

Council of Governors Meeting
Minutes of the Meeting held in Public
Thursday, 21 April 2016
at 5.30am in the Post Graduate Lecture Hall, Leighton Hospital, Crewe

Present

Dame P Bacon	Deputy Chair (in the Chair)
Mrs J Ollier	Public Governor (Congleton)
Mrs B Beadle	Public Governor (Crewe and Nantwich)
Mrs C Cooper	Public Governor (Crewe and Nantwich)
Mr J Park	Public Governor (Crewe and Nantwich)
Mrs J Roach	Public Governor (Crewe and Nantwich)
Mr M Hadfield	Public Governor (Vale Royal)
Mr C Betteley	Patient and Carer Governor
Mr J Lyons	Patient and Carer Governor
Mrs I Vickers	Patient and Carer Governor
Mrs P Psaila	Patient and Carer Governor
Mr R Stafford	Patient and Carer Governor
Dr A Wilson	Partnership Governor (South Cheshire Clinical Commissioning Group)
Ms C Birch	Staff Governor
Mrs E Price	Staff Governor
Dr R Okell	Staff Governor
Mr R Platt	Staff Governor
Mr A Ritchings	Staff Governor
Mrs L Lakey	Volunteer Governor

In attendance

Mr J Church	Non-Executive Director (up to item CoG/16/04/17)
Mr M Davis	Non-Executive Director (up to item CoG/16/04/17)
Mrs R McNeil	Non-Executive Director (up to item CoG/16/04/17)
Mrs T Bullock	Chief Executive (up to item CoG/16/04/17)
Mrs A Lynch	Director of Nursing (up to item CoG/16/04/17)
Mr M Oldham	Director of Finance and Strategic Planning (up to item CoG/16/04/17)
Mrs K Dowson	Trust Board Secretary
Mr M Wilde	Divisional General Manager for Womens and Children (for item CoG/21/04/13 only)
Ms K Edge	Deputy Director for Finance

Apologies

Mr D Dunn	Chair
Dr K Birch	Public Governor (Vale Royal)
Mr N Harris	Public Governor (Vale Royal)
Mr P Colman	Partnership Governor (Chambers of Commerce)
Cllr J Clowes	Partnership Governor (Cheshire East)
Dr N Fowler	Partnership Governor (Manchester Metropolitan University)
Mr J Griffiths	Partnership Governor (Vale Royal Clinical Commissioning Group)
Dr P Dodds	Medical Director
Mrs D Frodsham	Chief Operation Officer
Mr J Barnes	Non-Executive Director
Mr D Hopewell	Non-Executive Director

CoG21/04/1 Welcome and Apologies for Absence

21/04/1.1 Dame Patricia, as Chair welcomed everyone to the meeting including Mrs Dowson following her long-term leave. She thanked Lynn Hughes, on behalf of the Council of Governors, for her cover as Interim Trust Secretary.

21/04/1.2 Apologies for absence were noted by the Chair.

CoG21/04/2 Minutes of the last meeting

21/04/2.2 The minutes of the meeting were agreed with amends to reflect two minor changes. Andrew Ritchings and Angela Cunningham were noted as attending and that the Governor Strategy Event, paragraph 10.1, was held in 2015 not 2016.

Resolved: Minutes of the last meeting held on 21 January 2016 were accepted as an accurate record of the meeting subject to the amendments being made.

CoG21/04/3 Matters Arising and Action Update

21/04/3.1 There were no matters arising.

21/04/3.2 Update on actions from the previous meeting were noted.

CoG21/04/4 Interests to Declare

21/04/4.1 The Deputy Chair declared an interest in the Lead Governors Report due to her role as Chair of Governors at South Cheshire College.

Resolved: The interest declared was noted.

CoG21/04/5 Chairman's Report

21/04/5.1 The Deputy Chair provided a verbal report on the following items on behalf of the Chairman.

CoG21/04/5.1 Governor Governance Training Development Day

21/04/5.1.1 This session, facilitated by Dr Jay Bevington of Deloitte on 9 March 2016 was well received. The Deputy Chair reported that the event was well attended with some useful outcomes. The Council agreed that repeating the session was not a priority at this time as those who missed it could access the presentation on the Governor's Extranet.

CoG21/04/5.2 NED/Governor Meeting – 14 March 2016

21/04/5.2.1 The Deputy Chair reported on the useful discussion at this meeting, regarding the outcomes of the Deloitte training event focussing on their statutory duties including holding the NEDs to account. The Deputy Chair informed the Council that as a result of discussions, a register has been set up to log questions / concerns from Governors to Committee Chairs, who will then provide the Governor with action taken or any follow up to the issue. This register will be a standing item on the Council of Governors agenda. Questions / concerns can be logged direct with the Committee Chair or through Mrs Dowson.

21/04/5.2.2 The Deputy Chair also reported that following discussions Governor numbers on patient safety walkarounds have been increased to two.

CoG21/04/5.3 1:1 Chair/Governor Annual Meetings

21/04/5.3.1 The Deputy Chair advised all Governors that these meetings are now taking place should they wish to take up this opportunity.

CoG21/04/5.4 Forthcoming Meetings with Cheshire East Council Leaders

21/04/5.4.1 The Deputy Chair reported that the Chair has meetings arranged with the newly appointed leaders at Cheshire East Council on behalf of the Trust.

CoG21/04/5.5 Governor Vacancies

21/04/5.5.1 The Deputy Chair advised Council that elections will take place over the summer for Governor vacancies. There will be one in each of the following constituencies; Vale Royal, Patient and Carer and Staff (Midwifery and Nursing). The timetable has been slightly delayed due to purdah for the EU Referendum.

CoG21/04/6 Nomination and Remuneration Committee - 19 April 2016

21/04/6.1 The Deputy Chair gave a verbal update on the actions arising. A review of the Terms of Reference took place. It has been proposed that an additional elected Governor should be added to the membership. The Deputy Chair asked Governors to nominate themselves if they are interested and if there is more than one Governor interested a ballot will be held. It is also proposed that the Chief Executive and Director of Workforce and Organisational Development should no longer be formal members of the committee but they will attend as requested bearing in mind advance notice required due to diary commitments. The Terms of Reference will be formally presented back to the Council at the July meeting for ratification.

ACTION: Any elected Governors who are interested in becoming members of the Nomination and Remuneration Committee should let Mrs Dowson know. (All Elected Governors)

21/04/6.2 The Deputy Chair advised Council that the annual review of the Non-Executive Directors and Chair's performance had been discussed at the meeting. The Chairman had reported that the new process used to appraise performance had been more thorough and robust than previous years and a lengthy discussion had taken place. All those being appraised have met or exceeded expectations in their role. It was commented that the mix of skills held by the NEDs works well in complementing the skills of the Executives and encourages debate and challenge. Mr Lyons confirmed the report of the Deputy Chair, adding that the discussion was more focused and objective than previous years and he had no concerns with the outcomes of the appraisals.

Resolved: To note the verbal update of the Nomination and Remuneration Committee and that the items discussed will be submitted to the Council of Governors in July for ratification.

CoG21/04/7 Operational Plan

21/04/7.1 The Deputy Chair reported that the Operation Plan had been submitted on time and that feedback from the Governor Strategy Day in November 2015 had been helpful. The submitted plan is available on the Governors intranet and feedback or requests for copies can be made through Mrs Dowson.

CoG21/04/8 Annual Self-Assessment of Council of Governor Effectiveness Process

21/04/8.1 The Deputy Chair reported that the Trust Secretary has been asked to set up a task and finish group to meet the individual and collective training needs of the Governors. There was nothing further to report in the absence of Mr Hopewell.

ACTION: Trust Secretary to set up a task and finish group for Governor Training (Mrs Dowson)

CoG21/04/9 Lead Governor Report

21/04/9.1 Mr Lyons presented his report and provided Governors with an update on activity since the last Council of Governors meeting held in January 2016.

21/04/9.2 Mr Lyons informed the Council that his third and final term of office will finish in March 2017 and therefore he will be stepping down from the Lead Governor role. The Chair will write to Governors asking for nominations to the post. The Deputy Chair encouraged all Governors to consider nominating themselves for this role.

ACTION: Chair to write to all Governors requesting nominations for the role of Lead Governor.

21/04/9.3 Mr Lyons reported on his attendance at the NHS Providers Governor network. There was an informative and interesting policy update from the Chief Executive of NHS Providers which covered the scale of the challenge this year, defined by significant financial challenge, operational instability, a changing regulatory landscape and the requirement for sector wide transformation to address systematic failure in the NHS. Mr Lyons commented that the Trust seemed to be performing well in comparison to other trusts. However financial pressures were not likely to improve in the short-term.

21/04/9.4 Mr Lyons noted that Sustainability and Transformation Plans, (STPs), were discussed and that Governors should expect to be included in the process. In response to this Mrs Bullock replied that due to the submission deadline of 26 June there was only a limited opportunity for Governor engagement and influence. As such, Mrs Bullock offered to share all the information she receives, including the high-level report that has already been submitted to NHS England and would be very pleased to receive any Governor comment. Mrs Bullock asked Governors to send her their views and comments and noted that there would be further opportunities for comment before any changes to the Trust strategy was changed.

21/04/9.5 Mr Oldham added that the Connecting Care Strategic Outline Case being prepared by Deloittes will form a chapter of the STP and this should also be shared with Governors. This document will define the challenge in Mid-

Cheshire but some of the solutions will be on the wider footprint of Cheshire & Merseyside. Mrs Bullock noted that the strategic outline case which feeds into the STP will be ready in mid-May.

ACTION: STP draft reports to be circulated to Governors as they become available (Mrs Bullock)

21/04/9.6 Mr Lyons updated Council on the new regulatory framework which proposes to widen the Governors role on quality issues. Mr Lyons reflected that his discussions with other Governors had led him to believe that the Trust is more open and transparent for governors than many other trusts.

21/04/9.7 Mr Lyons asked the Council to note the report on Governor Involvement since the last meeting. This included events at South Cheshire College, Trust Induction and Patient Safety Walkrounds. Mrs Ollier asked for it to be noted that she had attended the Quality and Safety Consultation in Crewe library on 25 January and that Mrs Beadle, Mrs Roach and Mr Stafford had also attended the Patient Involvement Group on the 21 March. She also noted that there had also been a Chief Executive engagement event on the 6 April attended by four governors and the Patient Walkaround on 23 March was in AMU not Elmhurst.

ACTION: Governor Involvement register to be updated to reflect the Governor corrections (Mrs Dowson)

Resolved: To note the report of the Lead Governor

CoG21/04/10 Register of Governor to Board Committee Chair Enquiries

21/04/10.1 Dame Patricia advised that this was a new standing item on the agenda which had been introduced following the Deloitte's training session on Governor duties.

21/04/10.2 Mrs Beadle commented that she had logged a question asking about the work being done to prevent sepsis. Ms Lynch responded on behalf of the Quality Governance Committee that regular reports on sepsis are provided to the Quality and Safety Improvement Group and that Mr Fowler who attends this group regularly would be happy to discuss the work further with Mrs Beadle.

ACTION: Mrs Beadle to be updated on Sepsis work (Mr Fowler)

Resolved: To note the Register of Governor to Board Committee Chair Enquiries.

CoG21/04/11 Council of Governor Committees

21/04/11.1 Membership and Communications Committee

21/04/11.1 Mr Park provided a verbal update on the meetings held on 11 April 2016, 8 February 2016 and 11 January 2016. He said that the most recent meeting had focused on approving the report submitted as part of the Annual Report. Mr Davis commented that the Performance and Finance annual review of membership had noted a growth in membership of 200. Mr Park replied that he expected this number to remain more stable now following data cleansing and updating.

CoG21/04/12 Chief Executive Update

- 21/04/12.1 The Chief Executive presented a verbal update on the following items:
- Quarter 4 position.** The Chief Executive explained that all targets were passed for this quarter with the exception of the 62 day pathway to treatment cancer target. She explained that this was due to 4 patients picked up via the bowel screening programme. This is a Cheshire wide screening programme run by the Trust and 2 patients breached as they did not get their surgery in time at other hospitals. The other 2 had their treatment at the Trust but had chosen to delay their treatment.
- 21/04/12.2 **Year End Figures.** The Chief Executive explained that the end of year deficit will be close to £9million. The final figure will be confirmed at the next Council of Governors meeting when the Annual Report and Accounts are presented. Mr Park asked when the delays in capital programme spend would be resolved. Mr Oldham confirmed there had been some delays in project spend some of which would be made up in March but some will be carried over into April. Mr Oldham confirmed the only project that is not being delivered is the voice over IP replacement phone system.
- 21/04/12.3 **New Director.** Estelle Carmichael currently Deputy Director of HR at Derby Hospital NHS Foundation Trust is starting as Director of Workforce and Organisational Development on 9 May.
- 21/04/12.4 **Stronger Together Programme.** Mrs Bullock advised Council on the Stronger Together Partnership with UHNM. Mr Mark Hackett has now left his post and Mr Rob Courtney-Harris is the interim while plans are made to recruit a new Chief Executive. MCHFT executive met with Mr Courtney-Harris and his team and they have confirmed their intention to continue the partnership working with MCHFT but with a renewed focus on four priority areas. These are Breast Screening, Stroke Service, Gastroenterology joint appointments and Elective work. The Programme Board will continue
- 21/04/12.5 Mrs Bullock reported that appointments in Gastroenterology have proved a success. Two substantive consultants have been appointed but the service remains under pressure which is reflective of a national problem. Therefore the Trust intends to go out to advert again for substantive MCHFT Consultants as well as joint appointments with UHNM. The Trust will continue to help support UHNM capacity for elective procedures by providing surgery at Leighton Hospital.
- 21/04/12.6 The Chief Executive reported that changes are being proposed to deliver hyper-acute stroke services at UHNM rather than Leighton following the revision of clinical standards and a request from commissioners. The Trust does not have the workforce to deliver out of hours thrombolysis.
- 21/04/12.7 Mrs Bullock also reported that UHNM are having discussions with The Royal Wolverhampton NHS Trust regarding the sharing of back office functions and clinical support services and where appropriate, any opportunities would be made available to MCHFT. Mr Oldham confirmed that currently discussions with UHNM are focusing on procurement and if the proposals are beneficial for the Trust then they will be considered in time.
- 21/04/12.8 **Reinvention of the Acute Medical Model.** Mrs Bullock explained that the Trust is committed to this national pilot and the Trust have identified front of

house as a key priority area. This pilot will look at alternative staffing models, for example using pharmacists. Dr Wilson commented that this pilot will have a significant overlap with the Connecting Care project and he would like assurance that this model will extend beyond the front door. Mrs Bullock agreed that the wider health economy context is important but in this case the national team have been explicit that this pilot has to be focused in the acute hospital setting.

21/04/12.9 Jerry Park asked whether these are innovations that the Trust should be considering Trust-wide. Mrs Bullock confirmed that the ideas in the pilot were all being considered as part of the front of house business case but that this was an opportunity to trial different ways of working which could be used across the Trust. The pilot will also provide good practice evidence and resources. Mrs Bullock confirmed this is an opportunity to innovate whilst receiving support and resource to do so.

21/04/12.10 **Community Services.** Mrs Bullock advised Governors that the CCGs are recommissioning community services. A consortium of partners, Cheshire and Wirral Partnership Trust, the GP alliances and MCHFT have submitted a bid and is the only provider still in the running. There are a number of processes that now need to be completed including the CCG procurement and a parallel process looking at legal and financial due diligence. All partners have committed to put the appropriate resource into this project to make it work. Mr Oldham advised the Council that this could be classified as a significant transaction if it is worth over 25% of current income and if so will need Council of Governor ratification. If it is 10-24% then it will be a material transaction. Regardless of the distinction Mrs Bullock confirmed that Council will be kept appraised of progress and will have sight of the due diligence once it has been completed.

21/04/12.11 Mr Lyons asked whether the uncertainty created by the tender process is prompting staff to leave ahead of the proposed handover date of 1 October. Mrs Bullock replied that she was not aware of this and there are regular communications with all staff on the progress of the project. Mrs Bullock acknowledged the timeline for getting the new contract in place is extremely challenging as national bodies such as NHS Improvement will also need to give their approval.

21/04/12.12 **Junior Doctors.** In response to request from the Governors about the Trust's response to the strike Mrs Bullock provided an update of the current situation and how the Trust has responded to ensure patient safety. She reported that the strike of 27-28 April had had a greater effect on patients with more cancelled surgery and out patient appointments but the junior doctors had worked closely with the Trust to ensure sufficient cover was in place and how they could be reached if needed. The Chief Executive noted that an early resolution to the contract negotiations was being sought by all parties as staff morale was being affected by the protracted negotiations.

Resolved: the Chief Executive update was noted.

CoG21/04/13 Seven Day Services – Discussion Item

21/04/13.1 Mr Wilde presented the Trust's evidence-based approach to achieving Seven Day Services which the Governors had requested as a discussion item. Mr Wilde set out the aim of the project which is to achieve uniform

emergency care over seven days. He explained that the key issue is the workforce capacity as many of the clinical standards set out definitions for care which specify consultant interactions and interventions.

- 21/04/13.2 Mr Wilde advised of the national guidance from the NHS Services, Seven Days a Week Forum, Chaired by the National Medical Director Professor Sir Bruce Keogh. The Outcome of the forum was a paper outlining 10 clinical standards that needed to be achieved. However, in the recent NHS Planning Guidance, Trusts have been mandated to achieve four of the standards. Led by the Medical Director, these have been under review along with completion of a national seven day services survey. Following these the Trust will determine any gaps and therefore immediate action which will ultimately feed into the 2017/18 Annual Plan. Mr Lyons asked whether the Trust has the data on mortality and avoidable harm rates to identify whether the day of admission has an impact on outcomes. Mrs Bullock confirmed that we do have this information and it will drive investment into the right areas. This evidence is why non-elective was chosen as priority area by the government. Dame Patricia commented that perceptions around gaps being at weekends have been created nationally.
- 21/04/13.3 Mrs Bullock commented that in the absence of a national definition, each Trust has to agree their own definition for Seven Day Services although the Trust has undertaken discussion with peers in developing this. Mr Platt confirmed that he had been part of the Clinical Audit Team undertaking an audit of 150 sets of patient notes and noted how the Trusts performance will appear worse than it actually is on the basis that the questions ask, for example, if an action or intervention has been undertaken by a Consultant. Mr Platt confirmed the action / intervention was usually undertaken in a timely manner but sometimes not by a Consultant. The greatest challenge will be on the Acute Medical Unit (AMU) and assessment centres, as it is likely the score against this Standard will be under-target as a result of advanced nursing and practitioner roles. The Trust is intending to do more work to show that patients are seen more regularly than the standards indicate but not necessarily by a consultant.
- 21/04/13.4 Mrs McNeill asked whether the focus on Seven Day Services will impact the resource put into other areas of work, for example, the work on community services. Mrs Bullock confirmed that this work will provide an opportunity to move the workforce around the system to be in the right place, for example in the community. Mr Hadfield asked whether it was clear what the increased cost to the hospital might be. Mrs Bullock replied that this is currently not clear, but the audit will highlight which areas need additional resource in order to meet the Standards. However simply adding in additional consultant resource would quickly increase costs. Mrs Bullock added that additional consultants are not available as many areas have a shortage of consultants. This is why it is so important to challenge the Standards reliance on consultant interactions when there may be other solutions such as advanced nurse practitioners who can provide patients with the same outcomes. They can assess, diagnose, treat and admit patients.
- 21/04/13.5 Mr Platt commented that the diagnostic services Standard is challenging as it measures if services have been received at either 1 hour or 12 hours but no comments are possible to reflect where a patient is too ill to have the intervention.

- 21/04/13.6 Mr Lyons asked for clarity in respect of receiving transformation funding, if this was reliant on meeting performance targets and how will the Trust respond if this funding is lost. Mr Oldham replied that the focus is on finance and performance targets rather than quality aspects and confirmed no information had been provided to indicate what will happen in circumstances whereby a Trust fails any one of the mandated targets or standards. Mr Davis added that record ambulance arrivals, non-elective admissions, a 108% bed occupancy and medical outliers are all indicative of a huge pressure outside the hospital doors. The Seven Day Services is added pressure with not enough money to meet demand.
- 21/04/13.7 Ms Vickers asked what the Trust are doing about patients using A&E instead of their GP. Mrs Bullock replied that audits have shown that this is the case for some patients and that there are a number of reasons for example, some who couldn't get an appointment with their GP, but advised some younger people prefer to access GP services in their own time and therefore found A&E more convenient. Dr Wilson agreed that the pressures on front of house are high but added that the number of people being seen at GPs is huge across the area with thousands of additional appointment being offered. GPs are also linking in to nursing homes to prevent admissions but the demand is from elderly admissions from their own homes. He noted that A&E demand is relatively flat across the year despite the spike over the winter period. Ms Vickers commented that carers feedback is that if they are unsure they ring 111 and they are offered an ambulance too quickly when they often want advice and information. Mrs Bullock confirmed that the Trust are working with North West Ambulance Service to understand why ambulance arrivals have increased. Mr Church added that while figure may be flat, this does not negate the winter impact with March showing a 10.7% increase from March 2015 with no evidence of respite to date.
- 21/04/13.8 Mr Church asked whether the agency cap would be a risk to an A&E closure as happened to Chorley. Mrs Bullock replied that an impact assessment of all those staff above the agency cap has just been completed and needs to be analysed to ensure the Trust understands the impact of ceasing employment of those above the cap. The Trust are currently in the process of closing a medical ward as two locum doctors have left and the distribution of this staff will help to reduce agency spend. Staff have been redistributed to short stay and Ambulatory Care as this has had some success over winter.
- 21/04/13.9 Dame Patricia asked the Council if the discussion had helped to explain the Trusts position in respect of Seven Day Services and if the session had delivered adequate opportunity for discussion as requested. Governors agreed that it had.

Resolved: To note the presentation on Seven Day Services. .

CoG21/04/14 Governors Questions and Non-executive and Executive Director Answer Session

Resolved: It was noted that Governors had no other questions to raise and that all the questions raised by Governors throughout the meeting had been answered.

CoG/16/01/15 Any Other Business

21/04/15.1 None

Executive and Non-executive Directors left the meeting with the exception of Mrs Bullock who was asked to stay on for a further item.

In Private

CoG21/04/16 Chief Executive Briefing

21/04/16.1 Following the last Council meeting it was agreed that the Chief Executive would remain for part of the private discussion should there be items that could not be said in the public setting. Mrs Bullock confirmed that this was not the case for her in this meeting but advised this may be required going forward in respect of Community Services and the Sustainability Transformation Plans. Mrs Bullock presented a brief verbal update with additional information about the community services tender and the due diligence process. She explained that this was an opportunity to ask further questions outside the public domain. Mr Hadfield asked if NHS Improvement could disagree with the Trust's definition of Seven Day Services. Mrs Bullock replied that it was unlikely as the definition had been created in collaboration with NHS Improvement and in line with national thinking and getting the right outcomes was the priority.

21/04/16.2 Mrs Bullock said that she would be happy to stay on for the Private Council of Governors Meeting at any time if required.

Mrs Bullock left the meeting.

CoG21/04/17 Evaluation of Meeting (in private)

21/04/17.1 Dame Patricia met with Governors in order to evaluate the meeting. It was noted that the format of the agenda was effective as it allowed time for discussion and debate. It was commented that changes made in the autumn to the Agenda were now working well with procedural items being dealt with rapidly allowing time for discussion of strategic issues.

21/04/17.2 Dame Patricia noted that the external input from NHS Providers Governwell, conference had been interesting and that all Governors had access to its resources and networks. She added that the opportunity to discuss in detail the LDP and Seven Day Services had been good with particular focus on risk, innovation and partnership working to tackle some of these challenges. She commented that challenges around building a sustainable workforce for the future had been a strong theme across all items.

CoG21/04/18 Date and Time of Next Meeting

21/04/18.1 The next meeting is scheduled to take place on Thursday, 21 July 2016 at 5.30pm in the Post Graduate Lecture Hall, Leighton Hospital, Crewe.