Countess of Chester Hospital NHS Foundation Trust

Committee Chair's Report

9th November 2026 via Microsoft Teams

Committee	Finance & Performance Committee
Chair	Non-Executive Director, Mr M Oldham

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)*

- Month 6 Finance position confirming delivery of plan but only with non-recurrent mitigations. Key drivers to the year to date position are undelivered Cost Improvement Programme (CIP) £5.6m; industrial action costs £0.5m; and band 2 to 3 pressures £0.2m. Forecast remains to deliver the plan, notwithstanding there is a significant risk (circa £5-6m) that will need to be mitigated across the rest of the year.
- Transformation, Productivity, and CIP update confirming progress against the annual CIP target of £25.4m. The in-year CIP progress remains the most significant risk. A further update on delivery of the CIP action plan was provided including expectations, enablers from digital programmes, training, and risk aversion. Committee requested clarity on the tactical actions being implemented to mitigate the gap for the next meeting.
- Better Practice Payment Code performance deterioration following the transition to a new general ledger and the additional controls in place. An improvement plan and monthly trajectory has been established to return to 95% compliance by the end of April 2027.
- Committee approved the cash application for December 2026 circa £9m with approval delegated from the Board of Directors in September 2026. A further cash application is expected to be needed in March 2027.
- Digital and Data priorities and capacity pressures discussed
- Premises Assurance Model 2025/26 paper provided an overview of the assessment and return submitted to NHS England (NHSE) in September 2026. The paper included context to the areas requiring investment and the plan to improve compliance in these areas. Committee asked for further assurance on the hard FM non-compliance areas, risks and specific plans for actions.

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

- Winter plan presentation recognising this has been approved at the Board of Directors prior to NHSE submission.
- Emergency Preparedness Response & Resilience (EPRR) Annual Report demonstrating substantial compliance and a continued improved position of compliance with the breadth of core standards.
- Reviewed the operation performance through the Integrated Performance Report (IPR). Key challenges are significantly increased Emge nary Department (ED) attendances; continued high level of Non-Criteria to Reside (NCTR) patients and waiting list size against plan. Actions being progressed through new strategic system group and increased validation of the waiting list.
- Digital and data strategic programme update. This included the roll out of Lyrebird; Artificial Intelligence (AI) waiting list solution; and Electronic Patient Record (EPR) optimisation. Also contract extensions for DoctorDoctor and Teletracking. Risk

continues to be capacity challenges as priorities and additional requests continue to be made.

- Senior Information Risk Owner (SIRO) report including cyber security and alerts; extensive use of NHS England Cyber services; Freedom of Information (FOI) request and response compliance levels; and IG mandatory training compliance which has improved to 87%.
- Anchor Institution Annual Report 2025/26 bringing together an overview of delivery of the green plan, social value, prevention pledge and communities and partnerships.
- Received Chairs reports from sub committees and reporting groups.

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

- Request for FOI benchmarking remains open as priority focussed on responding to continued high levels of FOI requests.
- Planning approach for 2027/28 has commenced building on work previously undertaken to develop the 3 year Medium Term Plan, reflecting current performance and 2028/29 national expectations. National guidance and timetables awaited including Board assurance requirements. Committee keen to see budget setting guidance and CIP process as part of this.
- Presentation received on non-elective pressure and impact on finance and performance articulating the data and understanding of the increased demands, tangible productivity improvements and ongoing challenge in demonstrating this regionally and nationally. The Committee discussed the importance of benchmarking data to support the narrative and opportunities.
- Received the full business case for project 1 of the investment in energy and carbon measures under the public sector decarbonisation scheme not 4 grant funding and supported this for recommendation to the Board of Directors for approval.
- Commercial efficiency quarter 1 report provided an update on the Trust's median benchmark pricing and the work of the procurement team working with Divisions to review opportunities. Committee requested future sight on quarterly changes and comparisons to show impact and improvement trajectories.
- Approved sub-committee Terms of Reference.

Risks discussed and new risks identified

- Relevant Board Assurance Framework (BAF) and significant risk report noted recognising Quarter 2 BAF review in progress for November 2026 Board of Directors.
- Winter plan risks reviewed as part of the winter plan presentation and as noted at the Board there remains risk to the delivery of this plan including capacity, escalation, Trust mitigations and system partner support.
- Risks in digital and data strategic programme strategic programme update were discussed recognising the potential impact and implications across all areas including transformation, CIP, productivity, quality and safety, people etc. Programme risk management and reporting will need to continue to be further developed and embedded.
- Transformation reporting being reviewed and enhanced to provide further clarity on programme risk management.

Countess of Chester Hospital NHS Foundation Trust

Committee Chair's Report

6th October 2026

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

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

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

- The Committee met in private session to receive an update regarding the Information Commissioner's Office (ICO) reportable data breach and the associated inappropriate access audit. Members reviewed the findings, management actions and progress to date, together with the wider context arising from NHS England communications and discussions within regional professional networks.

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

- The Committee received the Anti-Fraud Progress Report, noting ongoing work to refresh the fraud risk assessment, deliver fraud awareness training and review relevant policies. Members also received updates on participation in the National Fraud Initiative, fraud allegations and investigations, including three cases currently progressing through the Crown Prosecution Service.
- An update was received on the programme to address overdue policies. The Committee acknowledged the scale of the task and noted the positive progress being made in reducing a significant and longstanding backlog.
- The Committee reviewed the Provider Licence Compliance Checklist, which covered a range of licence requirements. This was considered within the context of the Trust's ongoing NHS England Enforcement Undertakings. Members noted previous Board updates on this matter and the expectation of further communication from NHS England.
- The Committee received assurance regarding the Trust's Freedom to Speak Up (FTSU) arrangements, including the transfer of oversight responsibilities from the National Guardian's Office to NHS England. Assurance was provided on the continued support of Executive and Non-Executive Director leads, the FTSU Guardian and Champion arrangements, training compliance, themes arising from speaking-up activity and reporting mechanisms. Progress was also noted in relation to dashboard and data development, together with the forthcoming Board self-assessment.
- The Committee received the Standing Financial Instructions Annual Procurement Waiver Report for 2025/26, which detailed the 59 waivers approved during the year, the rationale for their use and the ongoing work of the Procurement Team to support divisions and strengthen compliance.
- The Internal Audit Progress Report was reviewed, noting that fieldwork is currently underway in relation to medical staffing, data quality and the escalation of deteriorating patients (sepsis). Members noted that a significant number of audit