

Committee Chair's Report

14th September 2026 via Microsoft Teams

Committee	Membership & Engagement Committee (MEC)
Chair	Public Governor, Mr M Roberts

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 Council's attention</i>)
No alerts to be raised.
Assure (<i>matters in relation to which the Committee received assurance</i>)
Received a presentation on Patient Engagement and the work taking place including a new Patient Engagement Framework and Patient Safety Partner roles. This was to support early discussions about potential opportunities for future involvement. Discussion also included partnerships and engagement opportunities its local groups, forums and organisations.
Advise (<i>items presented for the Council's information</i>)
Annual Members Meeting (AMM) agenda and proposal for this to be on Teams. Significant discussion took place about the approach and the desire for future AMMs to be face to face. The proposal was supported by MEC given the context of the timing and organisational context
Risks discussed and new risks identified
Discussions took place in context of future of Governors, legislation and wider organisational context.

MEMBERSHIP AND ENGAGEMENT COMMITTEE MINUTES
Monday 15th June 2026 at 11.00 – 12.00
via Microsoft Teams

Members	15 th Jun 2026	14 th Sept 2026	11 th Jan 2027
Public Governor, Mr M Roberts (Chair)	☒		
Lead Governor, Mr J Jones	☒		
Public Governor, Ms S Dunbar	☒		
Staff Governor, Ms N Cottrell	☒		
Public Governor, Ms Chillery	☒		
Public Governor, Prof T Fisher	☒		

Attendees			
Trust Chair, Mr N Large	☒		
Director of Governance and Risk, Mrs K Wheatcroft	☒		
Head of Corporate Governance, Mrs N Cleuvenot	☒		
Head of Communications, Ms H Taylor	☒		
Committee Secretary, Mrs C Jones	☒		
	(minutes)		

Agenda Number	Agenda item	Action
1.	<u>Welcome and apologies</u> The Chair opened the meeting, and apologies were noted from Staff Governor, Ms N Cottrell. It was noted that Prof T Fisher was not in attendance.	
2.	<u>Declarations of Conflicts of Interest with agenda items</u> There were no conflicts of interest declared in relation to the agenda items.	
3.	<u>To approve the minutes of the Membership & Engagement Committee on the 10th March 2026</u> The minutes of the last meeting held on 10th March 2026 were approved as a true and accurate record of the meeting.	
4.	<u>To consider any matters arising and action log</u> Mr M Roberts (MR) raised the Trust's website which details that the Trust has 5352 members when this has been reduced following a cleanse of the membership database in 2025. Action: It was agreed that the website will be reviewed to update membership numbers to align with the 2025/26 annual report. Action 6 – MR queried if there is any update with regards to a Governor display board. Mrs K Wheatcroft (KW) shared that in light of new legislation regarding the future of Governors, which is on the agenda for discussion today, this action remains open and on hold. MR noted his concern that staff may be unaware of the Membership & Engagement Committee. He referred to a recent conversation with a dissatisfied nurse, where discussion had helped resolve the issue, and highlighted this as an example of effective engagement and communication.	NC/ CJ

	(Mr J Jones (JJ) joined the meeting) MR asked the Committee to think about engagement and communication improvement within the Trust noting that all staff should be aware that they are members of the Trust which many do not. KW did not disagree and the Membership Strategy in place should support this moving forward. KW continued that the future of Governors presentation to be shared later in the agenda will detail the current Governor position and why a lot is paused at present. KW added that at induction all new staff are now informed that they are members of the Foundation Trust but historically this was not included which is why some staff may be unaware of membership. Mr N Large (NL) added that visibility of Non-Executive Directors (NEDs) and Governors has not been clear in the organisation and needs to now be taken in context in terms of the future of Governors and shaping how the Trust engages with staff and patients moving forward. The Committee noted the action log updates.	
5.	<u>Future of Governors Update</u> Mrs K Wheatcroft (KW) shared a presentation with the Committee regarding the future of Governors, highlighting the following: Future of Governors – Context – KW set out the national policy context, advising that the Government’s 10 Year Health Plan (published July 2025) included a clear statement of intent to remove the requirement for Foundation Trusts to maintain Councils of Governors (COGs). It was noted that this intent has now been formalised within the Health Bill (published 14 May 2026), which proposes: • Removal of the statutory requirement for COGs. • Removal of formal membership structures. • Introduction of more flexible mechanisms for engagement with patients, staff and stakeholders. KW confirmed that the anticipated implementation date remains 1 April 2027, subject to legislative progression and until such time, the Trust must remain fully compliant with, the Trust Constitution and existing statutory and regulatory requirements. KW advised that the Trust is actively engaging with regional peers via the Cheshire & Merseyside (C&M) Provider Collaborative Company Secretary Group to understand emerging approaches. The Health Bill – Governors – KW outlined the specific governance implications of the draft legislation, noting that: • Key functions currently undertaken by COGs (including appointment and removal of Chair and NEDs) are expected to transfer to the Secretary of State.	

	• The proposals are positioned nationally as a means to reduce administrative burden, remove duplication and enable more flexible and locally responsive engagement approaches. KW further advised that: • Although formal Council structures will be removed, Trusts will still be expected to maintain robust arrangements for patient, public and staff engagement. • Wider system changes include proposed abolition of NHS England and redistribution of accountability functions (including Healthwatch roles). NHS Alliance Guidance (formerly NHS Providers) – KW summarised national guidance issued by NHS Alliance, advising that: • Upon enactment of the legislation: ◦ All statutory powers of Governors will cease. ◦ COGs will no longer exist in law. ◦ Formal membership constituents (public and staff) will also cease. KW highlighted that there are currently no prescribed replacement mechanisms for public accountability and patient and staff voice. Instead, Trusts will be expected to introduce locally designed engagement arrangements. KW emphasised that until legislative change is enacted, Councils of Governors retain full statutory responsibilities, including: • Elections. • Meetings. • Training and induction. • Ongoing communication with the Board. KW also noted that some governance functions proposed to transfer centrally may be exercised operationally through regional NHS teams in the future. NHS Alliance Guidance (formerly NHS Providers) Opportunities – KW outlined potential opportunities arising from the proposed changes, advising that Trusts and Councils of Governors may wish to consider “right-sizing” the Council to: • Reduce administrative and financial burden • Avoid unnecessary election costs However, it was emphasised that any such approach must ensure: • The Council remains quorate. • The Trust continues to meet statutory requirements. KW further noted that the transition provides an opportunity to reconsider how engagement is delivered, including: • Public accountability mechanisms. • Patient and staff voice. In relation to membership data: • Existing membership databases may be retained • However, Trusts must: ◦ Review legal basis for holding data.	
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	○ Communicate with members regarding any changes. ○ Offer opt-out arrangements to remain GDPR compliant. This was presented as a key strategic consideration for the Trust moving forward. NHS Alliance – Governor Election Guidance – KW provided further detail regarding elections, advising that: • The requirement to hold elections every three years remains enshrined in primary legislation. • However, Trusts are permitted to: ○ Postpone elections. ○ Consider co-option arrangements (noting these do not carry voting rights). ○ Consider reducing Council size (within legal minimum thresholds). KW clarified minimum requirements as: • Three Staff Governors. • One Local Authority Governor (and one University Governor where applicable) • Five (or six) Public Governors. • Minimum total: nine/ten Governors depending on structure. It was emphasised that: • Governors retain full statutory powers until legislation is enacted. • Trusts must remain compliant with both legislation and their Constitution. • Open communication with governors is essential during this period of uncertainty. Current Position – KW presented the current position across constituencies, noting: • Chester & Rural: Two terms due to expire October 2026 with Strong attendance and engagement. • Ellesmere Port & Neston: Three vacancies, only one Governor in post with inconsistent attendance. • Flintshire: One vacancy with generally good engagement. • Remaining England & Wales: Variable engagement levels • Staff and Partnership Governors: Positions filled. The Committee noted that this position reflects ongoing challenges in recruitment to certain constituencies and variation in engagement across the COG. Constitution Requirements – KW outlined key constitutional requirements, including: • Governors serve up to three year terms, with a maximum of nine consecutive years.	
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- Vacancies may be filled through election, filled by the next highest polling candidate or Left vacant (subject to quorum requirements).

KW emphasised that:

- The Council must maintain:
 - A majority of public governors.
 - A quorate position (at least half of governors in post).
- Current composition requirements include:
 - Sixteen Public Governors.
 - Five Staff Governors.
 - Six appointed Governors.

It was stressed that all constitutional and quorum requirements remain legally binding during the transition period.

Initial Assessment – KW presented an initial compliance and risk assessment.

It was noted that:

- The Trust is currently compliant with minimum legal requirements.
- However:
 - Two Public Governor terms expire in October 2026.
 - This will reduce overall numbers.
 - The Trust must maintain at least eight public governors.

KW advised that:

- The Trust remains within a safe margin above minimum requirements, but this margin is limited.
- Postponement of elections would allow continued compliance, provided:
 - Numbers are actively monitored.
 - Risks are regularly reviewed.

Options – KW outlined four options:

Option 1 – Proceed with Elections - Cost approximately £7k, resource intensive and limited value due to short timeframe.

Option 2 – Do Nothing - Passive approach and risk of lack of clarity.

Option 3 – Postpone Elections (Preferred) - Explicit and transparent decision, avoids immediate cost, aligns with approach adopted by majority of peer organisations and requires active monitoring of Governor numbers.

Option 4 – Right-Size Council - Would require constitutional amendments, risk of reactive rather than strategic change and is not aligned to long-term engagement ambitions.

KW advised that Option 3 (postpone elections) is the recommended approach at this stage.

Mr N Large (NL) noted that Trust engagement with patients and staff should be enhanced and considered moving forward suggesting promoting membership and engagement, capturing ongoing engagement work, and identifying roles for the Board of Directors, including NEDs. NL expressed that it will be beneficial for Governors to be involved and support in shaping these

	developments and suggested there may be a transition from Governors into another role with similar responsibilities. NL asked the Committee if the options presented, particularly the preferred option, are appropriate to take to the COG and sought advice on the approach. Mr J Jones (JJ) recommended presenting the full briefing and preferred option to COG, noting it is the sensible interim solution. JJ observed that C&M Governors are prepared for upcoming changes and, while there is hope by some Governors to continue, JJ did not expect this to happen. JJ remarked that national good practice work is underway regarding user feedback, which will be shared with Governors in the coming months. Mr M Roberts (MR) agreed with JJ. Ms J Chillery (JC) agreed, commending the presentation and expressing discomfort with holding elections for a short period of term. JC supported the preferred option and felt no further information was required at present, thanking the Committee. Ms S Dunbar (SD) concurred with JC, adding that it is unlikely people would be motivated to stand for a short term. KW thanked the Committee for their comments and asked whether a paper should be shared with the COG papers or the presentation shared on the day. JJ suggested adding a brief cover paper to support the presentation, outlining the options and the preferred option to ensure Governors are better informed. MR noted that continued engagement with members is the preferred way forward. JC commented that a full paper is not necessary, but an introductory paper to accompany the slides will be helpful for Governors, given the significance of the decision. NL agreed that a summary paper with the slides and a clear recommendation should be included to the COG. The Committee noted the future of Governors update.	
6.	<u>Membership Engagement Committee Workplan 2026/27</u> The Committee noted the 2026/27 workplan.	
7.	<u>Any other business</u> Ms S Dunbar (SD) raised the Ellesmere Port & Neston constituency with three out of the four positions vacant, raising concerns that the Council of Governors is more Chester biased and from the profile of memberships. SD noted that in light of the changes coming this is something to be mindful of at present. Mrs K Wheatcroft (KW) confirmed that the Trust is overdue a review of the composition of the Council of Governors which can be built into how engagement looks moving forward reaching into population areas.	
8.	<u>Meeting Summary (include actions/items for escalation)</u> No items were raised for escalation.	
9.	<u>Close Meeting</u>	

Next Meeting: Monday 14th September 2026 at 11am – 12pm (via Microsoft Teams)

Committee Chair's Report

11th August 2026

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

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

Alert (matters that the Committee wishes to bring to the Board's attention)
• Mandatory training compliance - Overall mandatory training compliance remains on target; however, compliance is declining and remains below target for Information Governance, Resuscitation Level 1 and Infection Prevention and Control Level 2. Targeted executive-level focus and intervention supported by targeted work with managers to improve oversight, accountability and local follow-up are in place to address performance. • Workforce annual plan 2026/27 - The Committee noted an increasing variance from plan, with workforce numbers 133 WTE above the planned trajectory. Further work is under way to understand the drivers of the variance and to triangulate the workforce position with financial performance and the timing and impact of planned workforce changes. Variable pay expenditure has reduced since March 2026; however, delivery against the workforce plan remains a material risk requiring sustained executive focus and oversight.
Assure (matters in relation to which the Committee received assurance)
• Audit actions - Recommendations from the e-rostering and bank internal audit are complete, with evidence to be submitted to MIAA for review and closure. • Partnership Forum - Assurance was received on progress with the Band 2/3 re-banding programme and policy development. The Committee noted continuing nurse staffing pressures associated with escalation, vacancies and patient acuity. It also noted the implications of changes to immigration rules for sponsorship; the previously agreed Trust approach will remain in place pending further national guidance. • People and Culture Sub-Committee - No alerts were raised. Assurance was received on wellbeing and occupational health, communications and engagement, divisional staff survey action plans, the Celebration of Achievement Awards and development of the workforce culture dashboard. The Committee requested that future reports provide clearer evidence of progress, impact and any delivery challenges. • Freedom to Speak Up - The January to June 2026 report provided assurance on activity, themes and outcomes, training compliance, the Champions network and wider education. The Committee welcomed engagement with staff networks and increasing diversity among Champions. It also noted the transition to new National Guardian's Office reporting arrangements and development of a dashboard to support wider triangulation of workforce intelligence. • Education, Learning and OD Sub-Committee - Assurance was received on Trust-specific training, workforce information, nursing excellence and practice development, and education performance. The National Education and Training Survey showed increased participation and a 3% improvement in the overall learner experience score, demonstrating progress, although the Trust remains in the lower national quartile. The Committee noted the targeted actions under way to improve

the learner experience and agreed that mandatory training compliance should be escalated as an alert.

- **Workforce Sub-Committee** - Alerts were noted on HCSW vacancies, workforce plan and CIP delivery, and sustained high demand for occupational health case management, with potential further pressure from changes to people policies. Assurance was received on the range of improvement activity under way across the nurse establishment review, recruitment, bank and agency use, employee relations and workforce transformation. The Committee noted the significant support being provided to managers to strengthen delivery and maintain pace.
- **Joint Local Negotiating Committee** - The Committee noted concerns from the Guardian of Safe Working regarding the financial impact of exception reporting, which has been escalated nationally, and locum rates, rota gaps and associated patient safety risks, which continue to be monitored. Assurance was received on the approved medical staff annual leave policy, resident doctors' forum feedback and completion of consultant pay progression.
- **Fair deal for nursing – job evaluation** - The delivery plan remains on track and has been submitted to NHS England. Governance, quarterly reporting requirements and key risks were reviewed; a Board assurance statement and update are planned for September 2026.
- **Resident Doctor 10-point plan and safe working** - Progress continues, with work schedules and annual leave remaining amber because requirements are not yet met consistently. Two areas remain dependent on national arrangements concerning rotational training and employer transition. The quarterly safe working report showed a continued reduction in exceptions.
- **Workforce metrics** - Exceptions included increased sickness absence, areas of mandatory training below target, a slight increase in employee relations activity and reduced access to apprenticeship levy funding. The Committee received assurance on the targeted improvement work under way, including intensive support from the People team to strengthen managers' capability, confidence and accountability in addressing attendance, employee relations and compliance issues at local level. This is supported by continued triangulation of workforce and incident-reporting themes to focus action where it is most needed.
- **Annual and statutory reporting** - The 2025/26 appraisal, revalidation and medical governance submission was recommended for Board approval, with GMC referrals updated separately to the Board. The employee relations annual report confirmed continued high case volumes and increased complexity, alongside improved timeliness. The Committee received assurance on the ongoing work to strengthen managers' capability and confidence in addressing issues earlier, supported by targeted advice and development from the People team.
- **Safer staffing** - The Committee received the biannual safer nurse staffing and safer midwifery staffing reports for July to December 2025, noting that both had already been reported to the Board.

Advise (items presented for the Board's information)

- **Education, Development and Training Centre** - The Committee noted capacity constraints and immediate mitigations, including relocating some neurology staff, moving resuscitation training and relocating the student common room to the café. Longer-term education and estates planning is required, with a further update requested for October 2026.
- **Chief People Officer update** - The Committee noted national and local developments, including NHS publications, the launch of People Pulse, implementation of appraisal and medical e-rostering systems, the rostering AI pilot

and the North West Race Equity Assembly Conference. These developments support the wider programme of workforce improvement, leadership development and modernisation under way across the Trust.

- **Governance** - The Committee reviewed and approved the terms of reference for its subsidiary reporting groups.
- **NHS Leadership and Management Framework** - The Committee received an overview of the new national framework and expectations. Initial implementation plans will build on the Trust's existing programme of manager development and support, strengthening consistent leadership and management practice across the organisation.
- **NHS Staff Standards** - The Committee noted the launch of the standards and their inclusion in the NHS Oversight Framework. The initial baseline position was reviewed and existing improvement activity, including work to strengthen management capability, staff experience and organisational culture, will be consolidated into a single implementation plan supported by communications and engagement.

Risks discussed and new risks identified

- The Committee reviewed BAF 4 (People) and relevant significant risks, confirming alignment with the Committee's work. Members discussed the target risk score and timeframe for reduction, recognising that the cumulative impact of planned actions will be assessed principally through the staff survey. It was agreed that other outcome measures, including the forthcoming inpatient survey results, should also inform assurance. No change to the current risk score was proposed.

Committee Chair's Report

Wednesday 20 August 2026 / 12.00–13.00 / Microsoft Teams

Committee	Finance & Performance Committee (Extraordinary Meeting)
Chair	Mr M Oldham, 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>	
- The Trust reported a Month 4 deficit of £5.4m, broadly in line with the planned £5.0m deficit; however, delivery required £2.8m of year-to-date benefits to offset undelivered savings, industrial action, income loss and workforce pressures. - CIP delivery remained materially behind plan: £581k was delivered in Month 4 against a £2.2m target, creating a monthly shortfall of £1.63m and a year-to-date shortfall of approximately £1.8m. - The risk-adjusted forecast assumed approximately £9.1m CIP delivery, a £16.3m under-delivery against requirement and a year-end deficit of £30.1m before further recovery action. Even after identified mitigations, a residual £2.7m gap remained against the planned position. - Six recurring barriers to CIP delivery were identified: inconsistent ownership, limited medical engagement, capacity constraints, capability and data-literacy gaps, ineffective professional handovers, and risk aversion or reluctance to transact savings.	
Assure <i>(matters in relation to which the Committee received assurance)</i>	
- The annual plan remained break-even, inclusive of £21.9m Deficit Support Funding, and the Month 4 reported position remained broadly in line with plan. - Cash remained healthy at £22.5m, equivalent to approximately nineteen days' operating expenditure; capital expenditure was ahead of profile due to earlier project completion, with no material year-end capital concerns forecast. - Recurrent schemes of approximately £25m had been identified against the £25.4m target, and specialty benchmarking packs had been completed and issued to support further productivity opportunities. - Divisions had been required to produce financial recovery and CIP delivery plans within ten days. Executive Directors were applying stronger challenge, requiring weekly actions and measurable outputs, with intervention where unnecessary delays continued. - The revised forecast used recognised NHS methodology and prudent risk-adjusted assumptions. Future reporting will track the revised trajectory, recovery actions, mitigations and best- mid- and worst-case scenarios.	

Advise <i>(items presented for the Board's information)</i>
• Emergency Department attendances were approximately 8.6% higher and around 7% above plan; non-elective activity was approximately 5–6% higher than the same period last year. Sustained demand and increased patients with no criteria to reside were offsetting anticipated financial benefits from improved flow. • Digital-enabled schemes, including Ambient Voice Technology and Luna Rover, had been delayed, reducing confidence that the planned benefits would be realised in-year. • Remedial action was underway to improve Better Payment Practice Code performance, with a new general ledger system expected in October 2026, although cumulative performance was unlikely to recover fully during the year. • The winter plan was nearing completion and will provide a further opportunity to test workforce, escalation-capacity and expenditure assumptions within the financial forecast.
Risks discussed and new risks identified
• Under-delivery and slippage of CIP schemes, together with delays in transacting realised savings. • Potential withholding or recovery of Deficit Support Funding by NHS England if confidence in the Trust's financial trajectory and savings delivery is not sustained. • Winter demand, escalation-capacity requirements, increased non-elective activity and growth in patients with no criteria to reside. • Workforce pressures, including Band 2 to Band 3 regrading and uncertainty regarding possible national Band 5 to Band 6 nursing changes. • Repayment by December 2026 of emergency cash support received earlier in the year. • A continuing residual financial gap of £2.7m after identified mitigations, requiring close monitoring and delivery of robust Divisional recovery plans.

Committee Chair's Report

Thursday 3rd September 2026

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 (<i>matters that the Committee wishes to bring to the Board's attention</i>)	
- The Infection, Prevention & Control (IPC) update included escalation of the infection rates for Klebsiella and P.aeruginosa which are already above NHS England (NHSE) annual trajectories. There remains significant audit and improvement activity across IPC. An assessment of impact of the estate and infrastructure on IPC also identified risks, notwithstanding the mitigations and targeted investment and improvement programme. The Committee agreed that this paper should be presented to the Board of Directors. - The Emergency Department (ED) length of stay and Mental Health patients within ED continues to be a concern. - Maternity 10 point plan supported by the Committee but requires formal Board approval. Discussion required regarding oversight and review of further submissions, and whether this remains with the Board or formally delegated and how we schedule the timing aligned to NHSE expectations and deadlines.	
Assure (<i>matters in relation to which the Committee received assurance</i>)	
- Received the audit tracker and the full quality spot checks internal audit report. The Committee discussed the findings and the context to the controlled drug recommendation and importance of remaining colleagues on documentation. - Urgent Emergency Care (UEC) update demonstrating the position against UEC performance and safety indicators, with improvements recognised across a wide range of areas and a remaining focus on driving improvements in compliance with mental health rounding; NEWS and clinical assessment; intentional rounding; 15 minute triage standard; 12 hour length of stay. - UEC thematic review report provided and overview of the incidents for the period 1st July 2026 to 30th June 2026. Included pathway themes, consistency and decision making. Work will be undertaken with the teams to develop an action plan. - Review of Integrate Performance Report (IPR) with a summary of the key areas, including notification of 1 STEIS reportable incident; increase in Hospital Acquired Pressure Ulcers per 1000 bed days; and 1 fall with harm. - Quality Governance Group Chair Report with assurance across a range of areas. Alerts included Venous thromboembolism (VTE) compliance and the actions being taken to drive improvements; clinical audit progress against open audits with agreement on communicating with Divisions to prioritise completion of mandated and professional standards audits; IPC ongoing concerns and actions regarding environment and hand hygiene; Acute kidney injury (AKI) alerts in the community and planned Electronic Patient Record (EPR) system changes. - Quality, Safety and Experience strategy update setting out progress against the core, divisional and corporate quality, safety and experience priorities.	

- Maternity and Neonatal 10 point plan assessment with a request for Committee approval to support submission to NHSE on 25th September 2026 with further submission following formal Board approval on 29th September 2026. The paper included the full baseline assessment against all 26 requirements. 10 requirements identified as partial (amended to 7 following discussion) with the remaining agreed as compliant. The assessment included improvement actions for further triangulated reporting; workforce gaps and resilience; expansion of trauma informed training; and alignment with National dashboard developments as they take place. The Committee approved the assessment for submission noting that this would be submitted with clear narrative on Committee approval and Board approval will follow and a re-submission/ confirmation of Board assurance provided following the Board meeting on the 29th September.
- Perinatal services Q1 update providing assurance on compliance with Maternity Incentive Scheme (MIS); maternity and oversight surveillance system (MOSS) with no signals requiring escalation in the latest update; home birth service review; exit from joint oversight system following the demonstration of improvements; Maternity and Neonatal Voices Partnership; safety champions meetings; and perinatal equality and anti-discrimination programme. The Committee discussed delayed induction of labour, including understanding the data and the context of the ongoing improvement work (with further detail requested for the next meeting).
- Quality Impact Assessments (QIAS) providing assurance on completion and approval of QIAs in respect of Cost Improvement Programme (CIP) schemes over £25K. Request was made to consider how we report on the quality impact considerations from the wider transformation programmes as the shift to transformation progresses.
- Safety surveillance and learning (Q1) confirming continued culture of incident reporting; 9 incidents reported to STEIS; reported incident themes remain consistent; involvement in 17 Coroners inquests; learning and improvement. The Committee requested further focus on impact of the improvements made.
- IPC Q1 update and Chairs report, including infection rates, outbreaks, surveillance, improvement work, antimicrobial stewardship, training and assurance with the IPC board assurance framework requirements (5 areas remain with partial compliance and actions are progressing). The update included alerts regarding *Klebsiella* and *P.aeruginosa* infection rates which is reported as above the threshold set by NHSE; IV line care and documentation; and environmental and infrastructure standards. The Committee also received a detailed report on the IPC issues from the Trust's estate and infrastructure, clearly identifying the remaining risks notwithstanding the mitigations in place and the targeted estate investment and improvement programme.
- Ionising Radiation (Medical Exposure) Regulations (IRMER) update including 20 incidents reported between January and August 2026 all low and no harm. Active risks were moderate or low with action progressing to further mitigate.
- Medicines optimisation annual report providing assurance on managing and governing medicines, with positive progress including digital developments, medicines savings, increase in homecare provision, and delivery of the medicines optimisation strategy.
- Mortality surveillance Q1 report demonstrating mortality indices as expected, referrals, completion of mortality reviews and oversight and learning and how this is aligned with safety surveillance.

- Medical devices gap analysis and action plan progress, identified some delays in progressing the actions whilst the establishment of appropriate governance structures and identification of dedicated leads were confirmed. It is clear that further action is required with a proposed approach drafted and to be presented to the Executive Directors Group to drive this forward. The Committee requested a further update to the next meeting with clear progress and delivery.
- NICE compliance annual report providing an overview on the publication of NICE guidance and progress on implementation.
- Clinical Audit and Assurance Annual Report providing an overview of audit completion and outcomes. The Committee discussed the context of the audit with limited assurance and clarity of how this is being addressed, including assurance that is subsequently received from re-audits.
- Annual corporate consent audit report setting out the results from the annual audit, with a number of areas for improvement including consistency of documentation in EPR to provide further assurance. Developments within EPR are progressing to improve processes to support compliance. Committee discussed the importance of understanding triangulating the issues with other updates whilst the system improvements are made.
- Cancer Services Group Chair's report confirmed that the previously reported backlog had been completed but continued oversight is required to ensure reviews remain timely and that learning is consistently captured, which will be a standing item on the Group's agenda. The Committee agreed that this report can be de-escalated to Quality Governance Group (QGG) oversight.

Advise (items presented for the Board's information)

- Committee received a verbal update on Non Criteria to Reside patients. High numbers persist. As well as COCH not being the best place of care for these patients, there are particular challenges in managing behavioural issues of some long stay patients; the burden can be particularly felt by healthcare assistants.
- Discussed the review and development of the IPR to include specific quality and safety metrics, recognising this is being discussed and action taking place.
- Human Tissue Authority (HTA) inspection report received and working through factual accuracy process with a report and response to be submitted to the Board of Directors in September 2026.
- Establishment of Clinical Assurance and Effectiveness Group (CAEG), clinical assurance and effectiveness group to act as a mechanism for review and approval of proposals for new technologies to report into QGG.
- Cheshire and Merseyside UEC red lines toolkit and system guidance presented to the Committee.

Risks discussed and new risks identified

- Board Assurance Framework (BAF) and significant risk report extracts relevant to the Quality and Safety Committee terms of reference were presented. The BAF was revisited at the end of the meeting and agreed that no changes were required on the basis of the assurances and items discussed.

Committee Chair's Report

Tuesday 14th July 2026 at 09.30 in the Women & Children's Building Seminar Room

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

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

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

- The Committee remains concerned about the ongoing risk associated with out-of-date policies, particularly clinical policies. While progress has been made in reducing the backlog, further work is required to address outstanding reviews, especially those falling overdue within the last twelve months.
- Mersey Internal Audit Agency's (MIAA's) recently reported Quality Spot Checks audit noted generally strong compliance with controlled drugs documentation requirements, including recording of date, time, dose, patient details, authorisation and stock checks. However, weaknesses were identified in stock management and governance processes, including unresolved stock discrepancies, errors in stock deductions and wastage recording, and one instance where controlled drugs cupboard keys were not stored in accordance with policy. Actions are being progressed to address the issues identified and strengthen compliance.

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

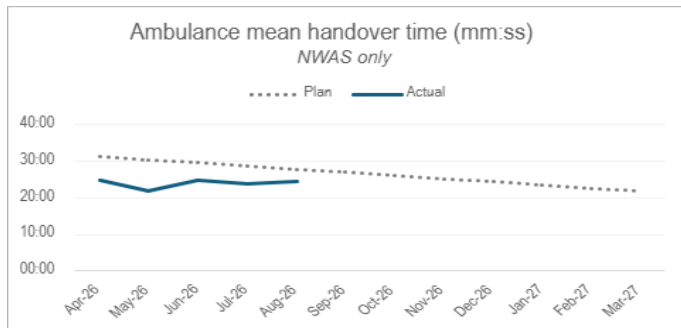
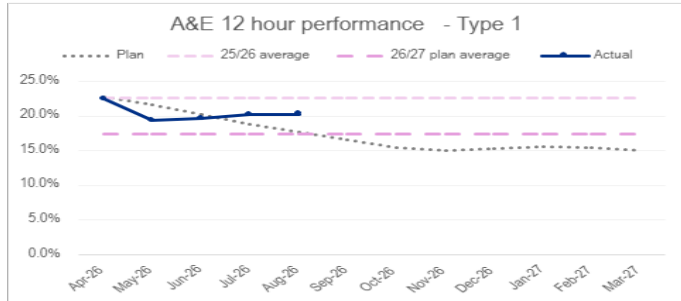
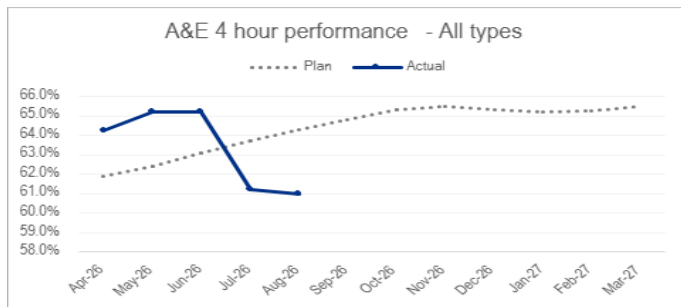
The Committee received assurance through the following reports and updates:

- Agendas and Chair reports were received from the assurance Committees, supporting oversight of Committee activity and inter-committee relationships.
- The Anti-Fraud Progress Report confirmed submission of the assessment against the Counter Fraud Standards, achieving an overall Green rating. The fraud risk assessment is currently under review, with a workshop involving key officers planned. Delivery of the anti-fraud work programme is progressing, with five investigations currently open and no new referrals received during the reporting period.
- Progress against the Risk Management Improvement Plan was reviewed. The Committee reflected on the positive trajectory as regards risk management maturity, as evidenced by the 2025/26 MIAA internal audit report, but also delays in elements of the training rollout and Datix system development, and requested the inclusion of additional outcome measures and triangulated evidence to demonstrate the further embedding of improvements.
- The Internal Audit Progress Report confirmed completion of audits covering:
 - Quality Spot Checks – Moderate Assurance.

○ Data Security and Protection Toolkit (DSPT) – Low Risk and High Confidence in Submission. ○ Emergency Planning, Resilience and Response (EPRR) – Substantial Assurance. • The Audit Recommendation Tracker demonstrated good progress in implementing internal audit recommendations. • The recent External Quality Assessment of MIAA confirmed general compliance with the Global Internal Audit Standards.
Advise (<i>items presented for the Board's information</i>)
• The Committee received and noted the MIAA Insight Report and the KPMG Health Technical Update.
Risks discussed and new risks identified
• The Committee reviewed the Board Assurance Framework (BAF) risk position and noted that development of the BAF is continuing following the recent Board development session. An update on BAF 8 (Governance) will be presented at the next meeting. No significant risks directly aligned to the Audit Committee's remit were identified within the Significant Risk Report. • The Committee emphasised the importance of ensuring clear alignment between committee updates, the Board Assurance Framework and Board reporting.

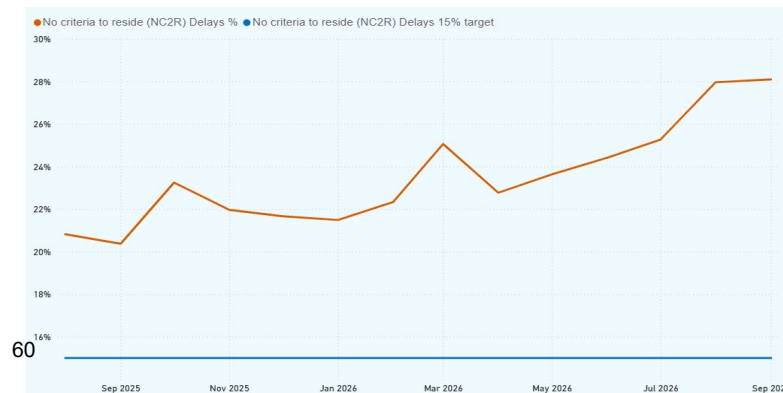
Integrated Performance Report

4-hour, 12-hour and Ambulance Handover Performance

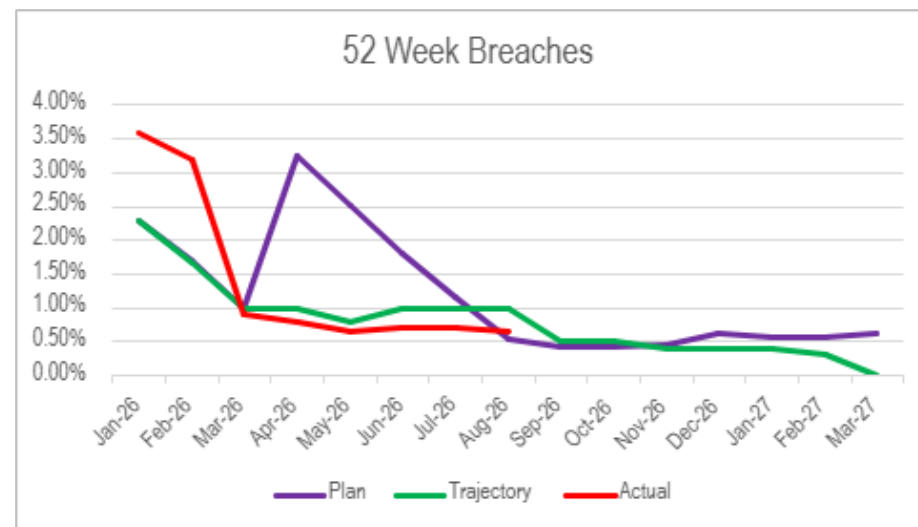
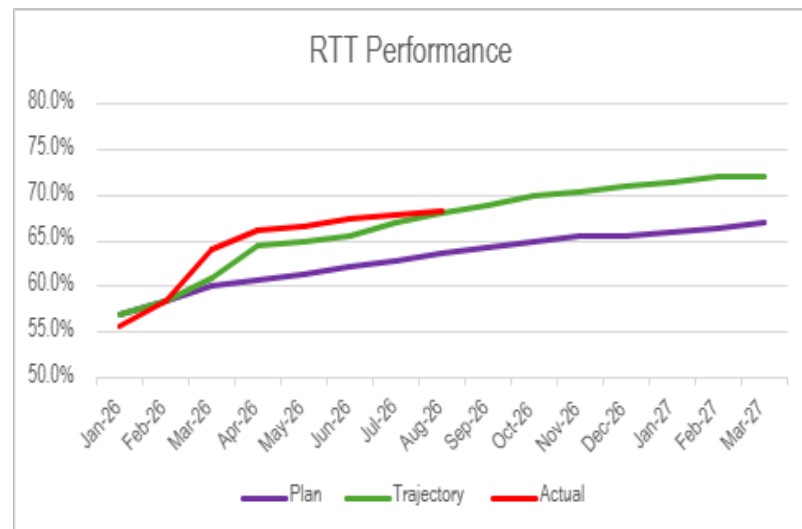


- August attendances 14% (1016) higher than same period previous year. Av of 273 attendances per day.
- 4-hour performance deteriorated 0.2% from previous month to **61.0%** (plan 64.29%).
- 12-hour performance: **20.25%**, plan 17.63%.
- Daily maximum ED corridor use averages at 3 spaces in August
- **22.49%** ambulance handover <15 mins (plan 29.76%).
- Mean average ambulance handover: **24:31 mins** (plan 27:55 mins).
- Mean time spent on corridor 293 mins (increased from July).
- NCTR: August 28%, 2.7% adverse variance on July.

NCTR % up to 21/09

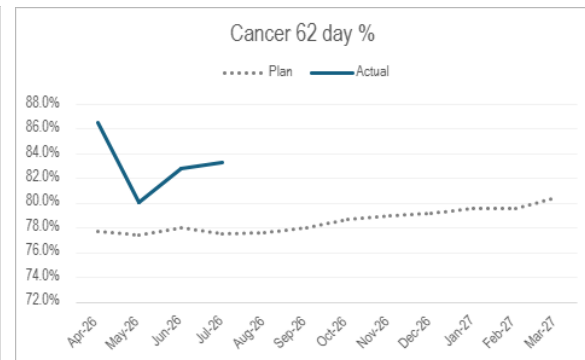
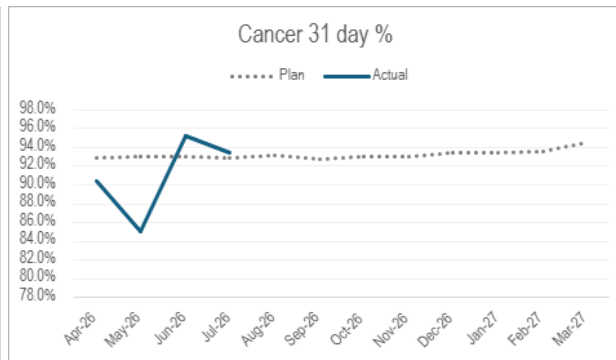
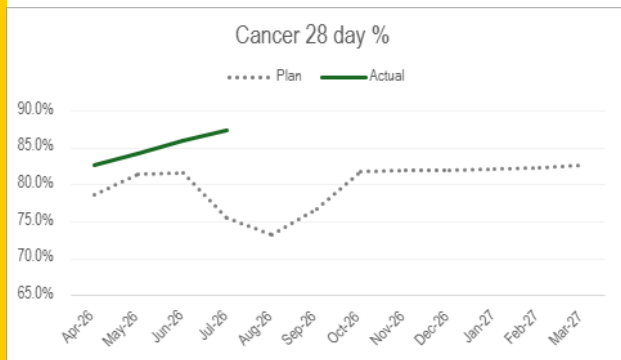


August RTT – 68.4% - 4.8% above plan
>52 weeks – 0.6% - 0.11% off plan

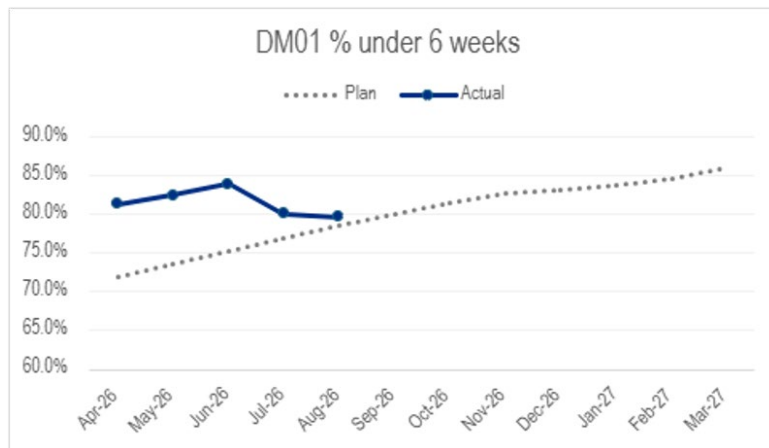


	FDS (80%)	31 Day (94%)	62 Day (80%)
Apr-26	82.8%	90.4%	86.6%
May-26	84.3%	85.0%	80.1%
Jun-26	86.0%	95.3%	82.9%
Jul-26	87.4%	93.5%	83.3%
26/27 Avg.	85.1%	91.1%	83.2%

- Two of the three cancer waiting time standards achieved in July
- FDS performance has improved by 1.4% to **87.4%** and target delivered for 4th consecutive month.
- 31-day performance deteriorated by 1.8% due to increased breaches in skin and breast.
- 62-day performance improved by 0.4% above the standard and agreed trajectory.



DM01 Monthly performance



- August performance deteriorated by 0.4% to **79.7%** - 1.2% above plan
- Although the overall waiting list reduce by 124 patients, the number waiting over 6 weeks increased
- The deterioration in August was driven by Colonoscopy, Adult audiology and Gastroscopy
- Slightly mitigated by improvements in echocardiography, MRI and DEXA
- Non-Obstetric Ultrasound remains the largest underlying risk for the overall Trust position accounting for 42% of all patients waiting over 6 weeks.

Current Diagnostic Waiting List per Modality

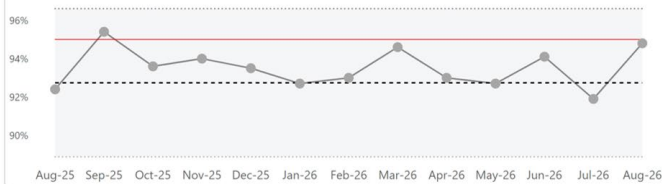
Modality Group & Name	0 - 5	6 - 12	13 - 25	26 - 39	40 - 51	52 - 78	79 - 103	104+	Unknown	Total
E - Colonoscopy	186 ↓	84 ↓	4 ↓							274 ↓
E - Cystoscopy	101 ↑	15 ↑	1 →							117 ↑
E - Flexi Sigmoidoscopy	43 ↑									43 ↑
E - Gastroscopy	246 ↑	119 ↓	6 ↓							371 ↓
I - Barium Enema	24 ↑									24 ↑
I - Computed Tomography	480 ↑	32 ↓								512 ↑
I - DEXA Scan	291 ↑	123 ↓	2 →							416 ↑
I - Magnetic Resonance Imaging	906 ↑	90 ↓								996 ↑
I - Non-obstetric Ultrasound	2,593 ↑	677 ↓	15 ↑							3,285 ↑
PS - Audiology Assessments	209 ↓	152 ↑	26 ↓							387 ↓
PS - Echocardiography	446 ↑	133 ↓								579 ↓
PS - Urodynamics (Pressures & Flows)	29 ↓	17 ↓	3							49 ↓
PS - Sleep Studies	145 ↑	13 ↑								158 ↑
Total	5,699 ↑	1,455 ↓	57 ↑							7,211 ↑

Current Performance per Modality

Modality Group & Name	Performance	WoW Change
E - Colonoscopy	67.9%	+1.6% ↑
E - Cystoscopy	86.3%	-3% ↓
E - Flexi Sigmoidoscopy	100.0%	+2.6% ↑
E - Gastroscopy	66.3%	+7.9% ↑
I - Barium Enema	100.0%	0.0% →
I - Computed Tomography	93.8%	+1.1% ↑
I - DEXA Scan	70.0%	+2.1% ↑
I - Magnetic Resonance Imaging	91.0%	+2.2% ↑
I - Non-obstetric Ultrasound	78.9%	+1.9% ↑
PS - Audiology Assessments	54.0%	-3.3% ↓
PS - Echocardiography	77.0%	+3.6% ↑
PS - Urodynamics (Pressures & Flows)	59.2%	-3.1% ↓
PS - Sleep Studies	91.8%	-4.6% ↓
Total	79.0%	+2% ↑

Risk Assessments

VTE: Assessment Completed Compliance

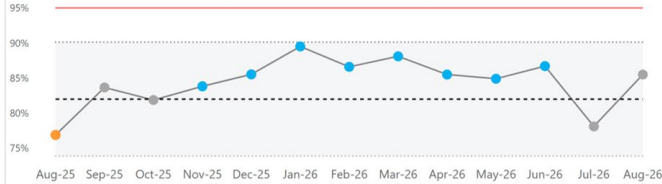


Metric

Period Value Variation Assurance Target Benchmark

VTE: 14 Hour Compliance	Aug-26	85.5%	👎👎	95%
VTE: Assessment Completed Compliance	Aug-26	94.8%	👎👎	95%

VTE: 14 Hour Compliance

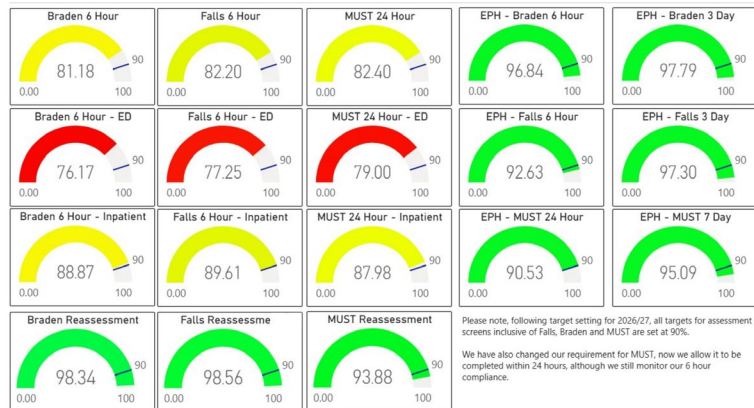


VTE Compliance Narrative

VTE 14-hour risk assessment demonstrating a month-on-month improvement but not yet at National compliance target of 95%. Divisional action plan in place driving improvements and monitored through Quality Governance Group

Slight improvement in VTE risk assessment within 14 hours but not yet reaching national target. Action plan in place and monitored through Quality Governance Group

Ellesmere Port Hospital demonstrating compliance in all risk assessments
On going improvements required in both inpatient and Emergency department for all risk assessments.



Please note, following target setting for 2026/27, all targets for assessment screens inclusive of Falls, Braden and MUST are set at 90%.
We have also changed our requirement for MUST, now we allow it to be completed within 24 hours, although we still monitor our 6 hour compliance.

Sepsis – static position in relation to Sepsis assessment and antibiotic compliance

Sepsis Clinical Assessment Compliance



Sepsis Antibiotics Compliance (%)



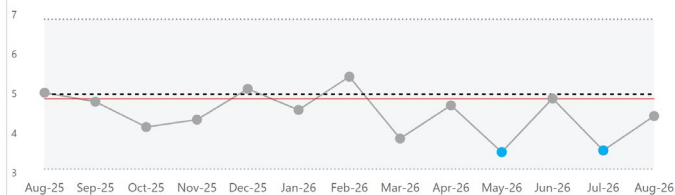
Steis Reportable Incidents

The Trust has reported 9 StEIS reportable incidents. Two were reported in August – one relating to the coincidental maternal death and one relating to the death of a frequent attender to the Emergency Department

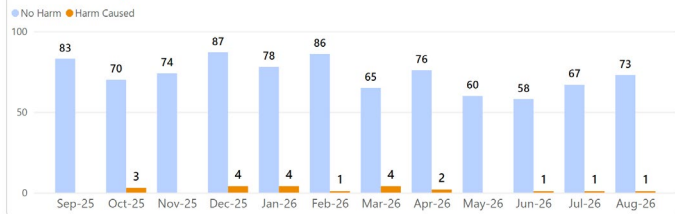
Falls, Pressure Ulcers and Infection Prevention

Under trajectory for Falls per 1000 days, slight increase in falls with one fall with harm. Remain demonstrating an overall reduction in falls compared to previous years.

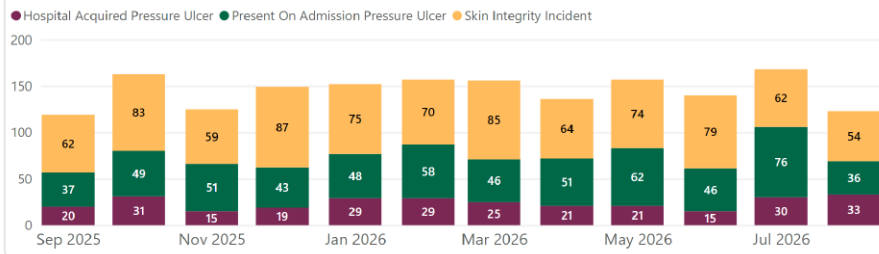
Falls: All - Inpatient Rate Per 1000 Bed Days



Falls Split By Harm Caused

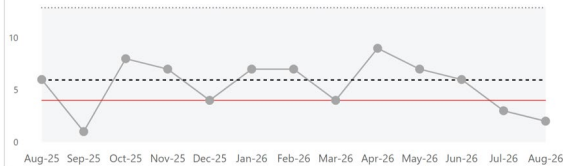


Pressure Ulcers split by Type



Sustained reduction in C. difficile cases and static number of E-Coli cases. No MRSA cases in august.

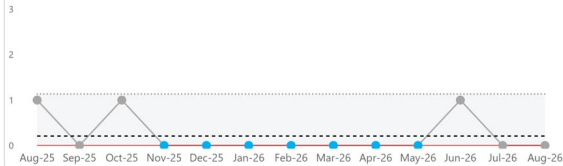
Infection Control: C.Difficile Cases



Infection Control: E-Coli Cases



Infection Control: MRSA Cases



Reduction in overall skin integrity incidents. Increase of 3 HAPU this month. Overall demonstrating a reduction in category 2 HAPU compared to previous year. Slight increase in category 3 – spike during summer months

Patient and Family Experience

Significant Improvements in response rates to Friends and Family Test since introduction of the new platform MEG. Slight dip in positive responses but validation of scores underway given new process.

FFT: A&E Response Rate



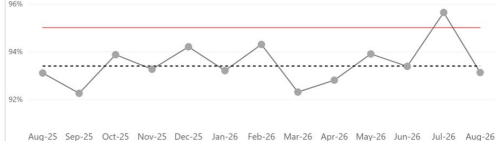
FFT: OP Response Rate



FFT: A&E Positive Rate



FFT: OP Positive Rate



FFT: IP Response Rate

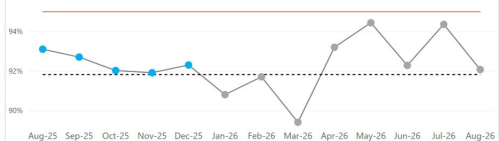


Metric	Period	Value	Variation	Assurance	Target Benchmark
FFT: A&E Response Rate	Aug-26	13.2%	👍	👍	13%
FFT: IP Response Rate	Aug-26	27.9%	👍	👍	23%
FFT: OP Response Rate	Aug-26	15.0%	👍	👍	12%

FFT Response Rate 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.

FFT: IP Positive Rate



Metric	Period	Value	Variation	Assurance	Target Benchmark
FFT: A&E Positive Rate	Aug-26	73.2%	👍	👍	95%
FFT: IP Positive Rate	Aug-26	92.1%	👍	👍	95%
FFT: OP Positive Rate	Aug-26	93.1%	👍	👍	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.

Positive reduction in the number of complaints and concerns open at the end of month. Sustained reduction in the number of new complaints opened in month

Patient Feedback: Complaints Open At Month End



Patient Feedback: Concerns Open At Month End



Complaints: Patient Feedback: Complaints Opened

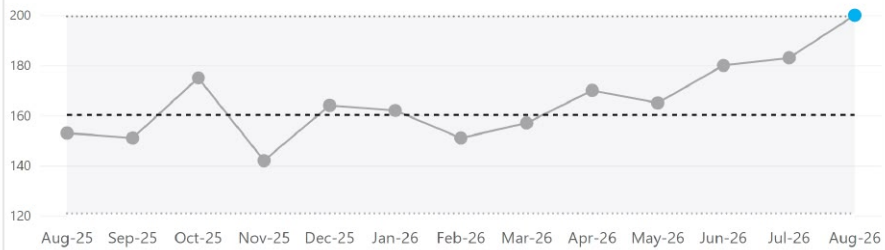


Patient Feedback: Concerns Opened In Month

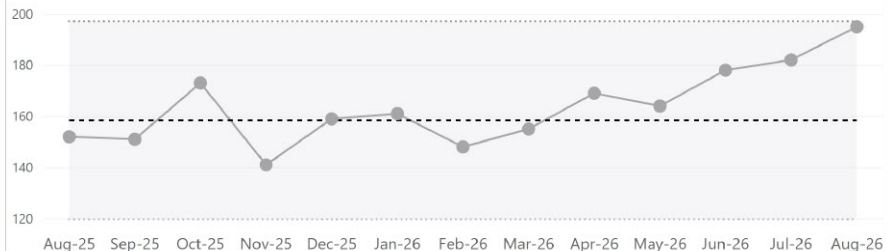


Maternity

Live Births



Women Delivered

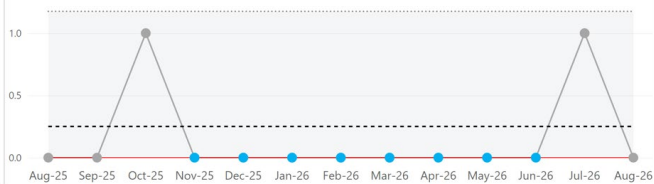


Maternal Deaths (includes coincidental deaths)



- Upward trend of Live births and women delivered.
- One maternal death reported – this was a coincidental death i.e. deaths from unrelated causes.
- No still births reported in August
- No neonatal deaths born after 24 weeks.

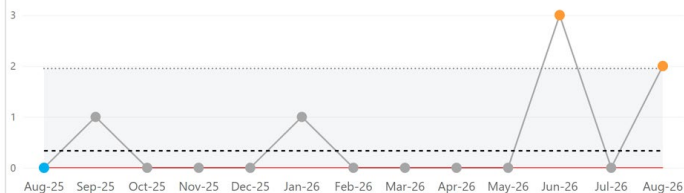
Stillbirths



Neonatal Deaths born after 24 weeks



Neonatal Deaths born before 24 weeks



Finance

On plan at Month 5, but savings delivery remains the key risk

The forecast remains on plan. Non-recurring benefits offset current pressures, with delivery depending on savings being delivered.

Area	Position at M5	Financial implications and assurance
Income & expenditure	£5.3m year-to-date deficit, on plan. Includes £9.1m national deficit support funding.	Non-recurring income and provision releases offset cost pressures and savings shortfalls.
Savings & workforce	£1.60m savings vs £5.05m plan - £3.4m shortfall in the Cost Improvement Programme (CIP) Pay £0.7m over plan YTD, of which £0.5m relates to resident doctor industrial action. Also pressures around delivery of urgent and emergency care	Weekly CIP reviews with CEO chairing Divisional finance recovery plans developed, discussed and agreed with Executive Directors. Monthly monitoring of divisional recovery plans to ensure delivery is in line with forecast
Cash	£22.5m cash balance 19 days of cash	Higher cash reflects prior-year funding. Future support depends on CIP progress. Emergency cash repayment due December 2026.
Capital	£2.8m year-to-date spend ahead of plan Full-year delivery forecast on plan	Earlier project completion and a decarbonisation payment bring spend forward. Monthly capital oversight continues.
Supplier payments	Payment within 30 days below the 95% national target	Processing issues addressed and in-month performance improved. Year-to-date measures still lag.

PUBLIC – Council of Governors
21st October 2026

Report	Agenda item 15.	Non-Executive Director (NED)/ Governor Walkabouts Summary Report (Quarter 2)						
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 BAF 11 Transformation				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	Non-Executive Directors (NEDs) and Governors visit services across the Trust throughout the year. These walkabouts provide visible leadership and help NEDs and Governors understand services directly through conversations with staff and, where appropriate, patients. They also give staff an opportunity to share their experience of working at the Trust. • Increase leadership visibility. • Improve understanding of services and roles. • Recognise and support staff. • Listen to colleagues. • Explain the role of NEDs and Governors.							

	A record of each walkabout is shared with the Trust Chair. This report summarises the Quarter 2 visits for the Council of Governors. The report covers the following walkabouts: • Ward 52 and Wards 41/40 (5th August 2026) • Theatres (2nd September 2026) • Education and Training and IM&T (7th October 2026)
Recommendations	The Council of Governors is asked to note the summary report from the recent NED/Governor walkabouts.

Corporate Impact Assessment	
Statutory/regulatory requirements	Supports the Trust's compliance with the Code of Governance.
Risk	None.
Equality & Diversity	Supports compliance with the Equality Act 2010 and the Public Sector Equality Duty. No direct adverse impact on people with protected characteristics has been identified.
Communication	Not confidential.

Non-Executive Director (NED)/ Governor Walkabouts Summary Report (Quarter 2)

1. Introduction

NEDs and Governors visit services across the Trust throughout the year.

The visits provide visible leadership and first-hand insight into services. NEDs and Governors speak with staff and, where appropriate, patients to hear what is working well and where improvements may be needed.

The visits aim to increase leadership visibility, improve understanding of services, recognise and support staff, listen to colleagues, and explain the role of NEDs and Governors.

A record of each walkabout is shared with the Trust Chair. This report summarises the Quarter 2 visits for the Council of Governors.

2. NED/ Governor Walkabouts

The table below summarises the NED/Governor walkabouts undertaken in Quarter 2 of 2026/27.

Walkabout	Summary
Ward 52: Trauma Orthopaedic / Ward 41 (and Ward 40) for Non-Criteria to Reside (NCTR) Patients (5th August 2026) Non-Executive Director(s): Prof A Hassell – Non-Executive Director Governor(s): Prof T Fisher – Lead Governor Ms S Dunbar – Public Governor	<u>Ward 52: Trauma Orthopaedic</u> The ward was calm, clean and well organised. Staff were kind and caring, communication with patients was strong, and discharge planning began early. Clear pathways supported patients with a fractured neck of femur, and the ward ranked fifth nationally against relevant key performance indicators. Patients and relatives spoke positively about the care provided. No specific concerns were identified, although occasional staffing pressures were noted. Ward leaders were engaged with accreditation and infection prevention and control and understood the ward's role in supporting patient flow. <u>Ward 41 (and Ward 40) for Non-Criteria to Reside (NCTR) Patients</u> The wards provided calm, safe and patient centered care for people with complex needs. Staff were welcoming, kind and experienced in caring for older people, and patients and families spoke positively about the care received. Areas for attention included access to meaningful activity and stimulation, pressures associated with patients requiring one-to-one care, and timely consultant input for patients not under the care of an older people's physician. A wider discussion was suggested to clarify the wards' purpose and the clinical, rehabilitation and activity support available to patients awaiting discharge.
Theatres (2nd September 2026) Non-Executive Director(s): Mr P Jones – Non-Executive Director	<u>Theatres</u> Theatres had strong processes, a positive and flexible team culture, and Association for Perioperative Practice accreditation. The environment was welcoming and safe, and staff worked effectively within the resources available.

Walkabout	Summary
Trust Chair: Mr N Large Governor: Ms L Jha – Public Governor	Areas for attention included lift maintenance, dated décor, limited storage and the need for two additional bays to support patient flow. The text reminder service was not fully effective in reducing missed appointments. The team also wished to explore future developments, including robotics.
Education & Training and IM&T (7th October 2026) Non-Executive Director(s): Prof A Hassell – Non-Executive Director Governor: Ms L Jha – Public Governor	<u>Education & Training</u> The centre provided a broad programme for healthcare students and professionals, including GP update courses. It was adapting well to increasing student numbers, making flexible use of teaching space, student space and multi-faith space, and maintains good oversight of education and training resources. The main issues are the age of the estate and limited capacity as demand increases. Pressure has also grown because some rooms are being used for Trust meetings following the loss of the 1829 Building. <u>IM&T</u> The IM&T team was enthusiastic, engaged and responsive. The service desk is accessible, the Level 3 training centre has a practical approach, and flexible home and office working is well managed. Staff development is a clear priority, and the St John's Building provides suitable office accommodation. The main concern is staff retention, as trained employees can move to similar roles at other NHS trusts offering higher pay.

Walkabouts are not formal inspections and do not routinely generate action plans. Where follow-up is needed, it will be recorded and reported through the appropriate route.

3. Recommendation

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

PUBLIC – Council of Governors Workplan

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 and Risk	✓	✓	✓
4	Matters arising and action log	Each meeting	Trust Chair	Director of Governance and Risk	✓	✓	✓
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 and Risk	✓	✓	✓	✓
14	Governor Election Process and Updates	Annually	Trust Chair	Director of Governance and Risk	✓ (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 and Risk	Non-Executive Directors	✓	✓	✓	✓
	b) Integrated Performance Report - 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 NED / Governor Walkabouts Summary Report	Each meeting	Trust Chair	Non-Executive Directors/ Governors	✓	✓	✓	✓
18	For noting:							
	a) Council of Governors Workplan	Each meeting	Director of Governance and Risk	Committee Secretary	✓	✓	✓	✓

Item		Frequency	Lead	Operational Lead	15 th Apr 2026	15 th Jul 2026	14 th Oct 2026	3 rd Feb 2027
	b) Council of Governors Photo sheet link/sheet	Each meeting	Director of Governance and Risk	Committee Secretary	✓	✓	✓	✓
	c) Link to the previous Board of Directors papers on the website	Each meeting	Director of Governance and Risk	Committee Secretary	✓	✓	✓	✓
	d) Quality Account	Annually	Director of Nursing & Quality/Deputy Chief Executive	Director of Nursing & Quality Governance		✓		
19	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



Vacant



Sheila Dunbar
Until October 2027



Richard Taylor
Until October 2028



Louise Jha
Until October 2027



Jan Chillery
Until October 2027



Tony Fisher
Until October 2028



Vacant



Vacant

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

ALL OTHER STAFF



Naomi Cottrell
Until October 2028

STAFF

DOCTORS



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