

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

**Present**

Mr D Dunn	Chairman
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
Mr R Stafford	Patient and Carer Governor
Dr A Wilson	Partnership Governor (South Cheshire Clinical Commissioning Group)
Ms C Birch	Staff Governor
Mr R Platt	Staff Governor
Mrs L Lakey	Volunteer Governor

**In attendance**

Dame P Bacon	Non-Executive Director (up to item CoG/16/07/16)
Mrs T Bullock	Chief Executive (up to item CoG/16/07/17)
Ms E Carmichael	Director of Workforce and OD (up to item CoG/16/07/16)
Mr J Church	Non-Executive Director (up to item CoG/16/07/16)
Mr M Davis	Non-Executive Director (up to item CoG/16/07/16)
Mr D Hopewell	Non-Executive Director (up to item CoG/16/07/16)
Mr M Oldham	Director of Finance and Strategic Planning (up to item CoG/16/07/16)
Mrs K Dowson	Trust Board Secretary
Ms K Edge	Deputy Director for Finance (up to item CoG/16/07/16)
Mrs S Pickup	Patient Experience Manager (up to item CoG/16/07/3)
Ms A Chadwick	Ward Manager, AMU (up to item CoG/16/07/3)
Ms K Williams	Ward Manager, Ward 18 (up to item CoG/16/07/3)
Mrs R Urquhart	Head of OD and Learning (to item CoG/16/07/3)
Mrs R Hooker	Assistant OD Lead (up to item CoG/16/07/3)

**Apologies**

Dr K Birch	Public Governor (Vale Royal)
Mr N Harris	Public Governor (Vale Royal)
Mrs P Psaila	Patient and Carer Governor
Dr R Okell	Staff Governor
Cllr J Clowes	Partnership Governor (Cheshire East)
Mr P Colman	Partnership Governor (Chambers of Commerce)
Mr J Griffiths	Partnership Governor (Vale Royal Clinical Commissioning Group)
Mr J Barnes	Non-Executive Director
Mrs R McNeil	Non-Executive Director
Mrs A Lynch	Director of Nursing and Quality
Dr P Dodds	Medical Director
Mrs D Frodsham	Chief Operations Officer

**CoG16/07/1 Welcome and Apologies for Absence**

16/07/1.1 The Chair welcomed everyone to the meeting. He noted that Ms

Carmichael was attending for the first time as the new Director of Workforce and Organisational Development. He also welcomed staff members who had come to present to the Council or to observe the meeting.

- 16/07/1.2 Apologies for absence were noted by the Chair.
- CoG16/07/2**  
**16/07/2.1** **Governor Discussion Topic – Learning from Survey Results**  
**Staff Survey 2015 Results**
- 16/07/2.1.1 Mrs Urquhart presented the results of the 2015 Staff Survey and advised the Board that the results from this survey, together with patient surveys and the Friends and Family Test help shape the Trust's approach to people management. Mrs Urquhart reported on the improvement in the engagement score, with the Trust achieving the highest overall score among local Trusts.
- 16/07/2.1.2 Mrs Urquhart informed the Council that the staff response rate was 60% which is comparatively good and that the top scoring responses had again improved. Mrs Urquhart commented that the decline in staff feeling that they were working extra hours was interesting when compared with the inpatient survey results which showed that patients felt that there are more staff on wards.
- 16/07/2.1.3 Mrs Urquhart reported that the bottom five scores had shown some worsening of results. Staff are less likely to say that their role was making a difference; this contrasts with the inpatient survey where patients responded positively that they feel staff really do make a difference to them. Mrs Urquhart suggested that there is a need to close the feedback cycle more consistently and inform staff when patients make positive comments about them or their work area; she reported that the patient experience team are addressing this.
- 16/07/2.1.4 Mrs Urquhart advised the Council that an action plan is now in place as a result of the findings, focusing on areas such as effective communication and feedback within teams and appraisals. These were two of the weaker areas for the Trust. Mrs Urquhart noted that staff feel that they are able to contribute more to improvements at work now than in 2015; this result has varied a great deal over the last few years which may be as a result of interventions and communications being put in place and then dropping off. Mrs Urquhart concluded that the Action Plan which has been produced in response to the survey results will be monitored throughout the year. There will be a focus on five key areas picked up in the results, including team working, reducing staff harassment and improving the well-being of staff.
- 16/07/2.1.5 Mr Park commented on the findings and congratulated the Trust on the positive results. He commented that while it was not possible to have a direct year on year comparison if the question has changed, a judgement could be made on the general trend in areas such as staff being harassed or bullied. Mrs Ollier asked if staff might feel they were making a difference if patient feedback was used in the appraisal process. Mrs Urquhart agreed that while this occurs in consultant appraisals and will also be part of the new nurse revalidation process, it does not for other staff. She noted that the appraisal process is currently

being reviewed and staff are now receiving feedback on a regular basis through the patient experience team. Ms Carmichael added that the question regarding appraisals is very fixed and doesn't necessarily mean that staff are not receiving patient feedback throughout the year.

16/07/2.1.6 Mr Lyons asked if the results for bullying and near misses reflect a change in the number of incidents. Mrs Urquhart confirmed that the numbers are less. Mr Davis added that he recently attended the Trust Security Review with Mrs Bullock and he was pleased to note the number of physical assaults against staff has reduced by nearly half in 2015-16.

16/07/2.1.7 The Chairman commented that it was good to see the response rate continue to improve and that the approach to appraisals needed to shift to move away from the annual formal event to include a more ongoing process with patient feedback.

## **16/07/2.2 National Inpatient Survey Results 2015**

16/07/2.2.1 Mrs Amy Chadwick, Ward Manager of the Acute Medical Unit (AMU) and Ms Kate Williams, Ward Manager of Ward 18 presented the results of the 2015 National Inpatient Survey. Mrs Chadwick introduced the presentation, noting a 9% increase in the response rate to 56.9%. 18 questions had better results than in 2015, with an average improvement overall of three points.

16/07/2.2.2 Mrs Pickup presented the benchmark report from the CQC which was published in June 2016. The Trust scored an average against other Trusts in eight of ten sections, with anaesthetics scoring particularly well and waits for discharge scoring worse than average. Mrs Pickup summarised that the 2015 scores were the best results ever for the Trust and it was particularly positive to see improvement in areas such as noise at night which followed the quiet protocol initiative put into place following previous survey results.

16/07/2.2.3 Mrs Williams informed the Council of work focused on particular areas in response to survey results. For example in response to previous results on the control of pain relief the Trust has introduced a pain assessment for each patient who is then monitored throughout their stay and the survey responses have improved this year.

16/07/2.2.4 Mrs Williams also reported on the general areas of concern and comment arising from the 2015 survey results which include staffing levels. Mrs Williams reported on the work the Trust continues to do to address staffing vacancies, including campaigns to recruit return to practice students and open days for nurses which have been successful. Another area needing improvement is food which received 28 comments in the survey and work is underway to address some of these issues with new trollies being introduced in some areas to serve the food hotter, get the correct portion size and then offer any spare food to relatives. Mrs Williams reported that timely responses to call bells is now being audited on a monthly basis to reduce the number of calls going unanswered for more than five minutes.

16/07/2.2.5 Mrs Chadwick informed the Council that following the results the information available to inpatients has been reviewed and refreshed to incorporate as much relevant information as possible including the discharge process and infection control. These folders are now available in each patient locker. The EIDO poster has been refreshed and EIDO leaflets which give information on common conditions and illnesses are also being provided to patients. The discharge process has been reviewed to improve the speed at which patients can leave after medical discharge and ensure patients understand what needs to happen before they can go home. Wards are using local medicine stocks to dispense commonly used medications and pharmacists are working on the wards to dispense directly.

16/07/2.2.6 Mrs Williams concluded that the staff have been apprised of the results and given feedback on their own areas through internal posters, with comments from the survey included. Mrs Chadwick confirmed that the next steps action plan will be taken back to ward managers and teams and issues that have been identified from the results will be monitored. Preparation has also begun for the 2016 survey with staff asked to remind patients to complete the survey when it is sent out in September.

16/07/2.2.7 Mrs Ollier commented that she was pleased to see progress on the issue of discharge as this has been a long-standing issue. She asked if consultants could be told not to tell patients they can go home when there is still likely to be a few hours wait to leave hospital. Mrs Chadwick said that she would pass this suggestion on to the nurse practitioners on her ward and to the doctors meeting.

16/07/2.2.8 The Chairman commented on the positive benchmark results against peers and the good response rate from patients. He added that it is really important how this is feedback to the wards so that they can see the impact of the work done in response to the 2014 results. The Chairman thanked all the speakers for their presentations.

**Resolved:** To note the results of the Staff and National Inpatient Surveys for 2015.

### **CoG16/07/3 Minutes of the last meeting**

16/07/3.1 The Chairman thanked Dame Patricia for chairing the April meeting.

**Resolved:** The minutes of the meeting were agreed as a true and accurate record.

### **CoG16/07/4 Matters Arising and Action Update**

16/07/4.1 The Chairman asked the Council to note the dates for Governors published with the Agenda; in particular any changes to dates which are highlighted in green. The Chairman advised the Council that the annual Governor Planning Event was provisionally scheduled for Wednesday 23 November 2016 but that further details would be circulated as they become available.

16/07/4.2 An update on the actions from the previous meeting were noted which are all complete or included within the Agenda. Mrs Beadle confirmed

that she not heard from Professor Fowler regarding the outstanding action from the minutes. The Chairman asked Mrs Dowson to contact Professor Fowler to ensure this action was completed.

**Action: Mrs Dowson to make contact with Professor Fowler to ensure an update on the work on sepsis is communicated to Mrs Beadle.**

**CoG16/07/5 Interests to Declare**

16/07/5.1 There were no new interests declared.

16/07/5.2 There were no interests declared in relation to any open items on the agenda. The Chairman reminded the Council that the annual Declarations of Interest for all Governors were now overdue and should be returned to Mrs Dowson as soon as possible.

**Action: All Governors who have not already done so to return Declaration of Interest forms to Mrs Dowson**

**CoG16/07/6 Chairman's Report  
CoG16/07/6.1 NED/Governor Meeting – 9 May 2016**

16/07/6.1.1 The Chairman reported on this positive meeting, the agenda was set by the Governors and covered several topics. The value of this meeting is felt by all to be very positive and at the recent meeting of the NW Chairs several other Trusts commented that this was an idea that they would take back to their Trust.

**CoG16/07/6.2 1:1 Chair/Governor Annual Meetings**

16/07/6.2.1 The Chairman reported that most of these meetings have taken place with just a few governors who have not attended; there remains an open invitation for these governors to book a meeting through the Trust Board Secretary.

**CoG16/07/6.3 Meetings with new Cheshire East Council Leaders**

16/07/6.3.1 The Chairman reported that he and Mrs Bullock have met with the new leaders for Cheshire East Council over the past few weeks. These meetings have been used to apprise them of Trust priorities and to gain their support for developments in the region.

**CoG16/07/6.4 Governor Elections**

16/07/6.4.1 The Chairman asked Mrs Dowson to update the Council on the Governor Elections. Mrs Dowson confirmed that nominations are currently open and will close on Friday 29<sup>th</sup> July. Voting will then take place in August in any constituencies which are contested. The successful candidates will be announced on Friday 16 September. The Chairman thanked those Governors who had been promoting the vacancies in their constituencies.

**CoG16/07/6.5 NHS Confederation Conference**

16/07/6.5.1 The Chairman reported that he had attended this event in Manchester. The key national leaders spoke with an emphasis on finance in the sector, and the importance of Trusts meeting control targets in year.

**CoG16/07/6.6 UHNM Joint Board Meeting - 25 July 2016**

16/07/6.6.1 The Chairman advised the Council of Governors that there will be a joint Board to Board meeting with University Hospitals of North Midlands, (UHNM) next week. The Chairman reported that he has also met with the Chair and interim CEO in last few weeks. Mr Hadfield asked if UHNM is intending to partner with other hospitals and asked how important the Stronger Together programme is for both partners. The Chairman replied that both Trusts share a regional population catchment and together with the local CCGs are committed to providing the safest, highest quality service to patients. He added that while there are two separate STPs in process which encourage an inward focus based on the county footprint, both still recognise the importance of the relationship and the need for tertiary specialist services that are not provided in Cheshire.

16/07/6.6.2 Mrs Bullock commented that all sides are committed to the partnership with UHNM and UHNM have started discussions on the hospital chain model within their STP footprint and where this makes sense MCHFT may take part. Mrs Bullock added that national bodies expect the partnership with UHNM to continue to grow and strengthen for appropriate services.

**CoG16/07/7.1 Annual Report and Accounts**

16/07/7.1.1 Mr Oldham presented the Annual Report and Accounts for 2015/16 noting that the link to the Annual Report on the Trust website had been circulated to all Governors and there will be a full presentation for members and governors at the Annual Members Meeting in October.

16/07/7.1.2 Mr Oldham summarised the end of year financial position and the main challenges to achieving this. Mr Oldham advised the Board that the NHS Improvement (NHSI) Financial rating had been Red Level 1 at the end of the year due to the expected end of year financial position. This led to the Monitor investigation and a Governance rating of 'Under Review' status while an investigation was carried out. The findings of this investigation were positive about the productivity, efficiency and financial management and governance of the Trust as previously reported to Council. Mr Oldham noted that NHSI had subsequently contacted the Trust to confirm the investigation was now closed with no action being taken against the Trust and the Governance status of the Trust has therefore recently been returned to Green.

16/07/7.1.3 Mr Oldham confirmed that the Annual Report and Accounts have been laid before parliament with a good external audit opinion attached. The Trust has now also secured a working capital facility from the Department of Health which has been drawn down to ensure creditors can be paid. This follows the deterioration of the cash position at the end of the financial year. Mr Oldham reported on the investments that had

been made in the year, in particular work was completed on the Surgical Admissions Lounge, the second MRI scanner was installed and there was significant new investment in medical equipment including the replacement of all infusion pumps as well as the ongoing programme of asbestos removal and backlog maintenance.

- 16/07/7.1.4 Mr Oldham talked about the future financial challenges for the Trust and the local health economy and the greater scrutiny that this is leading to. The Trust needs to ensure the Quality Agenda is maintained as the move towards 7 day services continues and the challenge of meeting the growing regulatory framework demands continue.
- 16/07/7.1.5 Mrs Ollier asked whether the recent announcement that Trusts were no longer going to be fined for failing regulatory targets would help. Mr Oldham replied that while the fines were stopping there were now other financial dis-incentives in place to ensure the agreed targets were met by Trusts. Mr Oldham added that as Mr Hunt was still Secretary of State for Health following the change of cabinet it was anticipated that the political direction of travel was not likely to change and 7 day services would still be a priority. In response to a question from Mr Hadfield, Mr Oldham confirmed that the estate portfolio is revalued every three years and the balance sheet updated but the change in how the value is assessed has meant that the valuation has reduced significantly despite the investments being made into the estate.
- 16/07/7.1.6 The Chairman thanked Mr Oldham for the presentation and advised Governors that hard copies of the Annual Report were available to borrow from the Trust Board Secretary.

## **CoG16/07/7.2 Auditors Opinion on the Annual Report and Accounts**

- 16/07/7.2.1 Mrs Helen Taylor, Audit Manager at Deloitte presented the Auditors Opinion on the Annual Report and Accounts. Mrs Taylor described the approach taken to assess the Annual Report, focusing on key risk areas plus a sample of tests and analytical reviews. The Annual Report is also tested against the consistency of financial statements such as value of money and the going concern statement. These are then reported to the Department of Health so that they can produce the consolidated accounts.
- 16/07/7.2.2 Mrs Taylor reported that, as last year, Deloitte had issued a qualified opinion to the Quality Account due to ongoing issues with the Referral to Treatment Time target. This is an issue shared by 60% of other Trusts who have not yet been able to invest in IT improvements. Unlike many other Trusts there was no qualified opinion on value for money or going concern statements. Deloitte were able to confirm that the Trust is a going concern through to May 2017, despite the challenging financial pressures. This opinion followed a review of board papers and performance and plans for 2016/17, a consideration of the cash position of the Trust and a review of the detailed forecast provided by management.
- 16/07/7.2.3 Mrs Taylor reported that all deadlines were met and the full cooperation of management was given throughout the process. The Annual Report is the right length with a good balance showing improvement in priority

areas. Deloitte's felt it was well structured and a good summary of performance in the year. There are no concerns in regard to the Annual Governance Statement (AGS). Comments were provided by Deloitte on the Annual Report and on Accounting Policies but these were presentational issues which were addressed in the final report.

16/07/7.2.4 Mrs Taylor reported that the internal control environment was also reviewed with some recommendations made. The Audit identified two significant risk areas. These were revenue recognition and management override of controls. Mrs Taylor reported that samples of journals and high risk areas were assessed and no issues were identified.

16/07/7.2.5 Mrs Taylor advised the Council that the Quality Accounts required a limited assurance opinion to be provided, based on guidelines issued by NHSI. Mrs Taylor reported that Deloitte's were required by NHSI to audit the process for measuring the A&E performance indicator; the Trust had asked for the same scrutiny on the serious harm from inpatient falls measure. Mrs Taylor advised the Board that while both these received an unqualified opinion from the Auditors the 18 weeks Referral to Treatment Time (RTT) indicator again received a qualified opinion due to delays in the auditing of patient pathways in month. It is anticipated that this will be addressed in 2016/17. Mrs Taylor confirmed that this would not alter the performance as it was simply a timing issue

16/07/7.2.6 The Chairman asked if it was possible to state whether the qualified aspect of the opinion was more or less than the previous years. Mrs Taylor replied that it is a judgement but the amount of errors picked up by the audit were similar to the year before. Mr Oldham confirmed the issue in the RTT indication is in the delay in data being validated in month; the data is being corrected but not necessarily in time for the auditors to note it as corrected. Mr Hopewell added that the Audit Committee did look at this in some detail and felt that it was better than last year but this is a system wide problem to be addressed.

16/07/7.2.7 The Chairman thanked Mrs Taylor for her presentation.

*Mr Park left the meeting during Item 8.*

## **CoG16/07/8 2016/17 Financial Position**

16/07/8.1 Mrs Edge, Deputy Director of Finance presented the 2016/17 Annual Financial Plan. She explained the challenging background to this financial year. This has been recognised by the government who have provided an additional amount for this year, through the Sustainability and Transformation Fund (STF), to return the sector to balance. This is dependent on reducing Agency spend significantly, implementing the Carter Review recommendations and meeting the agreed trajectory of headline performance indicators such as A&E transit times.

16/07/8.2 Mrs Edge described the pressures on the budget for 2016/17 in income, spending and investment which results in a forecast £327 end of year deficit before any quality investment for the year.

16/07/8.3 Mr Lyons thanked Mrs Edge for the summary and asked how the Trust is performing so far in year. Mrs Edge confirmed that at the end of



Quarter 1 the Trust was performing better than forecast and there has been particular progress on reducing agency staffing costs. Dr Wilson commented that the CCGs have their own financial pressures and they have a deficit reduction plan which intends to reduce the amount paid to the Trust. Mrs Edge confirmed that this reduction was not factored in to the current forecast. Mrs Vickers asked if there was any contingency made for further junior doctors strikes, Mrs Edge confirmed that as there was no current proposal for strikes this was not included in the forecast. Mr Oldham confirmed that there are still many issues, risks and challenges in achieving the forecast end of year position.

16/07/8.4 Mrs Edge summarised the cost improvement programme in place for 2016/17 which includes some investment brought forward from the previous year in pathology. Mrs Edge advised the Council of several streams of work designed to reduce costs in the system by reducing length of stay, avoiding admissions and reduction of the costs of drugs and other goods.

16/07/8.5 Mrs Edge reported that work was taking place to improve productivity and do the same work at a lower unit price, for example the investment in orthopaedics and general surgery to increase the numbers of elective surgeries will be felt in 2016/17. Mr Oldham added that this investment will also improve patient waiting times. Mrs Edge continued, stating further smaller productivity schemes will be put into place this year, for example in Ophthalmology. Mrs Edge advised the Council that these investments have underlying risks, for example gaps in the Emergency Care consultant's rota have to be filled by agency staff. Other investments were considered and have been placed on hold until resources are available, for example the Board were recently able to agree investment in nurses for Paediatrics and surgery.

16/07/8.6 Mrs Edge reported to the Council that there is a programme of capital investment planned for 2016/17; the key projects are a third MRI scanner, ongoing ward refurbishments and investment in IT. Mrs Edge concluded that the key risks to the financial position are the CCG contract affordability, the borrowing ability of the Trust, the challenging STF conditions, workforce gaps, the cash flow position and the level of work needed to bring Community Services in house. The Chairman thanked Mrs Edge for the comprehensive presentation and commented that it was another challenging year ahead but that the Trust was performing well compared to many other Trusts and the challenges faced were shared by local partners and commissioners.

**Resolved:** To note the 2016/17 Financial Position and the challenges and risks to achieving this.

*Mr Bettleley left the meeting.*

**CoG16/07/9  
16/09/9.1**

**Nominations and Remuneration Committee  
Terms of Reference**

16/07/9.1.1 The Chairman advised the Board that the Nominations and Remuneration Committee had reviewed the Terms of Reference in April. The committee recommended that the Chief Executive and Director of Workforce and Organisational Development are no longer formal

members of the committee but will be invited for pertinent items. The committee also recommended that in their place an additional Governor is appointed.

16/07/9.1.2 **Resolved:** The Council of Governors approved the changes to the Terms of Reference for the Nominations Committee.

**16/07/9.2 Appointment of Governor to Nominations and Remuneration Committee**

16/07/9.2.1 The Chairman advised that subject to the approval of the change to Terms of Reference for the Nominations and Remunerations Committee he had approached Mrs Janet Roach to fill the new vacancy on the committee and she had accepted in principal. While formal approval is not required the Chairman asked if the Council were happy to endorse this appointment.

**Resolved:** The Council agreed that Mrs Roach be appointed to the Nominations and Remuneration Committee.

**CoG16/07/10 Results of Annual Self-assessment of Council of Governor Effectiveness**

16/07/10.1 Mr Hopewell presented the results of the 2016 Self- assessment that had been generally positive. He noted that the format had changed compared to previous years; to reflect best practice and focus on the statutory duties of the Council of Governors therefore there would be no comparison to previous year's results. Mr Hopewell was pleased to note that 70% of elected governors had responded.

16/07/10.2 Mr Hopewell reported that most Governors were confident that they were fulfilling their statutory duties. He noted that some governors did not agree that they received sufficient opportunity to question Board members and stated that he would be happy to receive feedback from Governors on why this was, given the opportunities provided at NED-Governor meetings and Council of Governors. Mr Hopewell noted the disparity between all respondents agreeing they had received the Annual Report and Accounts at Council but several not being sure if members had subsequently received them at the Annual Members Meeting (AMM). Mr Hopewell surmised that it may be that Governors are not recognising the importance of attending the AMM to ensure that their duty of ensuring members receive the Annual Report and Accounts is fulfilled.

16/07/10.3 Mr Hopewell commented on the opportunity to influence which some Governors felt unable to agree with. He recognised that the question may have led to some uncertainty but that Governors should recognise that their role is to influence and comment and does not include a right of veto.

16/07/10.4 Mr Hopewell reported that a strong theme that had emerged from the results was a need to improve membership engagement for Governors through supporting development of the right skills and providing opportunities for Governors to meet members. Mr Hopewell added that it was important to remember that much engagement with members is

conducted informally through Governors existing networks and communities and that sharing these links and experiences would help.

16/07/10.5 Mr Hopewell presented the response in regard to the effectiveness of committees, noting that the results were the same for both which may reflect a general lack of understanding of what happens at these committees by those Governors who do not attend and that the report of activity at these meetings could be better communicated to the Council.

16/07/10.6 Mr Hopewell commented that all Governors who responded felt they did not need any further training or development which was positive; however in the comments Governors recognised the need to keep up to date.

16/07/10.7 In conclusion, Mr Hopewell said that Governors feel supported and listened to and that they are fulfilling their statutory duties. There were comments that relationships between Governors and the Boards had improved over the last year which is a positive step. Key areas to focus on are improving the confidence and abilities of Governors to listen to and engage with members and to improve the communication of committee activity. Mr Hopewell asked the Council to note two training courses to be held in the next few months on Membership Engagement skills which all Governors were welcome to attend and could book a place through Mrs Dowson.

16/07/10.8 The Chairman commented that he was pleased to see the improvement in Board-Council relationships during the year and the generally positive results. The Chairman thanked Mr Hopewell for conducting the survey.

**Resolved:** To note the results of the Council Self-Assessment for 2016 and the key areas for action.

**CoG16/07/11 Lead Governor Report**

16/07/11.1 Mr Lyons presented his report and provided Governors with an update on activity since the last Council of Governors meeting held in April 2016. Mr Lyons added that he had attended the patient safety walkaround earlier on in the day to the maternity unit. He said that the feedback had been very positive and no concerns had been raised. Mr Lyons added that it was useful to see the engagement from individuals highlighted in the report.

**CoG16/07/12 Register of Governor to Board Committee Chair Enquiries**

16/07/12.1 **Resolved:** To note the questions and answers provided in the papers.

**CoG16/07/13.1 Membership and Communications Committee**

16/07/13.1.1 This agenda item was heard earlier in the meeting as Mr Park was unable to stay for the full meeting.

16/07/13.1.2 Mr Park asked the Council to note the minutes of the meetings held on 11 April 2016 and 13 June 2016.

**CoG16/07/13.2 Nominations and Remuneration Committee**

16/07/13.2.1 The Chairman presented the minutes of the meeting held on 19 April 2016 which reviewed the committee Terms of Reference and the annual appraisal of the Chairman and Non-Executive Directors. The Chairman noted a verbal update of this meeting had been provided to the Council in April.

**Resolved:** To note the update and minutes of the Membership and Communications Committee and the Nominations and Remuneration Committee

**CoG16/07/14 Chief Executive's Update**

16/07/14.1 **Quarter 4 Monitor Governance Rating.** Mrs Bullock confirmed that NHSI have removed the Trust from 'Under Review' and have closed the investigation which has subsequently altered the Governance rating from 'Under Review' to 'Green'.

16/07/14.2 **Quarter 1 Performance and Provisional Governance Rating.** Mrs Bullock referred the Council to the table of performance indicators in the papers. Mrs Bullock advised the Council that the Trust is as busy as ever with a record number of attendances at A&E on Monday and UHNM had reported a similar spike of attendees. Mrs Bullock surmised that the peak of hot weather may have caused this spike in demand. Dr Wilson noted that GP practices had been unusually quiet with appointments unfilled.

16/07/14.3 **Financial Position.** Mrs Bullock asked the Council to note the end of May financial position as described in the Chief Executive's Update.

16/07/14.4  
16/07/14.4.1 **Sustainability Transformation Plan (STP) / Local Development Plan (LDP).** Mrs Bullock updated the Council that since writing the paper for Council of Governors she had taken part in a presentation of the Cheshire & Merseyside STP to NHS national leaders including NHS England, NHSI and CQC who noted the positive progress made in the development of the STP.

16/07/14.4.2 Mrs Bullock reported that the next step is to develop the plan from a Strategic Outline Case to a full action plan by the end of October 2016 which is a challenging deadline. Mrs Bullock informed the Council that as part of this every clinical service must be reviewed to assess what the population requirements were and therefore how many units were required to deliver each service noting the Medical Directors are meeting next week to start this process. Mrs Bullock advised that acute provider reconfiguration is still a priority nationally and integration of community teams is an essential development in Cheshire to manage demand out of the acute hospital. In addition Lord Carter's recommendations must be implemented and based on a letter from NHSI there is a great pressure to move to shared back and middle office functions. Mrs Bullock also confirmed the expectation that a two year contract with the CCGs should be agreed and signed by the end of December.

16/07/14.4.3 Mrs Bullock concluded that this would create a very challenging few

months and there was significant work to be done to engage with key stakeholders such as the local authorities, MPs, CCGs and the public. Mrs Bullock added that engagement with Cheshire East council had been good due to the existing Connecting Care Board vehicle which had engendered discussion at this level. Mr Lyons commented that the STP circulated to the Council had been difficult to follow and asked Mrs Bullock what the impact on this process would be once the public become more aware of proposals which could mean some existing services are not available locally. Mrs Bullock agreed that the public will become aware of this work in the near future which is why public engagement needs to start soon. Mrs Bullock noted that this may lead to public and political disquiet but confirmed the do nothing option was not affordable.

16/07/14.4.4 Mrs Bullock noted the STP is split into three regions; Mid-Mersey - Alliance, North Merseyside and Cheshire & Wirral. Each of these LDPs is bigger than many of the STPs across the country. In Cheshire & Wirral the four DGHs are committed to working together as an acute alliance to share back office functions and avoid duplication of activity and resource.

16/07/14.4.5 Mr Hadfield asked whether this work will impact on the Stronger Together partnership with UHNM. Mrs Bullock replied that the Trust has a clear strategic plan and partnership with UHNM which will not change due to geography, natural patient flows and the fact that UHNM provides tertiary services that are not available within Cheshire. Mrs Bullock added that the Cheshire & Wirral relationship meant that there may be additional services that the Trust will be able to offer in future in conjunction with other Cheshire DGHs. Mrs Bullock confirmed that she will continue to meet with the Cheshire DGH CEOs every Friday and the Chairman will be joining the meeting on the 22<sup>nd</sup> July for the first time to focus the discussions on governance and accountability of any future models of care as it is clear that individual Trust Boards will be accountable.

16/07/14.5 **Community Services.** Mrs Bullock referred the Council to the report circulated which summarises the current position. Mrs Bullock reiterated that this is a significant piece of work which is currently taking up a great deal of staff time both at the Trust and at East Cheshire Hospital NHS Trust. Mrs Bullock reported that due diligence had now commenced as significant amounts of outstanding information have now been received, however there is still some further information to arrive before full due diligence can be completed. Mrs Bullock noted the limited time available to undertake full due diligence before the services transfer over on 1 October 2016. Mr Davis commented that the Community Services transaction is the greatest risk for the Trust this year because of the amount of work required.

16/07/14.6 **Awards and Visits of Accreditation, Inspection and Awards.** Mrs Bullock asked the Council to note the Visits of Accreditation detailed in the Chief Executives Report to Council.

16/07/14.7 **Estate Update.** Mrs Bullock directed the Council of Governors to the comprehensive update within the papers. There were no comments or further questions in regard to this item.

**16/07/14.8**      **Junior Doctor Strike Action.** Mrs Bullock advised that the Junior doctors voted against the imposition of the contract, which will now be imposed. Mrs Bullock told the council that it is unknown if further strike action will result. The Trust is engaged in implementing the contract and will continue to communicate with the junior doctors about their plans.

**16/07/14.9**      **Services for Patients with a Learning Disability.** Mrs Bullock advised the Council that Mrs Phil Purdes had worked hard with the financial support of a donor, Gary Steele, to create a sensory supportive area for anyone with a learning disability who requires a blood test. The area has special lighting, comfortable seating and specialist trained staff. Mrs Bullock advised Governors that this area was available for any professionals who require their patients with learning disabilities to have a blood test.

**Resolved:** The Council noted the Chief Executives comprehensive report.

**CoG16/07/15**      **Governors' Questions and Non-Executive and Executive Answer Session**

16/07/15.1      Mrs Cooper drew the Councils attention to the newspaper article in the Crew Chronicle issued today which has reported on the suspension of the 1to1 midwifery delivery service in Crewe due to concerns over safety.

16/07/15.2      Mrs Vickers asked for an update on the review into the site shut down by police following an incident with a female acting suspiciously with a baby. While it was quickly ascertained that no babies were missing it was noted that the site lock down was ineffective as only the main entrance car park was shut down during the incident. Mrs Vickers reported that she had received feedback from staff that they were concerned about this. Mrs Bullock replied that the site shutdown was controlled by the police and that the Trusts site security had raised this with the Police. Mrs Bullock confirmed that the Police had subsequently reviewed their response and have identified a number of learning points from the incident, including using local knowledge and resource of the Trust security team better in the future. The Chairman added that the police had been quite slow to open the site back up again which had caused distress to some patients who could not leave.

**Resolved:** It was noted that Governors had no further questions to raise.

**CoG/16/07/16**      **Any Other Business**

16/07/16.1      The Chairman reported that he had received a request from Mrs Ollier for an update on the impact on the result of the EU Referendum. Mrs Ollier added that she was particularly concerned in regard to the impact on workforce planning and how EU staff had responded to the result. Mrs Bullock replied that the Trust had sent out messages to EU staff immediately. Mrs Carmichael has written to all overseas staff confirming how much they are valued as part of the staff. Mrs Bullock said she had also conducted additional engagement sessions. Mrs Bullock

commented that there is some evidence that newly recruited staff are now making different decisions about whether to come to work in the UK and most Trusts are considering whether to keep recruiting in the EU in the same way. Mrs Bullock added that the Trust will work hard to keep EU staff calm and ensure that they feel welcome.

- 16/07/16.2 The Chairman commented that if there is going to be a points based immigration system then NHS roles need to be at the top of the list. The Chairman also commented that there may be further impact if the working time directive is altered which could change contracts considerably; also procurement and competition law may become more flexible. The Chairman has been concerned to note a growth in patient intolerance of difference nationalities and some incidents against EU staff. Dame Patricia added that there is a real concern in regard to the impact of EU research projects and funding moving away from UK scientists. There will also need to be debate about any future terms of reciprocal healthcare.

*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**

**CoG17/07/17 Chief Executive Briefing**

- 16/07/17.1 There were no further questions for the Chief Executive in private.

*Mrs Bullock left the meeting.*

**CoG17/07/18 Evaluation of Meeting Effectiveness (in private)**

- 21/04/18.1 The Chairman met with the Governors in order to evaluate the meeting. The Chairman noted that it had been a long agenda with several significant reports and updates including the Annual Report and Accounts but that it had been very productive and timely.

**CoG21/04/19 Date and Time of Next Meeting**

- 21/04/19.1 The next meeting is scheduled to take place on Thursday, 27 October 2016 at 5.30pm in the Post Graduate Lecture Hall, Leighton Hospital, Crewe.