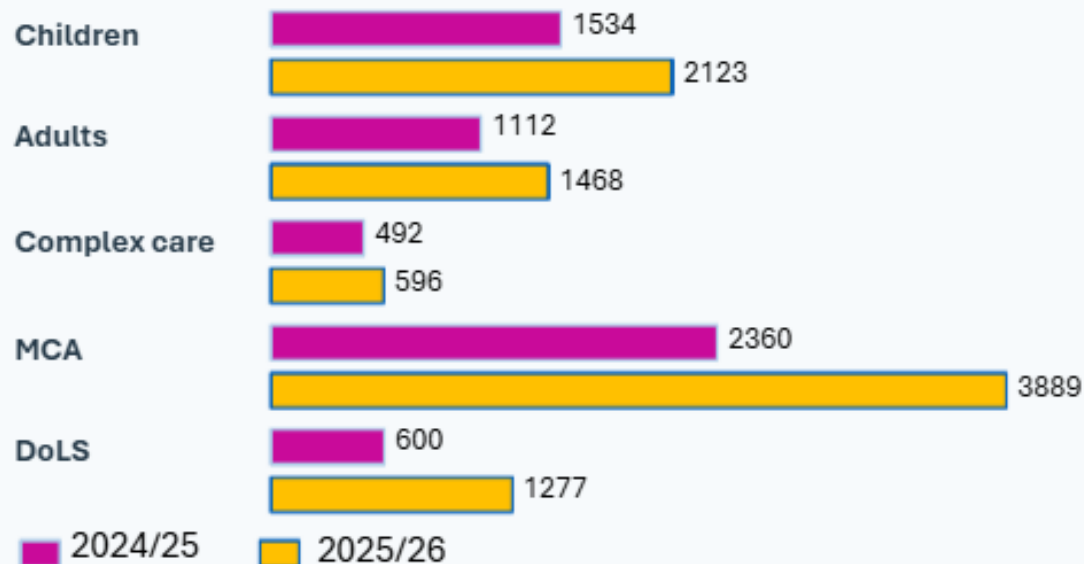


Safeguarding & Complex Care 2025/26

Strong assurance in the context of significantly increasing demand and complexity



ACTIVITY TREND



BOARD ASSURANCE

The Trust continues to meet its statutory safeguarding responsibilities and demonstrates a strong safeguarding culture across the organisation, supported by:

- Robust governance and executive oversight through the Safeguarding Assurance Committee
- Safeguarding training compliance consistently above the 90% target across all disciplines
- Effective multi-agency partnerships and collaborative working across the local safeguarding partnerships
- Established safeguarding supervision, assurance and audit programmes
- Strengthened safeguarding practice through learning, policy development and workforce education

Assurance, Impact and Priorities

A maturing safeguarding system, with clear areas for continued strengthening

ASSURANCE

Training above 90% across the safeguarding portfolio

64 commissioning-standard domains assessed; 3 areas for development

Quarterly executive and multi-agency oversight

90 internal strategy meetings

IMPACT

Paediatric Liaison Nurse role embedded

Routine domestic abuse screening introduced in ED

Electronic DoLS processes implemented

Reasonable adjustments and personalised care strengthened

2026/27 PRIORITIES

Strengthen MCA and DoLS governance and practice

Improve safeguarding practice within ED

Improve adult safeguarding threshold application

Develop safeguarding workforce capability, professional curiosity and learning

Note the assurance and increasing demand and support delivery of the 2026/27 priorities.



Thirlwall: Safeguarding Assurance



Established arrangements provide assurance, with continued focus on training, escalation and learning

TRAINING

- Safeguarding training compliance is above 90% in all areas
- Annual safeguarding training is delivered to the board inc NEDS
- Training includes staff allegations, LADO/PIPOT and escalation routes

STAFF ALLEGATIONS

- An embedded allegation management process is embedded in practice.
- A quarterly assurance paper is submitted through governance routes.
- The executive lead is sighted on every case.

SUDIC

- The Safeguarding Team is involved in all SUDIC processes.
- Safeguarding representation attends all rapid review meetings
- Safeguarding concerns can therefore be identified and escalated promptly

Thirlwall focus- Safeguarding

Maintain role-based compliance for staff, board members and NEDS.

Ensure training addresses concerns or suspicion of deliberate harm and any new guidance around this.

Test staff knowledge of how and where to escalate concerns. .

A CQC Safeguarding Children inspection is anticipated imminently; the Trust is well prepared and provides assurance that the required governance, training, performance and safeguarding arrangements are in place to support the inspection.

Minutes of the Council of Governors (in Public)

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

Members	15/04/2026	15/07/2026	21/10/2026	03/02/2027
Trust Chair (Chair), Mr N Large	☒	☒		
Chester and Rural Cheshire				
Public Governor, Mr R Howe	☒	☒		
Public Governor, Mr J Jones (Lead Governor)	☒ (part)	☒		
Public Governor, Ms S Dunbar	☒	☒		
Public Governor, Ms J Chillery	☒	☒		
Public Governor, Ms L Jha	☒	☒ Via Microsoft Teams		
Public Governor, Ms S Cook	☒	N/A		
Public Governor, Mr R Taylor	☒	☒		
Public Governor, Prof T Fisher	☒	☒		
Ellesmere Port and Neston				
Public Governor, Dr K Chatterjee	☒	☒		
<i>Vacant position</i>	N/A	N/A		
<i>Vacant position</i>	N/A	N/A		
<i>Vacant position</i>	N/A	N/A		
Flintshire				
Public Governor, Mr M Roberts	☒	☒		
Public Governor, Ms C Holloway	☒	☒		
Remaining England and Wales				
Public Governor, Mr D Cassidy	☒	☒		
Partnership Organisations				
Partnership Governor Council for Voluntary Services, Mr D Foulds	☒	☒		
Partnership Governor Cheshire West and Chester Council, Ms C Gahan	☒	☒		
Partnership Governor Betsi Cadwaladr University Health Board, Mr P Tardivel	☒	☒		
Partnership Governor University of Chester, Dr E Collins	☒	☒ Via Microsoft Teams		
Staff Governor				
Staff Governor Qualified Nurses/Midwives, Ms P Edwards	☒	☒		
Staff Governor Qualified Nurses/Midwives, Ms C Finney	☒	☒		
Staff Governor Doctors, Dr S Tueger	☒	☒ Via Microsoft Teams		
Staff Governor Allied Health Professionals, Mr R Gorman	☒	☒		
Staff Governor Other Staff, Ms N Cottrell	☒	☒		

In attendance	15/04/2026	15/07/2026	21/10/2026	03/02/2027
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Chief Executive Officer, Ms J Tomkinson OBE	☒	N/A		
Director of Nursing & Quality/Deputy Chief Executive, Ms S Pemberton	N/A	☒		
Chief People Officer, Ms V Wilson	☒ Via Microsoft Teams (part)	☒ (part)		
Chief Operating Officer, Ms C Chadwick	☒ Via Microsoft Teams	☒ Via Microsoft Teams		
Director of Strategic Partnerships, Mr J Develing	☒ Via Microsoft Teams	N/A		
Chief Finance Officer, Ms K Edge	N/A	☒ Via Microsoft Teams (part)		
Director of Governance & Risk, Mrs K Wheatcroft	☒	☒		
Non-Executive Director, Ms W Williams	☒	☒		
Non-Executive Director, Mr A Hassell	☒	☒		
Non-Executive Director, Ms S Corcoran	☒ Via Microsoft Teams (part)	☒ Via Microsoft Teams		
Non-Executive Director, Ms H Gunawickrema	☒ Via Microsoft Teams	N/A		
Non-Executive Director, Mr P Jones	☒	☒		
Non-Executive Director, Mr M Oldham	N/A	☒		
Deputy Director of Nursing & Quality Governance, Ms F Altintas	☒	N/A		
Head of Facilities Services, Mr R Morrow	☒ (Item 4)	N/A		
Ward Manager, Ward 42, Ms L Hunter	N/A	☒ (Item 5)		
Committee Secretary, Mrs C Jones	☒ (minutes)	☒ (minutes)		

Formal Business		
Agenda Item Number	Item	Action
1.	<u>Welcome, apologies, and opening remarks</u> The Trust Chair, Mr N Large (NL) welcomed everyone to the meeting. Apologies were noted from Staff Governor, Ms P Edwards NL welcomed Mr M Oldham (MO) as interim Non-Executive Director to his first Council of Governors meeting and MO shared his background with the Governors. Introductions were made around the table. NL noted that Public Governor, Ms S Cook (SC) had resigned as a Governor wishing her the best for the future and thanking her for her support as a Governor.	
2.	<u>Declarations of conflicts of interest with agenda items</u> There were no conflicts of interest declared in relation to the public meeting agenda items.	
3.	<u>To approve the minutes of the Council of Governors held on the 15th April 2026</u>	

	The minutes of the meeting held on the 15 th April 2026 were approved as a true and accurate record.	
4.	<u>To consider any matters arising and action log</u> Director of Governance & Risk, Mrs K Wheatcroft (KW) advised that in relation to action 6-25/26 the action remains ongoing. Public Governor, Mr T Fisher (TF) confirmed that no correspondence has yet been received and that he is due to meet with Dr Peter Bamford face to face. It was therefore agreed that the action remains open. KW advised in relation to action 1-26/27 that the NHS Oversight Framework (NOF) update has been included within the Integrated Performance Report (IPR) and that the relevant links have been shared within the meeting documentation. It was agreed that the action can be closed following the meeting. The Council of Governors noted the action log.	
5.	<u>Patient Story</u> (In attendance for the item, Ward Manager - Ward 42, Ms L Hunter) Ward Manager-Ward 42, Ms L Hunter (LH) presented 'Jim's Story' to the Governors. A story regarding a patient remaining on Ward 42 for four months awaiting a nursing home placement and the learning from the patient himself and patient pathways. Trust Chair, Mr N Large (NL) noted that the moving story, and Governors thanked LH for sharing it. Public Governor, Mr R Taylor (RT) asked whether the patient being from out of the area had affected the patient's journey. LH confirmed that she believed it had, noting that Wales/Flintshire processes can differ in relation to the discharge of patients. Director of Nursing & Quality/Deputy Chief Executive, Ms S Pemberton (SP) noted that the patient discussed is not an isolated case, advising that there are currently thirty five patients in this same category in the hospital and around fifty patients classified as P1s (priority 1) awaiting a care package of some description. SP advised that work is ongoing to build relationships across the system to support patient flow and noted that additional social work input is required. Mr M Roberts (MR) asked whether there was a funding issue for Wales. LH advised that she did not know but explained that the referral process and criteria for the discharge of patients differs for Wales. SP advised that this is a capacity issue. Partnership Governor, Mr P Tardivel (PT) noted that the level of investment in social care is a factor and that patients cannot be discharged from hospitals where capacity is not available. RT noted that this effectively meant that three wards are not functioning as intended within the hospital. NL highlighted the wider impact on the whole hospital, including the Emergency Department (ED) and patient flow, noting the Trust's accountability for the four-hour and twelve-hour standards and that there needed to be recognition of these wider system impacts and that accountability for these standards required further consideration. (The Chief Finance Officer, Ms K Edge (KE) joined the meeting via Microsoft Teams) Non-Executive Director, Mr A Hassell (AH) noted that the story is a strong example of compassionate care. Non-Executive Director, Mr M Oldham (MO)	

	highlighted the impact of the prolonged hospital stay on the patient, including the deterioration that had occurred during that period. The Council of Governors noted the Patient Story.	
6.	<u>Trust Chair's Briefing</u> The Trust Chair, Mr N Large (NL) thanked the Lead Governor, Mr J Jones (JJ), who is nearing the end of his term as Lead Governor, noting that he has provided significant support to the Council of Governors and to NL personally while remaining objective throughout his tenure. NL recorded the appreciation of the Board of Directors and Council of Governors for JJ's contribution. NL thanked all staff, on behalf of the Council of Governors, for their achievements over recent months, highlighting the Trust's movement to a position of ninety-eight within the NHS Oversight Framework (NOF) as a significant step forward and expressed confidence that further progress will be made over the coming months and into the next year. NL stated that he believed the Countess will be in a different position in the future and extended thanks to staff, volunteers, the Chief Executive for her leadership, and the Executive Team. NL noted that the organisation continues to face a number of key issues during the year, including financial pressures, Care Quality Commission (CQC) improvement requirements and urgent and emergency care challenges. NL advised that these issues are now better understood and that, in addition to the existing plan, there is a need to bring together various strategies and develop a clear vision for the organisation. NL emphasised the importance of the Trust looking inwards, while also continuing to work collaboratively across the system, to ensure that the organisation's direction and priorities are clearly articulated and shared. NL encouraged Governors to reflect on the achievements made over the previous months and noted that a number of significant reviews have recently taken place, including reviews relating to mortality, maternity and Ockenden, and acknowledged that the resulting demands are challenging. NL advised that the Executive Team are working through matters within an increasingly demanding and relentless agenda. NL referred to positive recognition received by the Trust, including two colleagues (Kelsey Jones and Kirsty Simmonds) from the Trust chosen to attend Number 10 Downing Street recently to celebrate the NHS's 78th birthday, and the Chief Executive, Ms J Tomkinson (JT) who also attended Number 10, where the Trust's performance and improvement journey was recognised at a national level. NL stated that the Trust has a strong Board of Directors and Council of Governors and thanked Governors for their continued support which provides a strong basis for the organisation to move forward. The Council of Governors noted the Trust Chair's Briefing.	
7.	<u>Chief Executive Officer's (CEO) Report</u> The Director of Nursing & Quality/Deputy Chief Executive, Ms S Pemberton (SP) presented the CEO Report and highlighted a number of key updates for Governors.	

	SP advised that an additional team briefing will be scheduled the following Thursday with staff, to be held face to face, to share the Trust's significant performance improvements and to remind colleagues of the positive work taking place across the Trust. Public Governor, Ms J Chillery (JC) asked whether Governors can attend. The Director of Governance & Risk, Mrs K Wheatcroft (KW) advised that the presentation slides will be shared with Governors following the briefing session. Action: It was agreed to share the staff briefing presentation slides with Governors following the extra face to face staff briefing session regarding the Trust's significant performance improvements. SP noted the Chief Executive, Ms J Tomkinson's (JT) visit to Number 10, following the Trust being recognised as one of the top ten most improved Trusts. SP advised that staff considered this to be a significant achievement. The NOF rating of ninety-eight was also highlighted as a testament to the hard work undertaken across the organisation. SP referred to a number of key documents, including the Ockenden and Amos reports and the associated ten-point plan, which the Trust will assess itself against. SP advised that these will be taken to the September 2026 Board of Directors and shared with Governors when appropriate. In relation to maternity services, SP advised that the Trust is in a very good position and has recently been visited, with a recommendation that it be removed from the oversight programme. SP noted that this is significant for the Women and Children's staff and reflects the hard work undertaken by the team. The Chief People Officer, Ms V Wilson (VW) provided an update in relation to the Doctors' settlement, advising that further detail remains to be worked through. VW noted that Consultants had voted for strike action and therefore the position in relation to industrial action has not fully concluded. Public Governor, Prof T Fisher (TF) asked whether any external uplifts will be received to cover the associated costs. VW advised that this is included within existing arrangements. The Trust Chair, Mr N Large (NL) advised that the Trust will need to absorb the pressure, and VW noted that the Chief Finance Officer is managing the position. The Chief Finance Officer, Ms K Edge (KE) confirmed that the Resident Doctors' uplift has been funded and that anything over and above this will be subject to adjustment based on an algorithm, although this will not be accurate to the penny. SP advised that she and JT had met with the Chief Executive of the CQC in relation to the CQC report and it has been agreed that a second factual accuracy review will be undertaken, with the revised version expected the following morning. SP advised that a further meeting is scheduled for the following Wednesday to review the current position. The Council of Governors noted the contents of the report.	CJ
8.	<u>Year-end Performance Position</u> The Chief Operating Officer, Ms C Chadwick (CC) presented the year-end performance position slides to Governors, highlighting Referral to Treatment (RTT) performance, Urgent & Emergency Care (UEC) performance and improvements, Cancer Performance and Diagnostics Waiting Times and Activity (DM01) Improvements.	

	The Director of Governance & Risk, Mrs K Wheatcroft (KW) presented the Quarter 4 NOF update position slides highlighting the scored metrics and the Acute Trust league table. Lead Governor, Mr J Jones (JJ) asked whether the ten new indicators within the NOF are now included. KW advised that, from recollection, these will be introduced from Quarter 2 2026/27. The Chief People Officer, Ms V Wilson (VW) added that the new people related measures linked to the NHS standards had only been introduced the previous week and will be set within the NOF. VW explained that these will include a set of questions from the staff survey, which will be combined to create a score. It was noted that, from Quarter 2, the position will be based on the previous year's data. The Chief Finance Officer, Ms K Edge (KE) presented the 2025/26 financial position and highlighted the year-end position. Governors noted that the Trust has moved from segment 4 to segment 3 in relation to the finance element of the NOF position. Public Governor, Prof T Fisher (TF) asked for clarification in relation to the Cost Improvement Programme (CIP). KE advised that the target was £27m and explained that a number of schemes commenced part-way through the year. KE noted that this remained a significant achievement and that some of the gap had been covered through non-recurrent schemes. TF thanked KE for the explanation. The Trust Chair, Mr N Large (NL) noted that it had been a strong year in relation to the external accountability framework and the indicators within the NOF, and highlighted the significant amount of work taking place, including in relation to Infection, Prevention and Control (IPC). Public Governor, Ms J Chillery (JC) commented that there is a considerable amount of positive news and asked whether any slides can be circulated in advance of meetings rather than presented for the first time during the meeting. NL advised that this will be taken away and considered for future meetings. Action: It was agreed for the circulation of any presentation slides to be in advance of future Council of Governors meetings once available. Public Governor, Ms S Dunbar (SD) shared a recent patient experience relating to Urgent Care, noting that, following an insect bite, the only route to access an out of hours Doctor had been via ED as advised by NHS 111 and, following a four hour wait, was informed that an appointment had been made with the out of hours Doctor. SD reflected that this appeared to be an inappropriate referral and was frustrating from a patient perspective. NL noted the importance of continuing to work with primary care to support patients accessing care in the appropriate place and to strengthen joined up working across the system. Lead Governor, Mr J Jones (JJ) congratulated the Trust on the previous year's performance and asked whether there is an indicator for the CIP position for 2026/27. NL advised that a deep dive will be undertaken at the July 2026 Board of Directors in relation to the correlation between CIP, workforce and budgets. Non-Executive Director, Mr M Oldham (MO) advised that an extraordinary Finance and Performance (F&P) Committee meeting will be taking place in August 2026 to review CIP, noting that the programme is slightly off plan and that expectations will increase significantly from month 4 onwards. The Chief Finance Officer, Ms K Edge (KE) advised that the Trust is on track at month 3, has	CJ
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	delivered year to date, and has absorbed industrial action costs in April 2026. KE noted that activity and savings are expected to increase in month 4 and Quarter 2, and that a detailed forecast will be brought back to the F&P Committee. It was noted that there is nothing adverse to report in Quarter 1. The Council of Governors noted the Year-end Performance Position presentation.	
9.	<u>Lead Governor Update – July 2026</u> The Lead Governor, Mr J Jones (JJ) provided the Lead Governor update and highlighted a number of key reflections and thanks. JJ thanked Ms S Cook for her contribution and time as a Public Governor and congratulated the Trust on the NOF position, noting that this represented a significant effort by colleagues across the Countess. JJ referred to the Celebrating Midwives and Nursing event held in May 2026 in the Women & Children’s building, which he described as an excellent event that showcased the outstanding staff within the organisation. He noted the positive energy in the room and encouraged Governors to attend similar events in the future. Reflecting on the previous nine years, JJ noted that the period has passed quickly and that a significant amount has happened within the Trust during that time, including changes in Executive and Non-Executive Director leadership. JJ thanked the Director of Governance & Risk, Mrs K Wheatcroft (KW) and her team for their support during his tenure as Lead Governor and also thanked the Committee Secretary, Mrs C Jones for her work within the team. JJ thanked the Trust Chair, Mr N Large, for his continued support, which he described as fantastic. JJ thanked both present and past Governors and expressed hope that their support will continue moving forward. JJ acknowledged the continued commitment of staff over the previous nine years, noting that staff have remained dedicated throughout a number of difficult periods. JJ wished Public Governor, Prof T Fisher (TF) well for the future as Lead Governor, and all Governors joined in extending their best wishes. NL thanked JJ for all that he has done during his time as Lead Governor. The Council of Governors note the contents of the report.	
10.	<u>a) Membership & Engagement Committee (MEC) Chairs report 15th June 2026</u> Lead Governor, Mr J Jones (JJ) informed the Council of Governors that the update from the (MEC) is reflected in the Future of Governors Update and Options agenda item. Public Governor, Mr M Roberts (MR) added that an excellent presentation was received by the Director of Governance & Risk, Mrs K Wheatcroft (KW) and again will be detailed in the next Future of Governors Update and Options agenda item. The Council of Governors noted the MEC Chairs verbal update. <u>b) Membership & Engagement Committee approved minutes 10th March 2026</u>	

	The Council of Governors noted the MEC minutes of the 10 th March 2026.	
11.	<u>Future of Governors Update and Options</u> Mrs K Wheatcroft (KW) introduced the paper and accompanying slides, which had been shared with Governors in advance of the meeting. KW advised that the cover paper sets out the context and noted that discussions have taken place with similar Trusts to understand how they are approaching the matter. KW emphasised that the Council of Governors remains a key part of the Trust's governance arrangements until such time as legislation is passed. She noted the need to consider the challenges associated with future elections, to take a pragmatic approach, and to consider transitional arrangements which will enable the Trust to continue to utilise the skills and experience of Governors moving forward. KW advised that the proposal is to defer Governor elections for the reasons set out within the slides. The Trust Chair, Mr N Large (NL) noted that the proposal before Governors was to postpone elections at this point in time, recognising the time involved and cost. Governors indicated their support for the proposal. NL advised that, moving forward, the Director of Nursing & Quality/Deputy Chief Executive, Ms S Pemberton (SP) and her team are considering patient engagement opportunities, and a proposal will be shared regarding potential ways in which Governors can support patient engagement. NL noted that any such role will not be a formal Governor role but will provide an informal and meaningful opportunity for engagement. SP advised that a patient experience framework is being developed and will be shared with Governors, explaining that Healthwatch will be a member of the forum and that all Divisions will share feedback on patient journeys, including both positive and negative feedback, to support wider organisational learning. SP noted that there may be a role for Governors to engage through this forum and that a further opportunity is being explored in relation to Patient Safety Partners, who would listen to patients and provide external input into engagement. SP advised that these two forums may provide suitable opportunities for Governors who are keen to be involved. Public Governor, Prof T Fisher (TF) asked whether the patient experience meetings will take place face to face. SP confirmed that the patient experience meeting is face to face. In relation to the Patient Safety Partner role, SP advised that further detail, including the meeting arrangements, will need to be confirmed as part of the ongoing work to develop the proposals. NL noted that the proposals can be shaped and developed through the MEC, including consideration of the role Governors can take on immediately. Mr M Roberts (MR) commented that Governors need to engage directly with members and suggested that, if working as a team, Governors should go out into local areas to speak with members. TF noted that, while many professionals may be comfortable using Microsoft Teams, a number of people did not engage with Microsoft Teams and this needed to be considered, emphasising the importance of considering opportunities for face to face engagement where possible. NL advised that further updates will be brought to Governors when available.	

	The Council of Governors approved the proposal which has been approved by the Board of Directors on 19th May 2026 and approved by the Membership and Engagement Committee on 15th June 2026.	
12.	<u>To receive Board updates:</u> <u>a. The recent Chair's reports of Board Sub-Committees:</u> <u>Chair's report from the Chair of the People Committee – 28th April 2026</u> The Chief People Officer, Ms V Wilson (VW) highlighted several items that had been escalated to the Board from the People Committee and were being brought to Governors' attention. These included the position in relation to medical rate cards, where the Trust is noted to be in a better position since April 2026, and the workforce plan, including the challenging target to reduce workforce costs in support of the financial plan. VW acknowledged that this is not an easy ask and that further work is required. Governors noted that strong assurance is coming through from the Sub-Committee's to People Committee, which are now working well and providing positive assurance. <u>Chair's Report Finance & Performance Committee – 29th April 2026</u> The Trust Chair, Mr N Large (NL) highlighted the three key alerts from the Chair's report around CIP, the medium-term plan and the increased volume of Freedom of Information (FOIs) requests. <u>Chair's report from the Chair of the Quality & Safety Committee – 7th May 2026</u> Non-Executive Director, Prof A Hassell (AH) highlighted the key alerts, including the UEC update and the Sepsis Annual Report. AH advised that the Committee received detailed reports and that the associated trajectories were positive, with some areas having reached target. The Committee was assured by the level of scrutiny and the trajectory of improvement. In relation to CIP, AH noted that quality impact assessments had been completed for a number of schemes that had been implemented, and that a good level of assurance had been received. AH advised that a risk had been identified in relation to the resuscitation space within ED, as the current space did not meet Royal College of Emergency Medicine (RCEM) guidance. It was noted that the guidance applied to new builds and that the current estate did not meet those standards. AH advised that mitigations are in place and that the Committee received assurance regarding these mitigations, including the use of simulations of critical incidents within the resuscitation area to ensure colleagues are familiar with working in the space. The Committee was assured that the mitigations in place support the delivery of care within the resuscitation area. Public Governor, Prof T Fisher (TF) noted that, while mitigations can be put in place issues can lead to risks elsewhere. AH advised that proposals had been outlined regarding how the space could potentially be reconfigured to meet the guidance for resuscitation space; however, this would result in reduced space for standard consultations. AH noted that this decision was not within the gift of the Quality & Safety Committee and that any proposal will need to be considered by the Board of Directors. AH advised that his understanding was that significant change was unlikely to take place unless there is a new rebuild. <u>Chair's Report Audit Committee – 24th April 2026</u>	

	The Director of Governance & Risk, Mrs K Wheatcroft (KW) highlighted the Head of Internal Audit Opinion for 2025/26, noting that substantial assurance had been received. KW advised that this represented a stronger assurance position than the previous year and reflected the position set out within the opinion. KW advised that the Board Sub-Committee effectiveness reports had been received by the Audit Committee and confirmed that these covered the work the Committee's had set out to undertake. KW noted that a thorough process had been undertaken to scrutinise the annual accounts, and that this had been considered in detail through the Audit Committee. The Council of Governors noted the Committee Chair Reports. b. <u>Integrated Performance Report (IPR)</u> The Chief Operating Officer, Ms C Chadwick (CC) presented the performance position slides to Governors from the IPR highlighting 4-hour, 12-hour and ambulance handover performance, RTT compliance, Cancer waiting times and DM01 monthly performance. The Director of Nursing & Quality/Deputy Chief Executive, Ms S Pemberton (SP), presented the quality and safety slides, covering incident reporting, Hospital Acquired Pressure Ulcers (HAPU), slips, trips and falls, Infection Prevention and Control (IPC), Venous Thromboembolism (VTE) 14-hour risk assessment compliance, Friends and Family Test (FFT), sepsis, and complaints and concerns. Public Governor, Ms J Chillery (JC), asked whether feedback was provided to care homes when patients are admitted with pressure ulcers. SP confirmed that feedback is provided and advised that serious matters will also be reported to the local authority. JC noted that complaints can sometimes represent feedback or opportunities for service improvement and asked what pathway is available for feedback or improvement comments where individuals do not wish these to be recorded as complaints. SP advised that issues are often raised through the Patient Advice and Liaison Service (PALS) and recorded through the concerns process, acknowledging that further work is required to clarify the distinction between concerns, feedback and complaints. JC asked whether patients are asked how they wish their concern to be recorded. SP confirmed that patients are asked how they wish their points to be raised. Public Governor, Mr M Roberts (MR), noted that, when he had met with the PALS team, the Lead had been very professional. Public Governor, Ms S Dunbar (SD), referred to the recent PALS walkabout, noting sickness related staffing shortages on the day, although staffing is generally up to establishment. SD also highlighted the importance of how staff respond when issues are raised, to help prevent escalation into formal complaints. Public Governor, Prof T Fisher (TF), suggested that there may be a mechanism to support this approach through members and to present percentage information in a more meaningful way. The Chief Finance Officer, Ms K Edge (KE) presented the Financial position advising that the month 12 position had been reported to the last Board of Directors meeting and had been referenced earlier in the meeting. KE reported that, at month 2, the Trust had planned a deficit of £3.7m and had delivered that position and advised that approximately £0.5m of industrial action costs had been covered, alongside the impact of CIP non-delivery. KE noted that the key focus moving forward would be on CIP, through the F&P Committee.	
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	KE advised that income was on plan and that some income loss from month 1 was being recovered. Pay budgets were broadly on plan, with no significant issues to raise at this early stage of the financial year. KE advised that a forecast would be undertaken from month 4 to support the assessment of risks and forward sight. KE further advised that the cash position remained strong and that no liquidity risks were anticipated in quarter 1 or quarter 2 based on the latest position. CC presented the people position on behalf of VW highlighting the Divisional Key Performance Indicators (KPI) performance, Sickness absence, Appraisal, Mandatory and Trust specific Training and variable pay and agenda. NL noted that the update appeared positive overall. The Council of Governors noted the IPR update presentation.	
13.	<u>To receive feedback from Governors</u> No feedback was shared on this occasion.	
14.	<u>Non-Executive Director (NED)/ Governor Walkabouts Summary Report – Quarter 1 2026/27</u> The Trust Chair, Mr N Large (NL) invited Governors to raise any key issues arising from the NED/Governor walkabouts. Public Governor, Ms J Chillery (JC) referred to feedback from the Stroke Unit, noting that staff identified a significant increase in younger people being admitted to the stroke ward. JC suggested that it would be helpful to understand whether any research has been undertaken into the reasons for this increase and whether other healthcare providers are seeing a similar pattern. The Director of Governance & Risk, Mrs K Wheatcroft (KW) agreed to take this forward as an action and to raise the matter with the Lead for Research, including whether there has been any change since Covid-19. Action: It was agreed for KW to raise with the Clinical Lead for Research, Mr P Bamford the reported increase in younger people admitted to the Stroke Unit and whether this reflected any change since Covid-19 or a wider trend across other healthcare providers. NL advised that actions identified through the walkabout reports are shared with the Director of Nursing & Quality/Deputy Chief Executive, Mrs S Pemberton (SP), who follows these up as appropriate. The Lead Governor, Mr J Jones (JJ) highlighted a concern raised by critical care staff regarding the use of additional beds during winter and the associated differences in staff skill mix, it was agreed that this should be noted for awareness. SP explained the complaints investigation process, advising that those involved in a complaint are asked to provide an account, following which a formal response is prepared through the relevant Division and triumvirate. SP advised that responses are reviewed through several assurance layers before being considered by herself and signed off by the Chief Executive. Public Governor, Ms S Dunbar (SD) asked who complaint responses are issued from. SP confirmed that the Chief Executive signs off every complaint response.	KW

	The Council of Governors noted the summary report from the recent NED/ Governor walkabouts.	
15.	<u>For noting:</u> The Council of Governors noted the: a) Council of Governors Workplan. b) Council of Governors Photo Sheet. c) Quality Account. The Director of Nursing & Quality/Deputy Chief Executive, Mrs S Pemberton (SP), advised the Council of Governors that the Quality Account had completed all required approvals, including Board of Directors approval adding that the account summarises the activity over the previous twelve months. It was noted that the Scrutiny Committee had also reviewed the account and that the Trust has received positive feedback on its content.	
16.	<u>Any Other Business</u> The Trust Chair, Mr N Large (NL), acknowledged the feedback from the meeting and noted the suggestion that presentation slides be shared with the Council of Governors in advance of meetings, even if only the day before. Public Governor, Prof T Fisher (TF), commented that some presentation slides were too detailed and would benefit from being more concise. The Director of Governance & Risk, Mrs K Wheatcroft (KW), noted that previous feedback had indicated Governors wanted more detail and advised that an appropriate balance will be considered. TF also noted that the use of acronyms can be challenging.	
17.	Close of meeting	

Next Meeting: Wednesday 14th October 2026 at 14.00 – 16.00, in the Women & Children's Building Seminar Room

Council of Governors Action Log
2026/27 updated August 2026

Action Number	Meeting Date	Allocated to	Agenda Item Number	Agenda Item Title	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. Update 15th April 2026 – Prof T Fisher updated that he has not yet met with Dr P Bamford. Update 15th July 2026 – Action to remain open, Prof T Fisher to meet with Dr P Bamford face to face.	Apr-26	Open
1-26/27	15 th Apr 2026	Trust Chair	15c.	Integrated 5 Year Plan & Trust Priorities	It was agreed for NL to share the NHS Oversight Framework (NOF) and Board of Directors assessment separately with the Council of Governors	Update 7th July 2026 – NOF Update scheduled on the July 2026 Council of Governors agenda. Update 4th August 2026 – NOF update included within the Integrated Performance Report (IPR) and relevant links have been shared within the meeting documentation, action can be closed.	Jul-26	Closed

Action Number	Meeting Date	Allocated to	Agenda Item Number	Agenda Item Title	Action Details	Action Update/Outcome	Due Date	Status
2-26/27	15 th July 2026	Committee Secretary	7.	Chief Executive Officer's (CEO) Report	It was agreed to share the staff briefing presentation slides with Governors following the extra face to face staff briefing session regarding the Trust's significant performance improvements.	Update 5th August 2026 – Extraordinary Team Brief scheduled on the 23 rd July 2026 was postponed due to the number of apologies received. Session to be re-scheduled.	Oct-26	Open
3-26/27	15 th July 2026	Committee Secretary	8.	Year-end Performance Position	It was agreed for the circulation of any presentation slides to be in advance of future Council of Governors meetings once available.		Oct-26	Open
4-26/27	15 th July 2026	Director of Governance & Risk	14.	Non-Executive Director (NED)/ Governor Walkabouts Summary Report – Quarter 1 2026/27	It was agreed for Mrs K Wheatcroft to raise with the Lead for Research, Dr P Bamford the reported increase in younger people admitted to the Stroke Unit and whether this reflected any change since Covid-19 or a wider trend across other healthcare providers.		Oct-26	Open

PUBLIC – Council of Governors
21st October 2026

Report	Agenda Item 8.	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 and Risk			
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						
	BAF 11 Transformation	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	Not applicable							
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. Significant improvements across all areas of the National Inpatient Survey

In early September, the Care Quality Commission (CQC) published the results from the national Adult Inpatient Survey. The results provide further evidence of improvement at the Countess of Chester Hospital.

The Trust has seen a significant improvement in patient experience:

- **A 58-place rise in the national rankings** (with 131 Trusts in total) overall – a substantial year-on-year improvement.
- **More than 50-place rises** in several key areas including admission to hospital, care and treatment, respect and dignity, and overall experience.
- **80% of patients rated their care 7/10 or above**, the Trust's strongest position in around seven years.
- **Improvements across all 12 categories** of questions compared with last year's results.
- **Better than the national average in six areas**, including waiting times, care and treatment, respect for individual needs, and kindness and compassion.

These results indicate that patients are experiencing noticeably better care, treatment and support across the Trust.

We remain committed to driving forward the improvements in our services.

2. NHS Oversight Framework Q1

On 7th September, NHS England published the 2026/27 Q1 ratings, with the Trust ranked at 95/134, an improvement from 98/134 in Q4 2025/26.

The metrics have been updated for 2026/27 with new metrics added and some retired, a net increase from 21 to 33 scoring metrics relevant to the Trust. All metrics are included in the Integrated Performance Report (IPR).

During 2025/26, the Trust demonstrated significant improvements made across all the targets and enhanced financial stability. Our progress in the NHS Oversight Framework (NOF) during 2025/26 was from 133/134 at Q1 to 98/134 at Q4.

3. GIRFT UEC programme continued support for COCH

On the 13th August, the Trust received a letter from Professor Tim Briggs, GIRFT UEC Programme Lead NHS England National Director for Clinical Improvement and Elective Recovery Chair of GIRFT Programme, NHS England, confirming that the Countess of Chester

Hospital will continue to receive support through the Getting It Right First Time (GIRFT) Urgent and Emergency Care (UEC) programme.

The letter recognised the work that the Trust had done and the sustained operational pressures faced with the ongoing challenges associated with delivering safe, high-quality and timely care for patients. The letter confirmed that the GIRFT team remain committed to working alongside our teams to support continued improvement across urgent and emergency care services.

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

July 2026

The CMPC Leadership Board met on 17 July 2026, and discussed:

- Staff bank arrangements
- Integrated referral management programme, single point of access and community services
- Financial pressures across Cheshire and Merseyside and the need for continued productivity improvements, efficiency delivery and robust financial control.
- An update from the UEC Board outlined ongoing challenges relating to system flow, corridor care and ambulance handover delays remaining a priority, with members highlighting the need for stronger alignment between acute, community and transformation programmes.
- Response to Ockenden recommendations.

September 2026

The CMPC Leadership Board met on 4 September 2026, and discussed:

- Winter planning and frailty
- Programme updates
- Cheshire and Merseyside Integrated Care Board updates
- System finance and performance

5. Strategic Oversight Meeting

The first Strategic oversight meeting (SOM) with the Cheshire and Merseyside Integrated Care Board took place on the 6th August 2026. The SOM is the executive-level forum through which the Integrated Care Board (ICB) discharges its statutory and contractual responsibilities to assure itself, NHS England, and the public that commissioned services are safe, effective, financially sustainable, and improving. This meeting is in addition to the operational contract management activity, which is undertaken through Contract, Quality and Performance Meetings (CQPMs).

Discussions covered a range of areas including the support needed on system wide challenges.

6. Cancer Waiting Time Performance

On 16 September 2026 the NHS England North West Regional Director wrote to the Trust to commend the July Cancer Waiting Times Performance. Noting that the figures highlight considerable year-on-year improvement across two of the three key metrics at The Countess of Chester NHS FT, placing the Trust among the top ten most improved nationally. The 28-day Faster Diagnosis Standard is up by 16.1 percentage points, rising from 71% to 87%, while the 31-day Decision to Treatment standard has increased by 5.3 percentage points, from 88% to 93%.

The letter also noted that this latest achievement builds on the continued improvement being seen at the Trust.

7. Local MP sends letter of congratulations

In early September, was pleased to receive a letter from our local MP, Samantha Dixon, congratulating the Trust on its latest Care Quality Commission report. She asked me to pass on her thanks to everyone for their hard work which I am pleased to do.

The letter is further recognition that our progress is being noticed. MPs, partner organisations and our local communities can see through external reviews and our latest performance data that things are changing -your hard work is making a real difference to our patients and our services.

Dear Jane

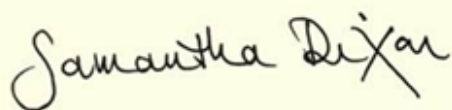
In the Care Quality Commission's latest report, I was very pleased to read of improvements recognised across a number of services at The Countess of Chester Hospital.

The progress in medical services and end of life care, together with the improvements in urgent and emergency care, is welcome news for patients and families across our community. I know these improvements are the result of the dedication, professionalism and compassion shown every day by hospital staff.

While there is still more to do, it is encouraging to see the positive direction of travel reflected in the report, and to see the efforts being made to strengthen and improve services. Please pass on my thanks to everyone involved - their hard work is making a real difference.

I offer you my personal congratulations on an excellent report and wish the Trust every success as it continues to build on this. I look forward to seeing further progress as we move forward.

Kindest regards



Samantha Dixon MBE, MP
Member of Parliament for Chester North and Neston

8. Ambient Voice Technology

On 14th September our trial of Ambient Voice Technology (AVT) started with 6 clinicians. The intention is to roll out to around 500 users over the next 10 weeks as part of an extended trial of the software, enabling AI generated clinical documentation and letters. The intended benefits are to improve our documentation and correspondence as well as reduce administrative burden. The trial, supported by NHS North West, will continue until May 2027 when we will look at longer term options for embedding AVT into our clinical practices.

9. Country Park Green Flag Award

We were delighted to attend the flag raising ceremony on the 7th August to mark the Countess of Chester Country Park being recognised as one of the UK's finest green spaces after securing a prestigious Green Flag Award for the eighth consecutive year.

10. HSJ Awards Shortlists

Our new Women and Children's Building has been shortlisted for a national HSJ Award in the 'Towards Net Zero' category.

The HSJ Awards are one of the most respected awards in the NHS, celebrating the very best innovation and improvement across healthcare. More than 1,300 entries were submitted, making it one of the most competitive years on record, so reaching the final shortlist is a huge achievement for our teams.

Our Women and Children's Building is the first completed NHS building in England to meet the NHS Net Zero Building Standard, and this shortlisting recognises the pioneering work that went into creating a family-focused space for our community.

The winners will be announced in November, but we're delighted to see Chester recognised on a national stage.

This follows the latest award for our new Women and Children's Building which in September 2026, was named *Project of the Year* at the Government Property Awards.

11. Celebration of Achievement Event

The 2026 Celebration of Achievement event takes place on the 16 October 2026. The Award finalists have now been confirmed following receipt of a huge number of nominations making the shortlisting this year particularly difficult as there has been so much excellent work taking place across our hospitals. Congratulations to all those who were nominated and we look forward to announcing the winners on the night.

PUBLIC – Council of Governors
21st October 2026

Report	Agenda Item 9.	Lead Governor Update – October 2026						
Purpose of the Report	Decision		Ratification		Assurance		Information	X
Accountable Executive	Karan Wheatcroft				Director of Governance and Risk			
Author(s)	Tony Fisher				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 BAF 11 Transformation				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 – October 2026

As I have only been in post for 6 days, you'll understand that my report will be somewhat brief! However, there is no better place to start than to offer our thanks to John Jones as outgoing Lead Governor. I note that he gave us a very nice 'Personal Statement' at our last Council of Governors Meeting. Please see previous meeting's minutes. He reflects on the nine (!) years being part of and leading the Council of Governors ... so much change has he seen. I shall endeavor to represent Governors and the Trust Membership with the enthusiasm and professionalism that John has exemplified. I am sure we wish him well in his 'sort of' retirement.

- In the past 3 months I have met with Neil and John in monthly 'catch-ups'.
- I presented John's annual report and his personal statement at the September 2026 Annual Members Meeting.
- I have joined the Cheshire & Mersey (C&M) Lead Governors Group and made very welcome. They seem very enthusiastic and well informed. The principal focus for them at the moment is the 10 Year Health Plan and the developing legislation. The Group meets regularly and I shall report back to our Council of Governor meetings.
- I was invited to join the National Lead Governors Association. The Chair is Daughne Taylor and, the Deputy Chair and Hon Sec is Jackie Lincoln. Quite a power-house! As above, I shall report back to our Council of Governor meetings.

Some considerations for the Trusts Council of Governors over the next few months

- We need to address engagement with the Trusts Membership at all levels.
- The Trusts Council of Governors web pages very much need, if not a re-design, a vigorous refresh. This is our shop window!
- Can communications between Council of Governors and Board Members be improved? Remember, we have a mandatory responsibility to work with our Non-Executive Director colleagues.
- In general, maybe we should address 'communications' *per se* across all areas. How effective are we at communicating with each other as Governors? Do we use email and WhatsApp and other media effectively?
- and that 10 Year Plan: lots to think about!

Tony Fisher – Lead Governor

PUBLIC – Council of Governors
21st October 2026

Report	Agenda Item 10.	Anchor Institution Update						
Purpose of the Report	Decision		Ratification		Assurance	X	Information	
Accountable Executive	Jonathan Develing			Director of Strategy and Partnerships				
Author(s)	Jonathan Develing			Director of Strategy and Partnerships				
Board Assurance Framework	BAF 1 Quality BAF 2 Safety BAF 3 Operational BAF 4 People BAF 5 Finance BAF 6 Capital BAF 7 Digital BAF 8 Governance BAF 9 Partnerships BAF 10 Research BAF 11 Transformation			X X X X X X				
Strategic goals	Patient and Family Experience People and Culture Purposeful Leadership Adding Value Partnerships Population Health							X X X X X X
CQC Domains	Safe Effective Caring Responsive Well led							X X X X X
Previous considerations	Not applicable							
Executive summary	The purpose of this paper is to provide an update on progress on the work of the Anchor Institution Group. This includes the Green agenda, prevention and social value.							
Recommendations	The Council of Governors is asked to note progress of the Anchor Institution Group.							

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

Anchor Institution Update

1. Introduction

The Countess of Chester Hospital NHS Foundation Trust is now an Anchor Institution and has received recognition of this from the Cheshire and Merseyside Integrated Care Board.

Typically, an anchor institution has three component parts:

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

2. Background

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

3. Summary

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

Green Agenda

Despite the many challenges and pressures, we face within our Trust and wider, the NHS, these challenges also present new opportunities to deliver outcomes that are best for our patients, financially beneficial, and better for our planet. The Trust 2nd Green Plan renewal maintains the following 3 principles:

- Prioritising action that delivers world-leading patient care, improves population health, reduces inequalities, and addresses climate change and wider sustainability challenges.
- Helping organisations plan and invest responsibly while improving efficiency and delivering value for taxpayers.
- Ensuring every NHS organisation contributes to the NHS-wide ambition of achieving net zero carbon emissions, informed by lessons from delivery to date.

We should be rightly proud of our progress in Sustainability projects across the Trust, which include:

- The approach of 'sustainability by design' focusing on 'reduced energy consumption' in the Women & Children's building achieving BREAM excellence in design and build.
- 1st Trust in Cheshire & Mersey healthcare region to have a fully 'green' transport fleet
- 1st Trust in the UK to achieve a new healthcare facility that meets the Net Zero UK Building Standards
- Confirmation of commitment to become an 'Anchor' institution by signing up to the Cheshire and Merseyside Anchor Institute Framework.
- The Sustainable Healthcare Academy has launched a new green skills initiative built specifically for those working in health and care. Delivered by Ofsted Outstanding LDN

Apprenticeships, the new learning programme is underpinned by the Level 4 Corporate Responsibility & Sustainability Practitioner Standard

- The pharmacy homecare team facilitate the delivery of hospital only medicines directly to over 2400 patients within their own homes, supporting the green agenda by reducing the number of patients that travel to site to collect their prescriptions and decreasing the demand on the hospital infrastructure.
- We are working with our Executive Team and Finance colleagues to secure the offer of only zero-emission vehicles through the vehicle salary sacrifice schemes from December 2026 onwards (for new lease agreements). The previous twelve months show that our staff (116 staff members from a total of 124 staff members) have elected to acquire e-vehicles through the Trust vehicle lease scheme. The transition to e-vehicles rather than fossil fuel vehicles has very much begun and making huge progress within our own staff base
- Complete removal of desflurane as an anesthetic gas within the theatre environment

Prevention

The Trust works with the Cheshire and Merseyside Prevention Pledge network and is an active contributor toward the 14 principles within the ICB Framework. Each meeting the AI group look at a specific commitment within the framework rather than review the entirety of the workplan.

In October we reviewed Commitment 7 – working with primary care, local authorities and voluntary sector, highlights include

- Milk Bank Team, (Mar'26) - Pathway for bereaved families:
 - Parents stated felt unprepared, confused and alone, with no clear NHS pathway. So our has team built one – shaped by bereaved families and uniting clinicians and charities there is now a full package of support changing practice nationwide:
 - Staff training
 - Ways to honour and remember their babies
 - Wellbeing support, (free yoga)
- No Smoking Day – supported by the Treating Tobacco Dependency Team, (11/03/26):
 - Provided patients, visitors and staff an opportunity to promote the benefits of quitting smoking
 - Patients able to access expert and practical support to support their quit attempt until 12 weeks smoke free.
 - Mar'26 – New referrals- 87, Community referrals – 33, (38%).
 - Continued promotion of smoke free app offer for staff.
- Stroke care Improvements:
 - Plans agreed to introduce a 24-hour stroke coordinator.
- Stroke Rehab commenced a new 'Open gym' approach:
 - The idea came from therapy staff, who noticed many patients wanted extra opportunities to practise their exercises outside of their usual one-to-one sessions.
 - Make May purple for Stroke Awareness, focussing on physical and wellbeing activities:
 - Purple themed activities – baking group making cupcakes and the craft group creating purple pieces and gardening group planning purple petunias.
- Admission Avoidance / ED deflection:
 - CAT 3-5 referral pathway commenced in Nov'25. Last quarter work to embed process.
 - UTC overnight deflections – transition to BAU.

- ED to GPOOH deflections – May'26 – extension to 7 day service.
- Clatterbridge to SPA pathway. Test of change. Success therefore transition to BAU.
- Hospital at Home test of change in SDEC – Jan'26.

Social Value Activities

- Countess of Chester Country Park wins two awards:
 - Receiving its eighth consecutive Green Flag award as well as the Land Trust's Health Park of the Year Award. At the special celebration, representatives from COCH, CWP, Chester Zoo, the Wildlife Trust and Friends of the Country Park volunteers came together - a reminder of the wellbeing space we are fortunate to have on our doorstep. It also highlighted our joint commitment to community health and wellbeing.
- Chester Wetland Project, (06/05/26):
 - Chester Country Park has green light for creation of a 23-hectare site with reedbeds, shallow pools- help clean water, reduce flooding on paths and boost wildlife providing local people with a new green space.
- Trust Summer Social event, (13/06/26):
 - The Trust organised a Summer Social Event, held at the Countess of Chester Country Park to bring together staff and their families to promote well-being, connection and community. The event included guided nature walks and a range of health, wellbeing and family-focused activities, supporting both physical and mental wellbeing.
- Celebrating success:
 - Women's and Children's building won best architectural design for a healthcare facility at the Healthcare Design Awards and was shortlisted for NFRC UK Roofing Awards 2026. Recognised across the NHS as the first NHS facility in England to meet the NHS Net Zero Building Standard.
- The Mobile Research Bus supports local communities by providing advice, information and education on prevention and lifestyle. Where appropriate, individuals are signposted to onward clinical and non-clinical support services
- Falls Prevention Roadshow:
 - Team were out and about providing practical advice on bone health, medication safety, and strength and balance to people who might otherwise miss early support. Blacon Parade, (25/03/26) and the Grosvenor Garden Centre, (24/04/26). Plans for events with the Carers Trust & Malpas Community Kitchen in July and August.
- Diabetes Awareness Week:, (08/06/26):
 - During Diabetes week the bus visited the Greyhound Retail Park and Chester Cathedral answering questions, running interactive sessions and offering basic diabetes screening tests.
- Raising Research Awareness – Clinical Trials Day, (19/05/26):
- Mobile Research Unit visiting COCH/EPH to introduce people to idea and importance of research in healthcare.
- Cancer Engagement Event, (09/06/26):
- Cancer Alliance provided an engagement session in the Wellbeing Hub – 123 Approach, Staff Network, Health inequalities support and the Cancer Academy.
- Community Pathfinders comms, (22/06/26):
- Comms have been shared with staff to support patients and families with discharge planning. This includes signposting to non-clinical support services such as wellbeing

activities, support with managing at home, and access to financial advice once in the community.

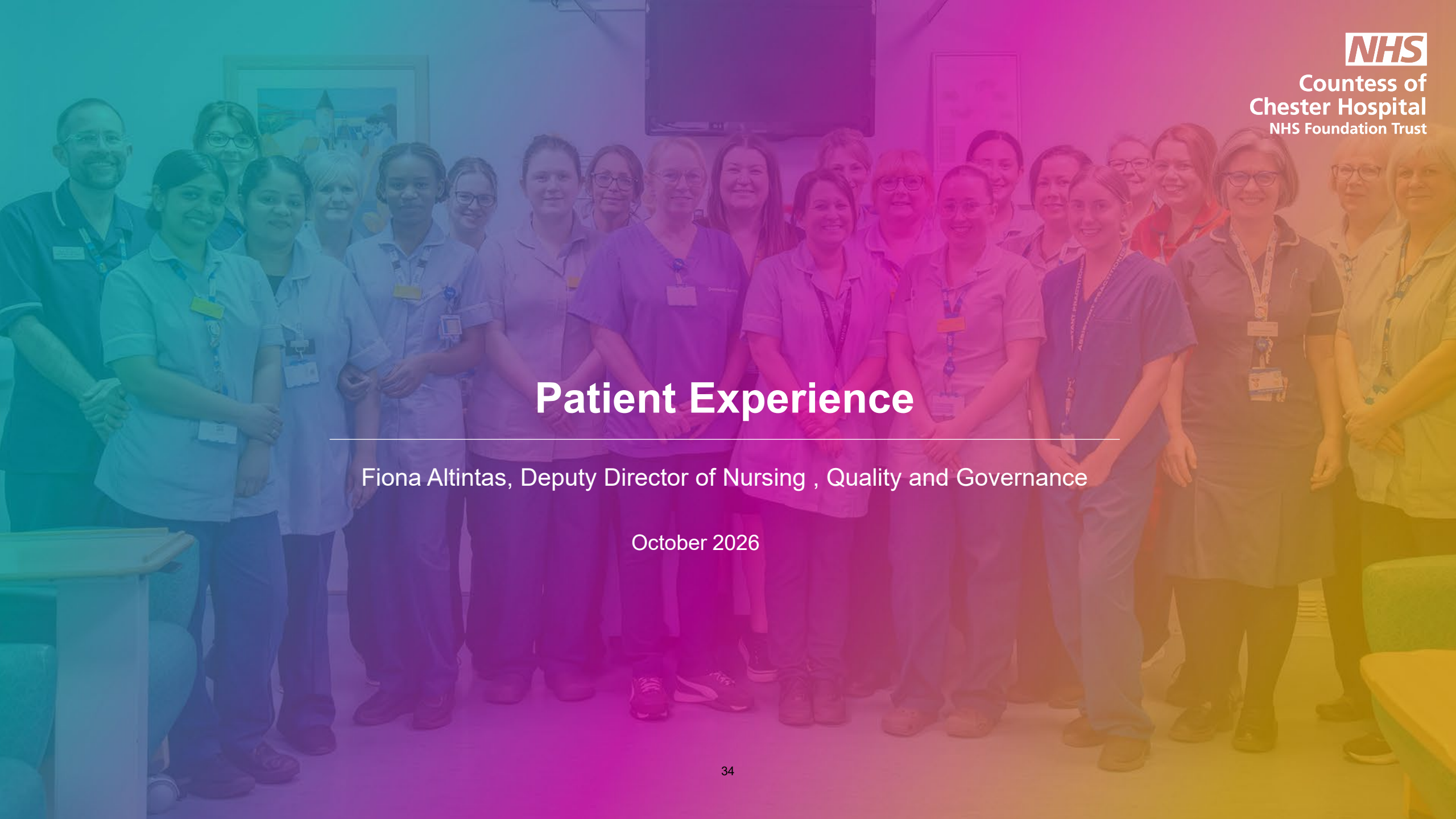
Other Social Value Work Supporting our Local Communities

- SWAP Programme with the Jobcentre, (Mar'26):
 - 4 candidates took part in our SWAP programme in partnership with the Jobcentre.
- Healthcare Assistant Training:
 - Launched apprenticeship training for Healthcare Assistants.
- Volunteers:
 - 115 volunteers across the Trust, ranging in age from 16 to 92, support patients, visitors and staff in 28 different areas of the hospital.
- Apprenticeship Awards – celebrating our Apprentices
 - Joined our Nursing workforce to celebrate their achievements.
- Changes to medical work experience:
 - Provision of medical work experience via Prospective Medical Students Course – 29/06/26 – 03/07/26 for A-level students hoping to apply for medical school.
- World Art Day, (15/04/26).
 - Free Art Fair tickets at Fusion Art Fair 25-26th April at Chester Racecourse.
- Working with Local Art Class, (15/06/26):
 - Display created for W&C building by artists aged 16 to 82 years old from across Cheshire.

Installation of new Artwork in Ellesmere Port Hospital, a permanent home for an exhibition designed by Locally and Nationally renowned artist Nicholas Thompson previously displayed at Ellesmere Port Boat Museum.

4. Recommendations

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

A large group of nursing staff, including men and women of various ages, are posed for a group photo in a hospital corridor. They are wearing light blue scrubs and have identification badges hanging from their necks. The background shows a typical hospital environment with a television mounted on the wall and a framed picture. The entire image is overlaid with a semi-transparent gradient that transitions from blue on the left to yellow on the right.

Patient Experience

Fiona Altintas, Deputy Director of Nursing , Quality and Governance

October 2026

Complaints, Concerns and Enquiries

Following a significant increase in formal complaints during 2025/26, the Trust has strengthened its patient feedback approach by ensuring all initial contacts are managed through the Patient Advice and Liaison Service (PALS), with a clear escalation route available where resolution has not been achieved.

Key Points

- Formal complaints in 2025/26 more than doubled compared with previous years.
- A contributing factor has been the increasing use of Artificial Intelligence (AI) by patients when drafting complaint submissions, resulting in more requests for concerns to be managed via the formal complaints process.
- All patient feedback is now initially triaged through PALS, enabling concerns to be addressed quickly and proportionately while maintaining the patient's right to escalate where dissatisfaction remains.
- Analysis of PALS activity demonstrates that a significant proportion of contacts are enquiries rather than concerns, often relating to difficulties communicating with services or accessing information.

Datix Development

- On 28 August 2026, a new 'Enquiry' category was introduced within Datix.
- This will enable improved separation of enquiries and concerns, providing more accurate thematic analysis and reporting.
- Records can be escalated from an enquiry to a concern where required, ensuring a fully trackable patient journey and robust performance data.
- This enhancement will support wider patient communication improvement initiatives, including NHS England's programme to modernise patient communications and improve patient access to timely information.

Patient Experience Framework

Development of the Trust's Patient Experience Framework continues to gain momentum following the inaugural stakeholder workshop held on 16 June 2026. The framework aims to establish a coordinated Trust-wide approach to understanding patient experience, bringing together feedback, complaints, concerns, enquiries, compliments, survey results, engagement activity and co-production into a single improvement methodology. Looking to widen our stakeholder involvement – Healthwatch attended first meeting

Progress to Date

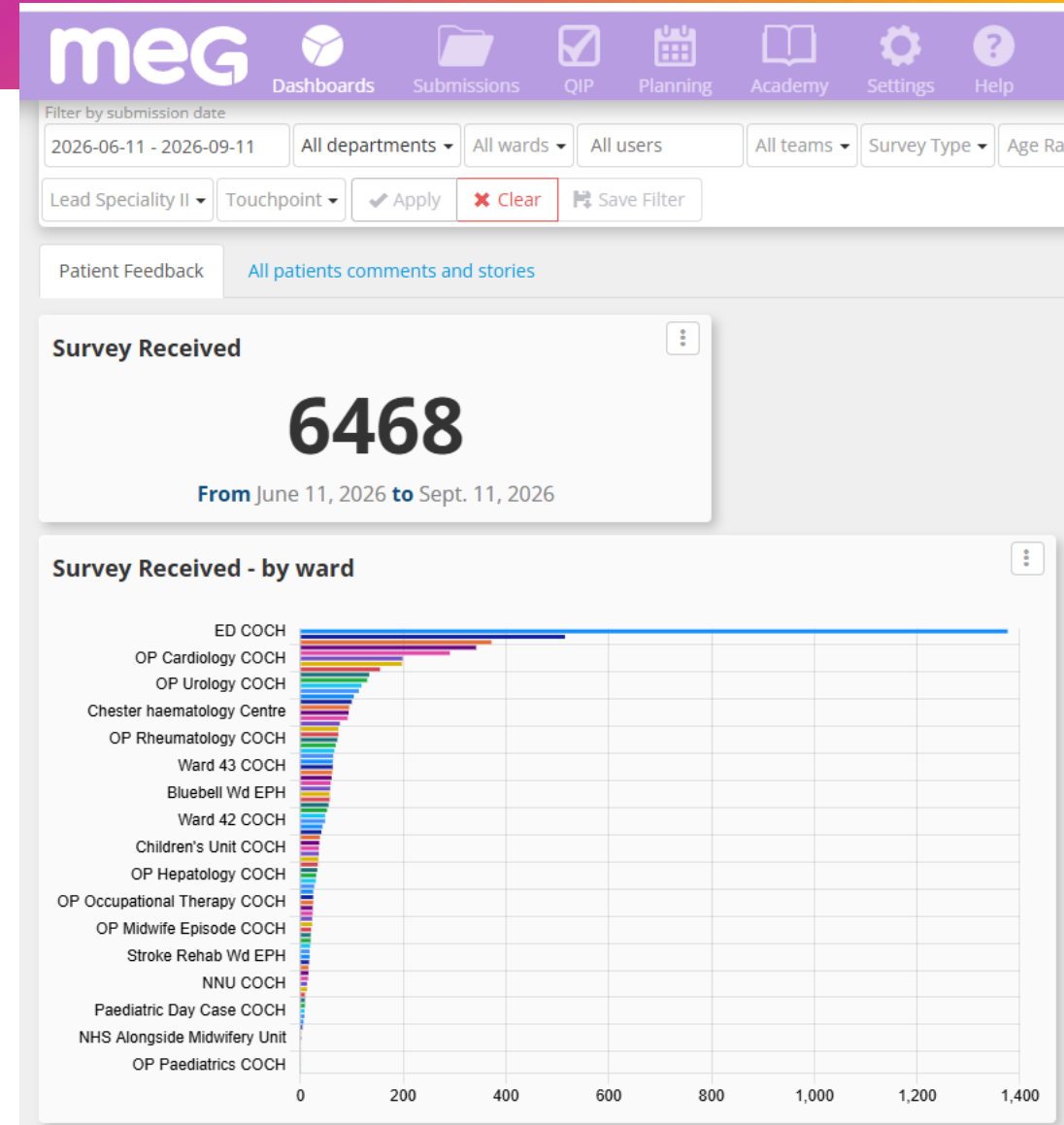
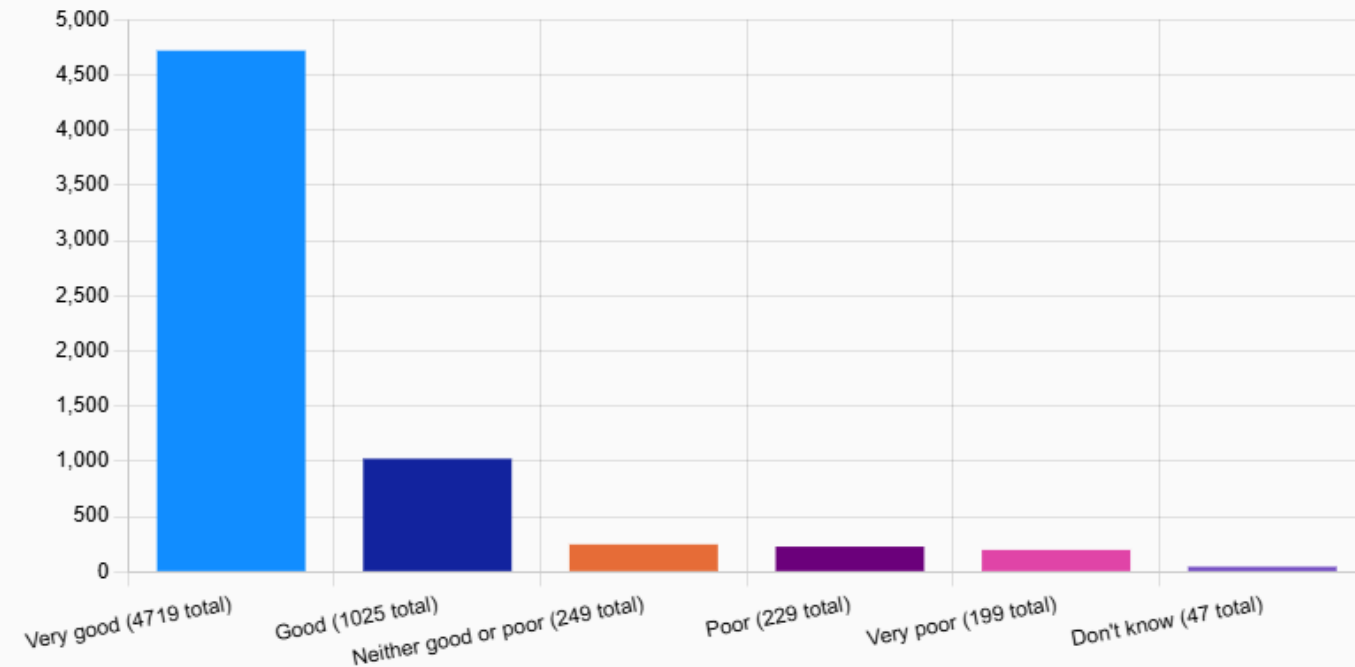
- The inaugural Patient Experience Framework workshop was held on 16 June 2026.
- The event brought together colleagues from key services to establish priorities, identify existing strengths and agree the principles that will underpin the framework (including EDI).
- The programme aims to bring together patient feedback, complaints, concerns, enquiries, compliments, survey data and engagement activity into a single improvement-focused approach.
- Development of the framework will support a more coordinated understanding of patient experience and provide a clearer mechanism for identifying themes, learning and opportunities for service improvement.
- The framework is helping to shift patient experience from a collection of individual initiatives towards a coordinated improvement programme.³⁶

Next Steps

- Second stakeholder workshop scheduled for 15 September 2026.
- Agree framework governance, reporting arrangements and priority workstreams.
- Identify Trust-wide improvement projects informed by patient feedback themes, including opportunities for engagement and co-production.
- Develop measurable outcomes to demonstrate impact on patient experience and service quality.

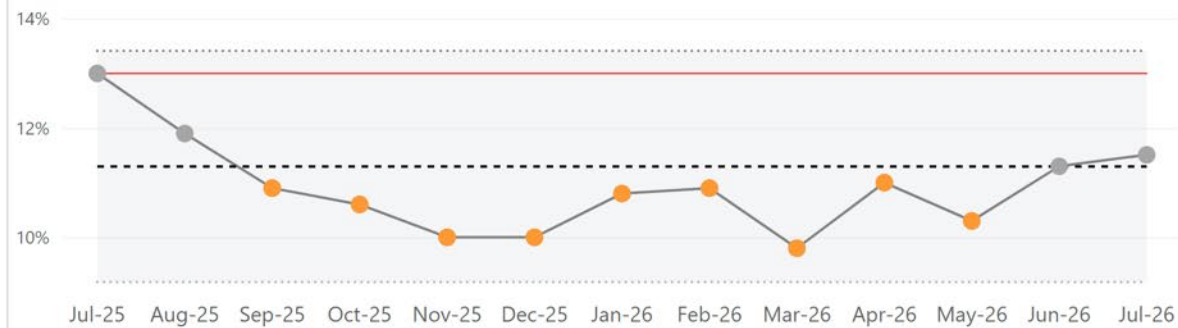
MEG – Friends and Family Test

Overall Experience

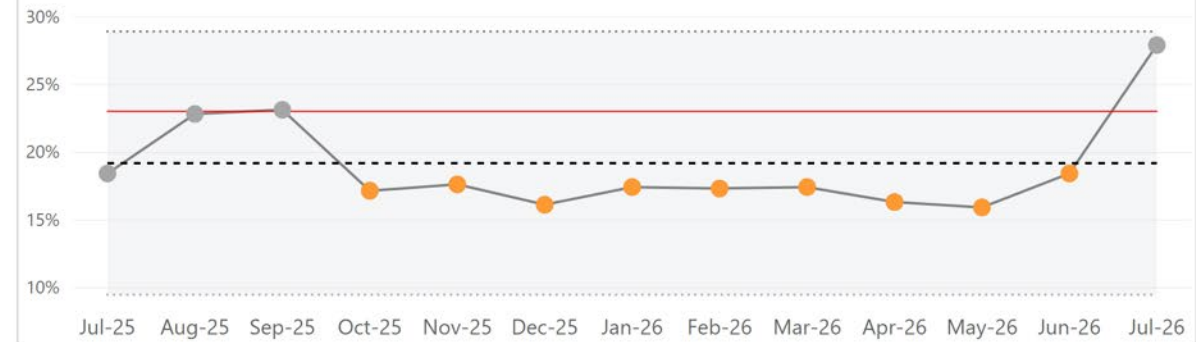


MEG – Friends and Family Test

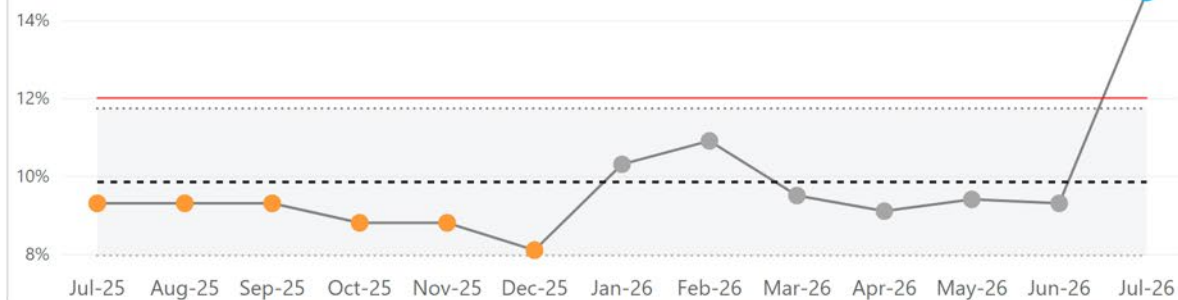
FFT: A&E Response Rate



FFT: IP Response Rate



FFT: OP Response Rate

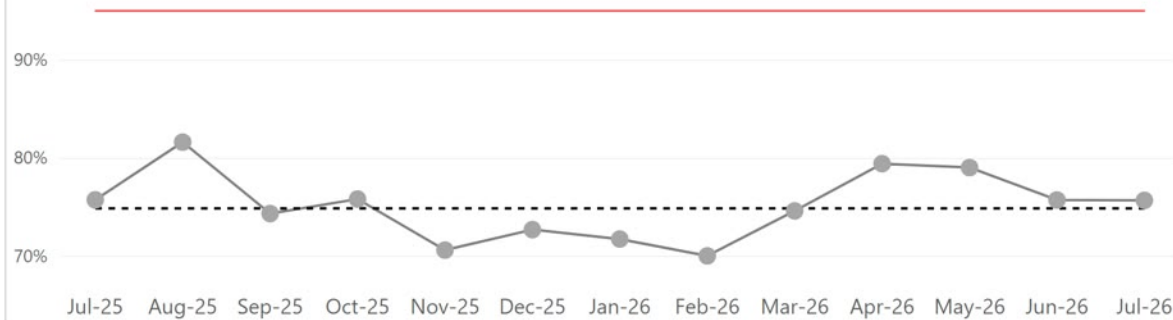


Metric

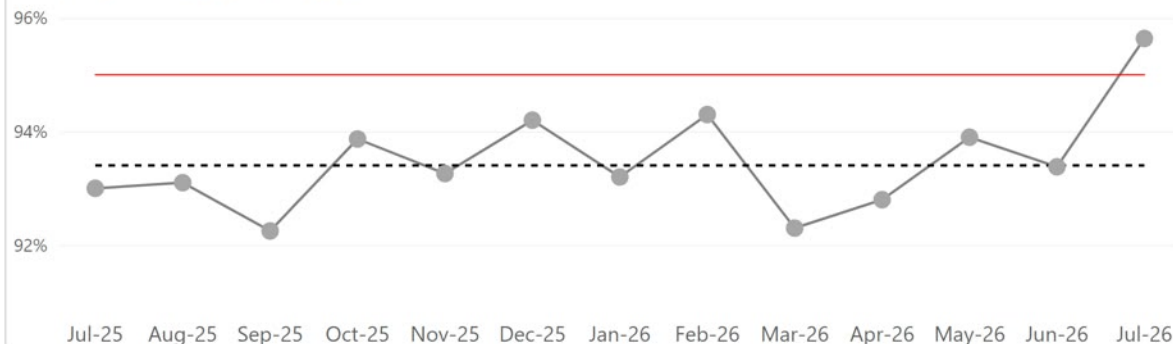
Metric	Period	Value	Variation	Assurance	Target	Benchmark
FFT: A&E Response Rate	Jul-26	11.5%			13%	
FFT: IP Response Rate	Jul-26	27.9%			23%	
FFT: OP Response Rate	Jul-26	14.7%			12%	

MEG – Friends and Family Test

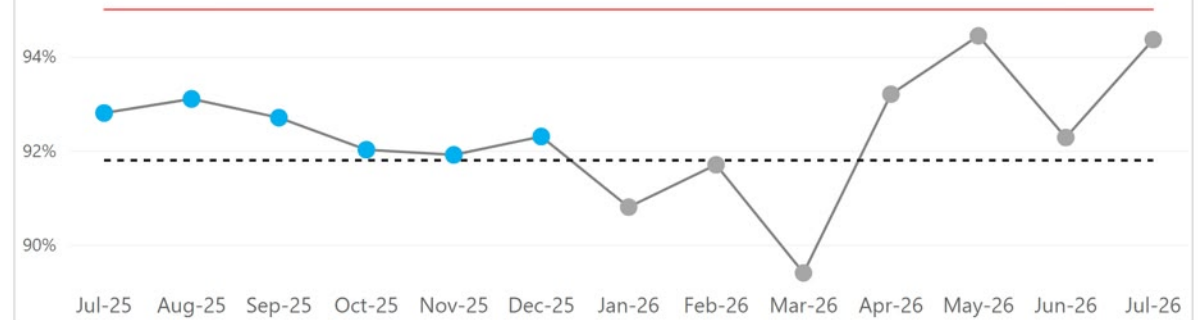
FFT: A&E Positive Rate



FFT: OP Positive Rate



FFT: IP Positive Rate



Metric	Period	Value	Variation	Assurance	Target	Benchmark
FFT: A&E Positive Rate	Jul-26	75.7%	⬇️	⬇️	95%	
FFT: IP Positive Rate	Jul-26	94.4%	⬇️	⬇️	95%	
FFT: OP Positive Rate	Jul-26	95.6%	⬇️	⬇️	95%	

FFT Narrative

Friends and Family Test Improvements – successful transition to MEG – a new and improved platform for collecting Friends and family Test. QR codes for real-time completion with instant feedback. Text messages also in place.

Patient Safety Partners (PSP)

The [NHS Patient Safety Strategy \(July 2019\)](#) recognises the importance of involving patients, their families and carers and other lay people in improving the safety of NHS care, as well as the role that patients and carers can have as partners in their own safety.

PSP involvement in organisational safety' relates to the role that patients, carers and other lay people can play in supporting and contributing to a healthcare organisation's governance and management processes for patient safety.

The benefits of PSP involvement include:

- promoting openness and transparency
- supporting the organisation to consider how processes appear and feel to patients
- helping the organisation know what is important to patients
- helping the organisation identify risk by hearing what feels unsafe to patients
- supporting the prioritisation of risks that need to be addressed and subsequent improvement programmes
- supporting the organisation in developing an action plan following an investigation, particularly so that actions address the needs of patients
- helping the organisation produce patient information that patients understand and can access.

Roles for PSPs can therefore include:

- membership of safety and quality committees whose responsibilities include the review and analysis of safety data
- involvement in patient safety improvement projects
- working with organisation boards to consider how to improve safety
- involvement in staff patient safety training • participation in investigation oversight groups.

Next Steps and Opportunities

As we further develop and embed our arrangements there will be opportunities:

- **Patient Experience Framework** – we will be looking to expand contributions through the committee, as it evolves.
- **Engagement events** – we will be seeking a wide range of attendees and would welcome involvement.
- **Quality, Safety and Experience Strategy** – we are reviewing the reporting and meetings and development of the role of PSPs.