

Council of Governors Meeting
Minutes of the Meeting held in Public
Thursday, 19 October 2017

at 5.30pm in the Post Graduate Lecture Hall, Leighton Hospital, Crewe

Present

Mr D Dunn	Chairman
Dr K Birch	Lead Governor and Public Governor (Vale Royal)
Mr T Ashcroft	Public Governor (Vale Royal)
Mr M Perry	Public Governor (Vale Royal)
Mrs J Roach	Public Governor (Crewe and Nantwich)
Mr B Selby	Public Governor (Crewe and Nantwich)
Mrs G Alasadi	Public Governor (Crewe and Nantwich)
Mr P Faulkner	Public Governor (Congleton)
Mrs J Ollier	Public Governor (Congleton)
Mr D Fricker	Patient and Carer Governor
Mrs N Moores	Patient and Carer Governor
Mr J Pritchard	Patient and Carer Governor
Mrs P Psaila	Patient and Carer Governor
Mr R Stafford	Patient and Carer Governor
Cllr S Burns	Partnership Governor (Cheshire West & Chester)
Dr J Griffiths	Partnership Governor (Vale Royal CCG)
Dr A Wilson	Partnership Governor (South Cheshire CCG)
Dr G Pearson	Partnership Governor (MMU)
Mrs H Piddock-Jones	Staff Volunteer Governor
Ms C Birch	Staff Governor
Mr N Boyce-Cam	Staff Governor
Mrs J Martin-Jackson	Staff Governor
Mr J Osuagwu	Staff Governor
Mr R Sutton	Staff Governor

In attendance

Dame P Bacon	Non-Executive Director and Deputy Chair
Mrs T Bullock	Chief Executive (up to item CoG/17/07/17)
Mr J Barnes	Non-Executive Director (up to item CoG/17/10/16)
Mr J Church	Non-Executive Director (up to item CoG/17/10/16)
Mr M Davis	Non-Executive Director (up to item CoG/17/10/16)
Mr D Hopewell	Non-Executive Director (up to item CoG/17/10/16)
Mr J O'Brien	Director of Operations (up to item CoG/17/10/16)
Mrs K Dowson	Trust Board Secretary

Apologies

Mrs B Beadle	Public Governor (Crewe and Nantwich)
Mr R Platt	Staff Governor
Mrs M Leverington	Patient and Carer Governor
Cllr J Clowes	Partnership Governor (Cheshire East)
Mr P Colman	Partnership Governor (Chambers of Commerce)
Miss E Carmichael	Director of Workforce and OD (
Mrs A Cleary	Interim Director of Nursing and Quality
Dr P Dodds	Medical Director and Deputy Chief Executive
Mrs R McNeil	Non-Executive Director
Mr C Oliver	Chief Operating Officer
Mr M Oldham	Director of Finance and Strategic Planning

Observing

Miss A Dixon	Youth Ambassador
Ms C Morris-Marshall	Executive Assistant to the Chief Executive and Chairman

CoG17/10/1
17/10/1.1

Welcome and Apologies for Absence

The Chairman welcomed everyone to the meeting including the newly appointed Youth Ambassador to the Trust, Annabelle Dixon who was observing the meeting.

17/10/1.2

The Chairman noted apologies for absence.

CoG17/10/2
17/10/2.1

Interests to Declare

There were no new interests declared and no interests declared in relation to any items on the agenda.

CoG17/10/3
17/10/3.1

Governor Discussion Topic – Access and Flow

The Chairman welcomed Mr O'Brien, Director of Operations, to the meeting and thanked him for the work he does for the Trust. Mr O'Brien presented a report on the progress on the Access and Flow Project which had been running at the Trust for a number of years but was refreshed in March 2016. Mr O'Brien acknowledged the strong support of the team supporting him led by Ms Liz Huntbach, Project Manager. Mr O'Brien suggested that the Governors should also look at the newly published BBC NHS Tracker which gives an overview of hospital performance. The positive results on this tracker are partly due to the workstreams through the Access and Flow project.

17/10/3.2

Mr O'Brien described the Access and Flow project and the progress so far which has resulted in a more efficient patient pathway through the hospital with less delays for patients and therefore a quicker transit through A&E. Particular successes have been the ambulance bay developments which have ensured that the Trust has the quickest ambulance handover times in the region and the Medical Ambulatory Care Unit which has been cited as best practice by NHS Improvement (NHSI). Mr O'Brien noted that the Trust is one of 11 Trusts piloting a Surgical Ambulatory Care unit which is having a positive benefit on patient flow.

17/10/3.3

Mr O'Brien explained that efficient and appropriate discharge of patients is a focus of this project which includes schemes to review all long stay patients weekly and to raise awareness of this. Currently there are some very positive gains being made on complex discharge cases which are having a significant impact. Multi-disciplinary teams from all relevant agencies such as social care and therapy care make decisions on a patient. This has improved the speed of decision making and gets the patient into the right environment for their needs more quickly. This project was developed by staff and has secured very good buy in from all partners. As a result, performance on Delayed Transfer of Care patients is this week the best it has ever been. This is despite a reduction in the bed base following a planned ward closure, closure of some escalation beds and beds in the community.

17/10/3.4

Mr O'Brien noted that while the project is about moving patients through the hospital in a timely way there are many quality indicators the Trust works to that ensure patients are receiving appropriate care. This includes readmission rates at 7 and 30 days. Mr O'Brien outlined the next steps for the project which is to continue the current work and begin to explore what the next steps are for the project.

17/10/3.5

Cllr Burns asked what the current readmission rates are and Mr O'Brien confirmed these, noting that these are very much in line with peer rates.

Mr Osuagwu asked what lessons have been learnt from last winter that can be used again. Mr O'Brien advised that a review had taken place earlier in the year to assess which measures really had an impact and as a result some of these things were mainstreamed or will be repeated over this winter period. This includes the Red Cross support which gets patients home safely, ensures the heating is on and that there is food available, they also follow up the next day.

17/10/3.6 Dr Wilson congratulated Mr O'Brien on the presentation and the great work being done. Dr Wilson suggested that partners need to build on this work which illustrated what can be done when partners work together to have a positive impact on patient care. Mr O'Brien agreed that the success of the multi-disciplinary team has been the most satisfying aspect of the project as it has been a relatively simple solution with a big impact.

17/10/3.7 The Chairman thanked Mr O'Brien and all those staff supporting this work including partners and stakeholders. The Chairman commented that this work is about providing the right treatment, to the right people in the right place. The Chairman informed the Council that the new BBC tracker showed the Trust as being in the top quartile for the 4-hourly transit time indicator, second in the country for cancer performance and first for Referral to Treatment times. The Chairman asked Mr O'Brien for an update to the Council in 6 months.

CoG17/10/4

Minutes of the Last Meeting

The minutes of the last meeting held on 20 July 2017 were agreed as a true and accurate record of the meeting.

CoG17/10/5

Matters Arising and Action Update

The Chairman noted that all three outstanding actions were complete or on the agenda. There were no further matters arising.

CoG17/10/6

CoG17/10/6.1

Chairman's Report

Annual Members Meeting

The Chairman reported that the Annual Members meeting had taken place on 4 October 2017 at Winsford Lifestyle Centre and the Annual Report and Accounts for 2016-17 had been presented. The meeting had been well supported by Governors, Executives and Non-executives. The new format of a health and wellbeing fair in a larger venue had worked well with good representation from partners and the Chairman commented that this was a successful format that should be repeated but in another location.

CoG17/10/6.2

Chat with the Chairman

The Chairman noted this meeting with six Governors which took place on 31 August 2017. An informal and candid discussion had been held on a number of topics.

CoG17/10/6.3

NED/Governor Meeting held on 11 September 2017

The Chairman reported that Governors had met with Non-executive Directors and notes of this meeting have been circulated with the papers. The Chairman thanked the Deputy Chair for chairing this meeting in his absence. Dame Patricia noted that there had been no agenda items nominated prior to the meeting so the focus had been on the report on the first year of the Central Cheshire Integrated Care Partnership (CCICP) and Mr Davis had given an overview of Trust performance which had been positive, especially given the financial challenge faced by the Trust.

Dame Patricia encouraged Governors to nominate topics for discussion for future meetings.

CoG17/10/6.4**Governor Strategy Workshop**

The Chairman was pleased to note that there had been an excellent turnout by Governors for this session which was held on 9 October. The Chairman explained that this had been an opportunity for Governors to contribute to and comment on the draft Trust Strategy. The Chairman noted that it was a valuable session and noted the proposal to move to a three-year rolling strategy and how each division presented their 'plan on a page' which integrated with the overarching strategy well and resonated strongly with the ambitions of the Trust. The Chairman thanked the Governors who participated and for their useful feedback which will inform the final strategy.

CoG17/07/6.5**Chair/Governor 1to1 Meetings**

The Chairman advised that every year the Chairman meets on an individual basis with Governors as part of their development. These meetings have been taking place through September and October. The Chairman commented that these meetings are productive and help identify areas of Governor interest for the future.

CoG17/07/6.5.1**Joint Board to Board with the CCG**

The Chairman advised that this meeting, jointly chaired with Dr Andrew Wilson had taken place on 10 August. The meeting had been very productive, areas of discussion included working relationships and developing a joint vision with other partners. There had also been a detailed session on the Capped Expenditure Programme (CEP) and financial sustainability. The Chairman noted that progress towards a local Accountable Care Systems (ACS) had been discussed and that there was a strong resonance between both Boards on what this should look like. The Chairman advised the Council that the ACS is now being described as a Place Based System.

CoG17/10/6.6**Governor Resignation**

The Chairman informed the Council that Mrs Sylvia Regan, Governor for Vale Royal had recently tendered her resignation with immediate effect for personal reasons. The Chairman has written to Mrs Regan to thank her for her contribution and wish well for the future. The Chairman advised that as elections are due next summer there was no intention to fill this post until then.

CoG17/10/6.7**Governor Development Sessions**

Mrs Dowson reported that the first two of three planned Governor development sessions have taken place. These are designed to build on induction for new Governors and provide refreshers for other Governors. Two sessions have been completed:

- 10 August: Understanding Performance Targets (Director of Operations)
- 19 September: Demystifying Membership Engagement, (Trust Board Secretary and Patient and Public Experience Manager)

A third session is planned for 7 November, (rescheduled from 19 October), which is a repeat of the well-received session run in January on Understanding Financial Reporting. This will be led by the Deputy Director of Finance.

Resolved: The Council noted the updates provided in the Chairman's report

CoG17/10/7

Non-executive Director Recruitment

The Chairman described the process for the recruitment of two new Non-executive Directors as Mrs McNeil and Dame Patricia's terms of office end on 31 March 2018. The Chairman advised that the Governor Nominations and Remuneration Committee is overseeing this process and have recommended the circulated timetable to the Council. The Chairman advised the Council of the critical dates which will end with formal interviews on 18 January. The Chairman explained that there will be a formal panel which will include the Lead Governor plus one other but that there will also be other panels with Governors who will have the opportunity to meet the candidates. The Chairman added that advertisements will be published at the end of October but that there was already some interest.

Resolved: The Council of Governors noted the process of recruitment being overseen by the Nominations and Remuneration Committee.

CoG17/10/9
17/10/9.1

The Role of the Lead Governor

The Chairman introduced this discussion which had followed discussions with Dr Birch about how the Lead Governor role could give better support to the Council and to individual Governors. Dr Birch presented her thoughts on the role as described in the job description and how this could develop to become a more effective, supportive role and facilitate better communication between Governors and also to the Board of Directors.

17/10/9.2

Dr Birch observed that currently Governors have a very good induction process and are given lots of opportunities for engagement but that there is more potential to share the learning collectively and understand individual Governors interests and skills. Dr Birch noted that the Council is very active, committed and engaged and other Trusts could probably learn from this. Dr Birch asked how communications between the Council could be enhanced so that learning could also be shared.

17/10/9.3

Mr Ashcroft suggested that a skills matrix could be helpful, if Governor's were happy to participate, this would capture who we are what our backgrounds and life experience skills are. Mrs Ollier suggested that this could be a basis for discussion at the next Governors only meeting and this knowledge could be developed over a series of meetings which may create opportunities or challenge for things Governors can contribute to. Mrs Ollier also commented that it would be good to have a more formal opportunity at the end of the Board of Directors to raise questions without feeling rushed.

17/10/9.4

Mr Faulkner suggested that those Governors who wished could have a private group on Facebook which Governors could post to and use as a forum for sharing and asking questions. Mrs Dowson observed that the Trust is developing Office 365 as a new system for the Trust and as part of this there will be a Yammer site for Governors which allows online discussion, posting and debate. The Chairman observed that not all Governors will want to pick up these suggestions but for those that do want to interact and communicate more directly these were useful suggestions. The Chairman asked that Governors feedback ideas directly

to Dr Birch or via Mrs Dowson. Dr Birch agreed that a number of different solutions were needed but that more choices would allow Governors to choose how they engage.

Resolved: The Council noted the debate and agreed to feedback further thoughts to Dr Birch.

CoG17/10/10
17/10/10.1

Lead Governor Report

Dr Birch presented the engagement update for colleagues, noting that the diversity of involvement and events reflects the comments in the previous discussion. Dr Birch reflected that the Clinical Services Strategy day had been very useful as it had provided Governors with the time and opportunity to talk to clinical teams and their ambitions for their services. Dr Birch suggested that following on from the discussion about the Lead Governor this report could be revised to capture activity above and beyond a list of all attending. Mrs Ollier noted for accuracy that she had also attended the 9 October session but had not been at the Trustee Sub-Committee in September.

17/10/10.2

The Chairman commented that the Trust does have a broad awareness of the Governors input which is perhaps wider than individual Governors have, but that there was some value in thinking about this more. The Chairman observed that the role of Governors in completing ward surveys and talking to patients on wards was particularly valuable and that further participation in this would be very welcome from other Governors as this feedback provides an instant barometer. Dr Birch noted that this had been discussed at the NEDs-Governors meeting as this gives insight about experiences and care received. Mrs Roach added that there had been interest from new Governors and support was being offered to those coming in to do surveys for the first time. Mrs Moores observed that she had found it useful, remarking that she had talked to a patient who was having a difficult day who had been very appreciative of a staff member taking time to sit with her to plait her hair and listen. Dame Patricia added that there is a lot of support for Governors to complete these surveys.

Resolved: The Council noted the report of the Lead Governor.

CoG17/10/11

Register of Governor Enquiries to Board and Committee Chairs

The Chairman asked the Council to note the recent responses provided to enquiries raised by Governors. In particular there was an update to the query raised following the PLACE survey in April which Council had requested was received after six months. The Chairman advised Governors that they were always welcome to come into the Trust to discuss any issues.

CoG17/10/12
17/10/12.1

Council of Governor Committees

Membership and Communications Committee – 9 October 2017

In the absence of the Committee Chair, Mrs Jan Roach updated the Council noting that the committee had received updates on the Youth Ambassadors programme and had discussed the impact of the Health and Wellbeing Fair. Mrs Roach commented that the Lifestyle Centre had been a good venue and the event had been well organised. Mrs Roach also noted that Mr Perry had attended his first meeting of the committee.

CoG17/10/13
17/10/13.1

Nominations and Remuneration Committee – 19 September 2017

The Chairman reported that he had chaired this meeting which had

focused on the process and timetable for recruitment for the new Non-executive Directors. Mrs Emma Pickup from Gatenby Sanderson had been in attendance to support the process. The Chairman advised that minor changes to the Terms of Reference were agreed pending the approval of the Council. The changes were to include the Lead Governor in the membership and extend the number of other Governors to 6. Arrangements for chairing the meeting in the absence of the Chairman have also been added. The Chairman asked the Council to approve the amended Terms of Reference.

Resolved: The minutes of the Council of Governor Committees were noted. The Terms of Reference for Nominations and Remuneration Committee were approved.

CoG17/10/14
17/10/14.1

Chief Executive's Update Report

Mrs Bullock presented the Chief Executives update advising that the report contains a lot of information and that her presentation assumes that the paper has been read in advance.

17/10/14.1
17/10/14.1.1

Quarter 1 Performance

Mrs Bullock reminded the Council that the Single Oversight Framework (SOF) is now the performance framework for the Trust as defined by NHS Improvement (NHSI). Mrs Bullock reported that the Trust continues to be rated as a 2 which defines the Trust as requiring 'targeted support. However; Mrs Bullock confirmed no support had been offered / required but that the routine quarterly meetings with NHSI continue. Mrs Bullock advised the level 2 rating is due to the 4-hourly transit time performance and the financial position of the Trust. Mrs Bullock added that the Trust performance against the regulatory operational performance standards are included in the report and overall reflect a very good performance compared to local and national peers.

17/10/14.1.2

Mrs Ollier asked what the 'Responsive' domain in the Care Quality Commission (CQC) ratings means. Mrs Bullock replied that during inspections the CQC seek to answer five questions about each Trust which are; is the Trust Safe, Effective, Caring, Responsive and Well Led. Following the 2015 CQC inspection the Trust was rated overall as 'Good' but within that was 'Requires Improvement' for Responsiveness. This was in regard to waits in A&E from the decision to admit to the patient getting to a ward and some long waits in Outpatients were also identified. These have since been the focus of significant work and presentations have been made to the Council on these items.

17/10/14.1.3

Mrs Bullock advised Council that the Trust will undergo an inspection in due course and advised these will always include a review of the Well Led domain. A future inspection will likely focus on the four hourly transit time through A&E and Outpatients as these areas have previously being identified as requiring improvement. The CQC priority for inspection is based on those Trusts who have not been reviewed recently, those with the lowest ratings and Trusts where concerns have been raised.

17/10/14.1.4

Mrs Ollier commented that A&E has been reported as performing well so asked why it is rag rated red. Mrs Bullock advised this is because the Trust is not achieving the 95% target but is doing well comparatively and is consistently in the top 25% of performers in the country and is meeting the agreed trajectories to recover the position to 95%. This shows how difficult it is to achieve the 95% target and noted that performance has

dipped in the last two weeks which have been particularly tough. Mr O'Brien commented that the Trust receives a daily performance update on every provider with an A&E department in the country and the Trust is consistently in the top quartile whilst noting very few Acute Trusts are achieving the target. Mr Church advised the Governors to look at the new BBC NHS tracker which puts this all into context; this shows a national average of 89% compared to 93.98% for the Trust.

17/10/14.2

Financial Position

Mrs Bullock updated the Board on the financial report which reflects performance to the end of August 2017. Mrs Bullock advised that the Trust is on track to meet its forecast, but it is going to be challenging.

17/10/14.3

Capped Expenditure Process (CEP)

17/10/14.3.1

Mrs Bullock presented an update on the CEP. Mrs Bullock advised that discussions are continuing with regulators about the remaining financial gap which will be challenging to close in this financial year without significant risks to patient safety and quality.

17/10/14.3.2

Mrs Bullock advised that the Referral to Treatment (RTT) target will not be maintained at current levels as the CEP requires savings to be made which will worsen this performance. Mr Barnes commented that increasing waiting times does not save money as lists will just grow. Mrs Bullock agreed and reported that instead the Trust has looked to bring more work in to the Trust from outside areas. The Trust will be taking on work from the Countess of Chester NHS Foundation Trust, Shrewsbury and Telford NHS Trust and Betsi Cadwallader University Health Board (BCU).

17/10/14.3.3

Mrs Bullock noted that work done for the English Trusts will involve taking on the breaches as these patients have already been waiting for a significant period of time, so this will affect the RTT target. Trust patients may also have to wait longer but will still be seen within the NHS Constitutional target of 18 weeks from referral to treatment. However, the work for BCU is from Wales has a separate performance regime and therefore the Trust's performance will not be affected. This will bring in additional money to the local health economy. Mr Barnes commented that this was a positive initiative to ensure that the resources at the Trust were fully utilised and that this would bring in additional money for the CEP.

17/10/14.4

Long Term Sustainability Review (LTSR)

Mrs Bullock reported that this will be published by 9 November, but that Governors are already aware of the findings and content of this review through verbal updates and presentations.

CoG17/10/14.5

Five Year Forward View (5YFV) and Sustainability and Transformation Plan (STP)

17/10/14.5.1

Mrs Bullock advised that the STP has been renamed NHS Cheshire & Mersey (NHSC&M) and has a new Executive Chair Mr Andrew Gibson and a new CEO Ms Mel Pickup who is also the CEO of Warrington and Halton Hospitals NHS Foundation Trust. Mrs Bullock advised that Mr Gibson has met with all the system leaders and some key changes have been made. NHSC&M will no longer be split into three local delivery systems as the area will be divided by Place Based Systems.

17/10/14.5.2

Mrs Bullock presented the revised structure and advised that all workstreams have been reviewed. This has created new programmes for palliative care and diabetes and an amalgamation of other workstreams

such as the clinical support services with back office. Mrs Bullock advised that she will no longer be leading clinical support services but will be Senior Responsible Officer for Acute Sustainability. Mrs Psaila asked if the work already undertaken would be channelled into the new structure. Mrs Bullock confirmed that this was the case and that this review will inject the NHSC&M with new pace and drive.

17/10/14.5.3 Mr Ashcroft asked how NHSC&M would be able to approve or agree mergers. Mrs Bullock replied that each organisation has its own accountability structure and any decision must go through their Board and Council of Governors before being proposed to NHSC&M who would then have to approve the business case as the system leader. NHSC&M will provide the overview to ensure separate decisions all add up together and that the right outcome for the population will be achieved.

17/10/14.5.4 Mrs Moores asked if these changes impact on the amount of money allocated to CCGs per head of population. Mrs Bullock replied that unfortunately the funding formula is for money allocated to the Clinical Commissioning Groups (CCG) to provide healthcare services for the local population and the STP has no impact on the funding formula. Mrs Bullock added that due to the Distance From Target the CCG allocation is going up very slightly each year and for those CCGs who are over allocated, it will come down.

17/10/14.5.5 Mr Osuagwu asked how the Trust's Pathology interests will be represented now that Mrs Bullock is not the clinical support services lead especially given that a new hub and spoke model for Pathology services is now proposed. Mrs Bullock noted that all Governors should have received a copy of the letters sent in regard to the new Pathology Networks which will link the Trust to a hub at University Hospital of the North Midlands NHS Trust (UHNM).

17/10/14.5.6 Mrs Bullock confirmed that the Trust has written back to confirm that it agrees in principal. The next step is to progress this network, subject to a business case to be taken to the Board where it will be determined if it is the right thing to do. Mrs Ollier asked if as part of this the Trust would become liable for any financial deficits. Mrs Bullock confirmed that this would be explored as one aspect of the business case but that UHNM do not have an expectation that all Pathology services would go to UHNM as they do not have the space or resource, so some additional services may come to the Trust

Resolved: The Council noted the Chief Executive's Report.

CoG17/10/14.6

Awards and Visits of Accreditation and Inspection

Mrs Bullock advised that the visits of accreditation and inspection undertaken since the last Council meeting were included in the report but noted in particular the Inspiring Futures award which accredits the work experience programme. Mrs Bullock passed her congratulations to the team for this achievement.

CoG17/10/15 **Governors' Questions and Non-Executive and Executive Answer Session**

The Chairman invited the Council to ask any additional questions to the Board. Mr Osuagwu asked if the Pathology development discussed at the last meeting was still going to happen as there remains issues with the windows and fluctuating temperatures. Mrs Bullock confirmed that the staffing restructure has taken place but that the physical redevelopment is an operational issue and is being prioritised alongside other requirements because of finance constraints. Mr Osuagwu observed that efficiency savings have been made in Pathology of £800k and questioned if this should not therefore be spent in Pathology. Mrs Bullock agreed that this was the case, but this was only achieved as a result of significant investment put into pathology services by the Trust and would therefore contribute to the wider Trust challenges and supporting the reduction of the £10m local health economy gap. Mrs Ollier advised that the bigger strategic picture must be viewed in this regard. Mrs Bullock advised that she will find out where the Pathology works are in the backlog maintenance plan.

ACTION: Update on Pathology maintenance works to be provide to Mr Osuagwu (Mrs Bullock).

CoG17/10/16 **Any Other Business**

Mrs Bullock thanked the Governors who took part in the interview for Director of Nursing yesterday. Mrs Bullock was pleased to announce that an appointment has been made but this cannot yet be made public. Mrs Anne Cleary is in post in the interim. Mr Davis commented that he had chaired the staff engagement panel which had included one of the Youth Ambassadors, who at the age of 16 participated fully in the process and provided some very interesting insights.

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

CoG17/10/17 **Chief Executive Briefing in private**

There were no further questions for the Chief Executive.

CoG17/10/18 **Evaluation of Meeting Effectiveness (in private)**

17/10/18.1

Mrs Caroline Birch summarised the meeting and stated that it has been a useful meeting with a very informative presentation which showcased the good work being done for patient flow. The national recognition for the work being done on ambulatory care was particularly impressive as was the relatively simple and successful multi-disciplinary team solution for improving complex discharge.

17/10/18.2

Mrs Birch noted the different approach to the Annual Members Meeting which had improved public participation and engagement in the event. Mrs Birch also noted the continued high level of Governor input over the last few months including at the Director of Nursing interviews and in preparation for the Non-executive Director recruitment. These illustrate the priority and access given to Governors at the Trust. Mrs Birch observed that it was important for this engagement to remain high as discussed in the Lead Governor item. This will ensure that the Council continues to be assured on the performance of the Board. Mrs Birch suggested that all Governors should take the opportunity promoted by Dr Birch's presentation to think about the Governor role and feedback any ideas to Dr Birch.

17/10/18.3 Mrs Birch commented that Mrs Bullock's briefing had shown that there is a lack of understanding by regulators of what it is like to deliver front line care. An efficient organisation such as the Trust has limited opportunity to make more cuts without severe effects on the safety and quality of all patients. Staff therefore have to continue to work for the benefit of patients.

17/10/18.4 Mrs Birch noted the continuous change in strategy and approach on a national and regional basis but that it was positive to see the Trust being innovative in taking on work from elsewhere as this benefits patients as well as the Trust. Dr Birch commented that this creative approach and willingness to think differently may open opportunities elsewhere as well. Dr Birch added that the new NHSC&M is reminiscent of the old Strategic Health Authority but that the system thinking is different with accountabilities better for all patients. The Chairman thanked Mrs Birch for the review

CoG17/10/19 **Date and Time of Next Meeting**

17/10/19.1 The next meeting is scheduled to take place on Thursday, 25 January 2018 at 5.30pm in the Post Graduate Lecture Hall, Leighton Hospital, Crewe.

The meeting closed at 7.30pm