

**Council of Governors Meeting
Minutes of the Meeting held in Public
Thursday, 26 July 2018
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 B Beadle	Public Governor (Crewe and Nantwich)
Mrs J Roach	Public Governor (Crewe and Nantwich)
Mrs P Psaila	Patient and Carer Governor
Mrs M Leverington	Patient and Carer Governor
Mrs N Moores	Patient and Carer Governor
Mr R Stafford	Patient and Carer Governor
Cllr J Clowes	Partnership Governor (Cheshire East Council)
Dr J Griffiths	Partnership Governor (South Cheshire CCG)
Cllr S Burns	Partnership Governor (Cheshire West & Chester)
Mrs H Piddock- Jones	Staff Volunteer Governor
Mr N Boyce-Cam	Staff Governor (Medical and Dental Practitioners)
Mr R Platt	Staff Governor (Non-Clinical Support Staff)
Mrs J Martin-Jackson	Staff Governor (Nursing and Midwifery)
Ms C Birch	Staff Governor (Rep. of Trade Unions and Staff Organisations)
In attendance	
Mrs T Bullock	Chief Executive
Mr J Barnes	Non-Executive Director (to item CoG/18/07/16)
Ms L Butcher	Non-Executive Director (to item CoG/18/07/16)
Mr J Church	Non-Executive Director and Deputy Chair (to item CoG/18/07/16)
Dr P Dodds	Medical Director and Deputy Chief Executive (to item CoG/18/07/16)
Ms L Holland	Interim Director of Workforce and OD (to item CoG/18/07/16)
Mr D Hopewell	Non-Executive Director (to item CoG/18/07/16)
Mr M Oldham	Director of Finance (to item CoG/18/07/16)
Mr C Oliver	Chief Operating Officer (to item CoG/18/07/16)
Ms L Massey	Non-Executive Director (to item CoG/18/07/16)
Mrs J Tunney	Director of Nursing and Quality (to item CoG/18/07/16)
Mrs K Wood	Specialist Podiatrist CCICP (to item CoG18/07/03)
Mrs R Hooker	OD Manager (to item CoG18/07/04) OD Practitioner (to item CoG18/07/04)
Name removed under Section 40 of the freedom of Information Act	
Ms H Taylor	External Audit Lead, Deloitte LLP (to item CoG/18/07/16)
Mrs K Dowson	Trust Board Secretary
Dr G Hendricks	Speciality Trainee – Paediatrics (to item CoG/18/07/16)
Apologies	
Mrs G Alasadi	Public Governor (Crewe and Nantwich)
Mr B Selby	Public Governor (Crewe and Nantwich)
Mrs J Ollier	Public Governor (Congleton)
Mr D Fricker	Patient and Carer Governor
Mr J Pritchard	Patient and Carer Governor
Mr R Sutton	Staff Governors (CCICP & Other Professionally Qualified Staff)

Mr P Colman	Partnership Governor (Chambers of Commerce)
Dr A Wilson	Partnership Governor (Vale Royal CCG)
Dr G Pearson	Partnership Governor (Manchester Metropolitan University)
Mr M Davis	Non-Executive Director

CoG18/07/1	Welcome and Apologies for Absence
18/07/1.1	The Chairman welcomed everyone to the meeting particularly those presenting.
18/07/1.2	The Chairman noted the apologies for absence.
CoG18/07/2	Interests to Declare
18/07/2.1	There were no new interests declared and no interests declared in relation to any open items on the agenda.
CoG18/07/3	Patient Story – Diabetes Multidisciplinary Team
18/07/3.1	Mrs Tunney introduced the patient story chosen by Governors. The story is about one of the first patients to benefit from a multi-disciplinary meeting launched in January for diabetic patients. This meeting is attended by a range of healthcare professionals including a vascular surgeon, podiatrist and nurse who can between them decide on a plan of care with the patients. This reduces the number of visits a patient has to make and ensures that the care is joined up across professionals and services. The patient recognised the huge benefit this team has had on her condition.
18/07/3.2	Mrs Tunney welcomed Mrs Karen Wood, a specialist podiatrist with Central Cheshire Integrated Care Partnership (CCICP), who is a member of the team who supported this patient. The Chairman noted that it is not just clinical support offered but also psychological support as this patient comes to terms with a potential below knee amputation. Mrs Wood agreed that this was a fundamental purpose for the service.
8/07/3.3	Cllr Clowes asked how primary care links into this service to ensure there is no delay between the GP and specialist services, as experienced by this patient. Mrs Wood explained that there is a weekly meeting plus two additional clinic spots which can draw in professionals as required. GPs can now refer in directly and patients will be seen within a few days. Mrs Piddock-Jones asked if other Trusts have similar services and Mrs Wood confirmed that this is part of NICE guidance and many Trusts have these or are in the process of setting them up.
18/07/3.4	The Chairman thanked the service for attending and for the work that is done for patients by the team. Resolved: The Council noted the presentation and the positive work taking place to integrate community teams with the acute sector to improve patient journey and experience. <i>Mrs Wood left the meeting.</i>

CoG18/07/4	Governor Discussion Topic – National Staff Survey 2017
18/07/4.1	Mrs Hooker, OD Manager, together with Name removed under Section 40 of the freedom of Information Act , OD Practitioner, presented the Staff survey results from 2017 noting that the Trust has for the first time been classified as a combined community and acute trust. This has made it challenging to compare results to previous years.
18/07/4.2	Mrs Hooker reported on the steady improvement of the survey results over the last few years which peaked in 2016 when the Trust had the highest engagement score for acute Trusts in England. There was a national dip in 2017 but this has not been significant at the Trust which was pleasing given the community services transaction occurred during this time. Mrs Hooker explained how the staff engagement score is calculated and provided comparisons with previous years and other Trusts.
18/07/4.3	Mrs Hooker noted that the Trust response rate has reduced slightly from 58% to 54% but still compares very well to the national average which is 43%. Mrs Hooker explained that the survey is promoted widely in the Trust, but it can be challenging to maintain the response rate when the Trust is busy and last year was particularly pressured at the time of the survey.
18/07/4.4	Mrs Hooker presented the results which were generally positive, focusing on the top and bottom five areas for scoring. Mrs Hooker explained that there is no ranking within the top and bottom 20% compared to peers this year as there were insufficient combined Trusts to make this statistically significant. Mrs Hooker advised that focused work is taking place to address the findings and is in fact continuous through the year. The results are reviewed as soon as they are published in March each year and staff receive feedback and the results are shared through stands, posters and focus groups with the actions used in promotion for the next year's survey.
18/07/4.5	Mrs Hooker outlined the areas of focus for this year for the Trust, although divisions can bring other actions forward as well. These include reducing violence, bullying and harassment in the workplace, higher visibility of leadership, involving staff in change, improving appraisals and increasing job satisfaction. Progress against these actions is monitored through Executive Quality Governance Group. Actions plans are also linked to the results of the Friends & Family test and other sources of patient feedback.
18/07/4.6	Mrs Hooker explained the work taking place to address the below average scores on the quality of non-mandatory training by increasing the availability of e-learning. Mrs Hooker reported that a deep dive into training had revealed that it is administrative and clerical, scientific and technical staff who had reported not being released to attend training not nurses as had been assumed previously.
18/07/4.7	Mrs Hooker acknowledged there was more to be done to encourage reporting of harassment and bullying although there are already many resources in place including employee support advisors, the unison phone line and the recently relaunched Freedom to Speak up Guardian if patient care is being compromised

18/07/4.8	Mrs Martin-Jackson asked if the quality of mandatory training is a focus. Mrs Hooker replied that the survey asks about the quality of non-mandatory training, but that most mandatory training has now moved over to e-learning. Mr Ashcroft noted that the top two scores are getting worse, stress has gone up significantly and asked what is being done about this. Mrs Hooker replied that the results have been shared with the Health and Wellbeing Group and the Health and Safety Manager who lead on this area and they are promoting services available to staff. A number of 1to1s are being conducted in September which should give further insight.
18/07/4.9	Mrs Moores asked if the inclusion of CCICP staff had had a big impact on the results. Mrs Bullock replied that it had been thought that the results may worsen as CCICP staff had been through a transition of services but the results from CCICP were as good as if not better in some areas than for acute staff. The Chairman asked how the scores had been for CCICP staff with their previous provider and Mrs Bullock noted that the scores with the previous provider had been much worse.
18/07/4.10	<p>Dr Birch asked if the Governors could be provided with some further information about the findings of the focus groups after September. The Chairman agreed that this work should form part of the feedback for next year's results.</p> <p>Resolved: The Governors noted the presentation and discussion session and thanked Mrs Hooker and the OD team for all their work.</p>
CoG18/07/5	<p>Matters Arising and Action Update</p> <p>The Chairman noted that there was one outstanding action from the last meeting which has been completed and can be closed. The Chairman commented that Mrs Ollier's overview of committee experience had been written up and circulated to Governors and this had been well received.</p>
CoG18/07/6	<p>Minutes of the Last Meeting</p> <p>The minutes of the last meeting held on 26 April 2018 were agreed as a true and accurate record of the meeting, subject to the inclusion of Dr Wilson, Ms Butcher and Ms Massey on the attendance list and Dr Griffiths as an apology.</p>
CoG18/07/7 CoG18/07/7.1	<p>Chairman's Report Chat with the Chairman – 21 May 2018</p> <p>The Chairman advised that he had met informally with eight Governors to discuss current topics. These had included the impact of patient stories at council meetings, CQC Well Led inspection reflections, the University of Chester medical school developments and end of year position.</p>
CoG18/07/7.2 18/07/7.2.1	<p>NED/Governor meeting – 11 June 2018</p> <p>The Chairman reported that notes of this meeting have been circulated to Governors and the Board previously. The two new NEDs had introduced themselves and provided a biopic of their experience. Items discussed included changes in the Clinical Commissioning Groups (CCG) structures, the Victoria Infirmary at Northwich, the staff pay deal and Integrated Care</p>

<p>18/07/7.2.2</p> <p>18/07/7.2.3</p>	<p>Partnerships (ICP). Committee chairs also described the work taking place in Board Committees to meet demands and challenges.</p> <p>Dr Griffiths advised that plans were not fully approved for creating a joint CCG Accountable Officer (AO) and Governing Body pan-Cheshire. However, all GP Members have given permission for progress to continue. The next step will be to put in a Senior Responsible Officer to be followed quickly by a single AO before the end of the financial year and potentially before Christmas.</p> <p>The Chairman noted that the meeting had been attended by 16 Governors and all the NEDs.</p>
<p>CoG18/07/7.3</p> <p>18/07/7.3.1</p> <p>18/07/7.3.2</p> <p>18/07/7.3.3</p> <p>18/07/7.3.4</p>	<p>Governor Elections</p> <p>Mrs Dowson updated the Council on the current election process which is now in the ballot stages. The election to the two seats in Vale Royal was uncontested and Dr Katherine Birch has been re-elected for a second term. Mr Gary McCourty has been elected uncontested to the other seat and will start his first term of office in September. Mrs Dowson reported that Mr McCourty has already been in to the Trust to complete paperwork and is looking forward to beginning his term of office.</p> <p>Mrs Dowson advised that there had been no candidates in Congleton, so this vacancy will be carried forward.</p> <p>Mrs Dowson reported that the remaining three constituencies are all now proceeding to the election stage and this opened on Tuesday 24 July and will remain open until 16 August 2018. The three constituencies are:</p> <ul style="list-style-type: none"> • Public (Patient and Carer) – 5 candidates for 3 seats • Staff (Clinical Support Staff) – 2 candidates for 1 seat • Staff (Non-Clinical Support Staff) - 2 candidates for 1 seat <p>The results of these elections will be available towards the end of August</p> <p>The Chairman remarked on the good level of interest in all posts except for Congleton which is disappointing. The Chairman reminded Governors that the Annual Members Meeting (AMM) is to be held in Congleton this year which may generate some interest. Otherwise the Council may need to consider the breakdown of its representation. Cllr Clowes observed that Congleton War Memorial Hospital is part of East Cheshire Trust (ECT) and therefore does not associate with the Trust so closely.</p>
<p>CoG18/07/7.4</p>	<p>Governor Resignation</p> <p>The Chairman advised that Mr Dennis Fricker, Patient and Carer Governor has formally resigned from his seat from today. He had hoped to attend today's meeting, but ill health has prevented this. Mr Fricker had advised the Trust of his intention to resign previously and therefore the current election includes his post. The Chairman noted that he and Mrs Bullock had both written to Mr Fricker to thank him on behalf of the Governors for his contribution to the Trust.</p>

CoG18/07/7.5	<p>Trustee Sub-Committee Governor</p> <p>The Chairman advised that Mrs Janet Ollier has stepped down from the Trustees Sub-Committee as Governor representative and has been replaced by Mrs Glynda Alasadi.</p>
CoG18/07/8	<p>Annual Report and Accounts</p>
18/07/8.1	<p>Mr Oldham introduced Ms Helen Taylor, Manager at Deloitte, external auditors for the Trust, to present the Annual Report and Accounts for 2017-18 which have now been laid before Parliament and published. Mr Oldham reminded Governors that the end of year position was presented to Governors at the last meeting, but that Ms Taylor would be providing the auditors view.</p>
18/07/8.2	<p>Ms Taylor explained the role of the auditors and how the Annual Report including the Quality Report and Accounts (AR&A) is reviewed. The auditors need to be assured to a certain level of materiality that the AR&A is a true and fair picture of the Trust. The auditors focus on key risk areas as well as testing the remuneration report and coming to an opinion on value for money through the effective use of resources and whether the Trust remains a going concern. The auditors must also advise on the consistency of the accounts before they are consolidated into the Department of Health accounts.</p>
18/07/8.3	<p>Ms Taylor advised that the auditors were able to provide clear (unqualified) opinions across the AR&A with one exception which is the Referral to Treatment 18-week indicator, this received a qualified opinion as in previous years. This was one of three risks reviewed for the Quality Report, the other two quality indicators were the 4-hour transit time target and the Governor nominated indicator of sepsis. Ms Taylor explained that these opinions were reached following a review of a random sample of patient notes.</p>
18/07/8.4	<p>Ms Taylor advised that during performance indicator testing a higher error rate than previous years had been found for the RTT target, for example where there are inconsistencies in the stop date between patient notes and in the system. There were minimal errors found on the 4-hour transit time target recording and the sepsis recording. A modified opinion has therefore been reached which is not out of line with Trusts nationally, Ms Taylor explained that it is hard to overcome this without a fully automated system.</p>
18/07/8.5	<p>Ms Taylor noted that previous comments on the quality report had been taken into account and the submitted report had improved in response to these comments and stakeholder comments.</p>
18/07/8.6	<p>Ms Taylor reported that the Audit process went very well thanks to Mr Oldham, Mr Goff and the accounts team, with all information submitted on time, good draft reports received as well as productive discussions through the year for example on the revaluation of the Trust estate. Some minor recommendations were made on the accounts.</p>
18/07/8.7	<p>Ms Taylor advised that three areas of significant risk for the Trust were identified, revenue recognition, management overrides of control and property valuation, the first two of these are mandated risks the third was</p>

18/07/8.8	<p>identified for the Trust. The auditors were satisfied that these risks are being managed appropriately and no issues were noted.</p> <p>The Chairman thanked Ms Taylor for her report and Mr Oldham and the finance team for the work to produce the accounts.</p> <p>Resolved: The Governors accepted the Annual Report and Accounts for 2017-18 and noted that they will be presented at the Annual Members Meeting on 2 October 2018.</p>
CoG18/07/9	Council of Governors Effectiveness Survey
18/07/9.1	<p>Mr Hopewell presented the results of the annual survey of effectiveness of the Council of Governors with Dr Birch as Lead Governor. Mr Hopewell reported that the results were generally very positive although there were some themes for improvement that have been identified as a result.</p>
18/07/9.2	<p>Mr Hopewell noted that generally the results have improved, there are significantly less 'don't know' responses which is a reflection of the number of new Governors that had started in post shortly before last year's survey. Mr Hopewell presented the results, highlighting some key slides and commenting on those areas where Governors had been less sure or disagreed.</p>
18/07/9.3	<p>Mr Hopewell noted that holding NEDs to account is 'for the performance of the Board' not generally holding to account. Dr Birch commented that 'sufficient information to hold to account' could be misinterpreted as being purely about the receipt of information rather than holding to account through many different sources of information. Mr Hopewell suggested that the comments suggested a lack of understanding for some Governors of the duty to hold to account which it may be worth following up through further training. Mrs Bullock agreed that it would be helpful for Governors to renew their understanding of how assurance can be gained as this is central to the Governor role. Presentations such as the ones heard in this meeting in relation to the Annual Report and Accounts are good examples of external assurance for Governors.</p>
18/07/9.4	<p>Mr Hopewell observed that although Governors were generally positive about their opportunity to question the Board there were a number of comments which suggest some Governors feel that not being able to ask questions at Board meetings is frustrating. Mr Hopewell reminded Governors that their primary opportunities are at the Council of Governors where there is a standing item of questions to the Board; through NEDs and Governors meetings and through the Trust Secretary at any time. Dr Birch added that it was important to recognise the many different levels and ways that Governors engage with the Board outside of the formal Board meeting but also the difficulty some Governors may have in accessing these opportunities. Mr Hopewell commented that the Board meeting was not the forum as this is a meeting held in public as distinct from a public meeting whilst noting there is always time offered at the end of the meeting for observers to speak to the Chairman and Chief Executive.</p>
18/07/9.5	<p>Mr Hopewell reminded Governors that they had not been asked to approve any significant transactions and explained that NHS Improvement (NHSl) define whether a transaction is significant. Mr Hopewell advised that the</p>

18/07/9.6	<p>Board aim is to keep Governors fully informed even if it is not formally 'significant' such as with the acquisition of community services. Mr Hopewell noted that frustration from Governors with their level of influence on the strategic landscape beyond the Trust and that this had been expressed in responses about the annual plan and the Trust strategy.</p> <p>Mr Ashcroft commented that the Governors are not able to challenge plans being formulated by the Cheshire & Merseyside Health & Care Partnership (HCP) that will impact on the Trust and this is frustrating. The Chairman agreed that this is something felt by Governors across all Trusts. Mrs Bullock observed that the Governors will still have the right to reply for any significant changes to services as will the local population. The Board retains the right to make decisions on any services for the Trust and our population.</p>
18/07/9.7	<p>Cllr Clowes commented that because proposals are still in development it is frustrating for Governors who are aware of the discussions and work going on in the background but unable to see the detail of any proposals. Cllr Clowes noted that the Local Authority also has the overview and scrutiny committee process to consider any changes which could have a significant impact on the local population.</p>
18/07/9.8	<p>Mr Hopewell noted the improvement in responses to questions on membership engagement but also the ongoing recognition that this is a challenging area for Governors. Dr Birch added that Governors need to be assured that there are good mechanisms in place in the Trust as well as engaging directly with Members. The Chairman commented that these results don't necessarily reflect the challenge of this Governor duty and the Membership and Communications Committee would be the first to acknowledge that there is a lot to do.</p>
18/07/9.9	<p>Mr Hopewell reported the results of three new questions which focus on diversity and noted that generally, Governors recognised the breadth of activity that takes place. Many of the Governor comments focused on ethnicity which the Trust is reasonably well represented on through both the Council and Membership. Cllr Clowes suggested that young people should be used more to make a positive contribution and Healthwatch Cheshire have some good ideas about this.</p>
18/07/9.10	<p>Cllr Burns noted that the ethnicity of the local population is not diverse and that it tends to be older people who are interested in becoming a Governor. Mrs Moores suggested that local groups could be given information about the Council of Governors. Mrs Piddock-Jones observed that other voluntary groups locally have the same demographic, so it is a universal issue. Mrs Dowson noted that the Trust, through the Membership and Communications Committee (M&C) does targeted work aimed at underrepresented groups of the population and the agreed strategy of the committee is to focus on young people to improve the age balance of the membership which then may impact the electing of Governors. Youth Ambassadors were introduced last year and the Membership team has developed a leaflet on the offer for young people which it uses at careers fairs. The Chairman suggested that the current Governors have a diverse group of interests and should use these networks to talk about the Council.</p>

18/07/9.11	Mr Hopewell noted that a strong theme from questions on Governor committees, M&C and Nominations & Remuneration Governor Committees (N&R), was that Governors not on these committees do not feel cited on their activities. Mr Hopewell acknowledged that these committees have delegated authority from the Council who approve the membership to undertake tasks that would be unwieldy if performed by the full Council. Mr Hopewell observed that Governors are provided with the minutes of these committees and have the opportunity to ask questions to the chair at every Council meeting. Dr Birch commented that the report from Mrs Ollier at the last meeting had also provided a good insight.
18/07/9.12	Mr Hopewell summarised the report noting the overall positive results and the excellent relationship between the Council and the Board which was exemplified by the final comments from Governors. Dr Birch also thanked Mrs Dowson for supporting the communication and relationships between these two bodies. Mr Hopewell noted that Governors do feel supported and that the Trust does rely on constructive feedback from Governors and Governors should always feel welcome to give their views.
18/07/9.13	Mr Hopewell outlined the proposed actions from the survey which were: <ul style="list-style-type: none"> • Presentation at the next Council meeting on Governor's statutory duties • Equality and Diversity development session for Governors • Improved feedback on the work of the committees • Governors welcomed to observe committee meetings • Governors reminded to bring items for discussion to all forums particularly NEDs/Governors and questions to the Council of Governors
18/07/9.14	The Chairman thanked Mr Hopewell and Dr Birch for the presentation and Mrs Dowson for facilitating the survey. The Chairman agreed that it had been a very positive survey with some learning points for the Trust and Governors. Resolved: The Council of Governors noted the positive survey results and the themes for improvement.
CoG18/07/10 18/07/10.1	Trust Constitution Mrs Dowson presented the Trust Constitution paper, noting that there are three elements to the proposed changes which all require the approval of the Council of Governors and subsequent ratification at the Annual Members Meeting in October.
18/07/10.2	Mrs Dowson explained that the first element consists of two proposed amendments to Annex 5. The first is to include additional ineligibility criteria for Governors as recommended by NHS Improvement. The second is to update the requirements for the Nominations and Remuneration Committee to reflect current practice. This will increase Governor numbers by one and remove the requirement for the Deputy Chairman to be a member. Resolved: The Council approved the new amendments proposed in the Constitutional Changes paper

18/07/10.3	<p>Mrs Dowson advised that as there had been no legal review of the constitution since 2014 the Trust has commissioned Hill Dickinson to review the constitution and ensure that all elements were compliant and in line with most recent guidance. A number of changes are proposed which have been included in a summary table in the paper. Governors agreed that these amendments were acceptable and that the legal advice provided should be followed.</p> <p>Resolved: The Council approved the new amendments proposed by Hill Dickinson and outlined in the Constitutional Changes paper</p>
18/07/10.4	<p>Mrs Dowson described the third element for approval in the paper which was to review the temporary Governor constituency created to support the transfer of community services staff into CCICP in October 2016. This was always intended to be a temporary measure to ensure representation for CCICP staff through the transition period. The stated 18 months will end in September and the proposal is for CCICP staff to now be transferred into their appropriate professional groups. Mrs Dowson explained that Mr Richard Sutton, the current CCICP Governor will remain as a Governor as he is also the 'Other Professionally Qualified Staff' Governor and he is supportive of the proposal.</p>
18/07/10.5	<p>Mrs Dowson noted that the intention had been to create a clause that could be used in the future, but legal advice was that all constituencies need to be clearly stated in the constitution. The Chairman agreed that it was imperative to treat CCICP staff the same as other staff,</p> <p>Resolved: The Council approved the removal of the temporary Governor constituency.</p> <p>Resolved: The amended constitution to be ratified by Members at the Annual Members Meeting on 2 October 2018.</p>
CoG18/07/11	<p>Patient Safety Walkround Annual Report</p> <p>18/07/11.1 Mrs Tunney presented the 2017-18 summary report of patient safety walkrounds explaining that these take place monthly with one Executive, one Non-Executive, one or two Governors and a member of the Integrated Governance Team. Mrs Tunney advised of the improvements made to the walkrounds over the last year and noted that staff were appreciative of the opportunity to talk to colleagues. Mrs Tunney added that actions are monitored through divisional quarterly quality meetings and divisional quality reports. Mrs Tunney noted that from July the action log will be shared with the walkround team.</p> <p>18/07/11.2 Ms Massey asked how many of the 17 actions identified in the report are still active and Mrs Tunney replied that all but two were now closed. These were staffing actions that are continuing conversations and will not be closed.</p> <p>Resolved: The Patient Safety Walkround Annual Report was noted.</p>
CoG18/07/12	<p>Lead Governor Report on Activity</p> <p>18/07/12.1 Dr Birch presented the Lead Governor report noting the range of Governor</p>

<p>18/07/12.2</p>	<p>meetings attended. Mrs Roach commented on the Membership event attended by herself and Janet Ollier in May about the new Virtual Fracture Clinic. Mrs Roach observed that this was of benefit to patients as they did not need to come in to the hospital so often but noted that the virtual aspect was not obvious. Mr Boyce Cam replied that this was interesting feedback as this project has involved a great deal of investment in technology to run but that this may not be obvious to patients. Mr Boyce Cam also noted that it was a common misconception that this project was an efficiency programme when in fact there are no associated savings for the Trust, it is a patient quality investment.</p> <p>Dr Birch highlighted some of the other events and opportunities for Governors particularly the 'Meet Your Governor' events which have been well supported by Governors and formed part of the nomination period for Governor elections. Mrs Beadle added her thanks as these events are often where potential Governors first come into contact with the Trust. Dr Birch noted that the age profile of the Council is not going to change until the membership is more representative of a younger age group. The Chairman thanked Governors for their support and efforts to engage with Members.</p>
<p>CoG18/07/13</p>	<p>Register of Governor Enquiries to Board and Committee Chairs</p> <p>The Chairman asked the Council to note the recent responses provided to enquiries raised by a number of Governors. The Chairman thanked colleagues for the time taken to provide answers and explanations to Governors.</p> <p>Resolved: The Council noted the responses made to Governors enquiries.</p>
<p>CoG18/07/14 18/07/14.1</p> <p>18/07/14.1.1</p> <p>18/07/14.1.2</p> <p>18/07/14.1.3</p> <p>18/07/14.1.4</p>	<p>Council of Governor Committees Membership and Communications Committee – 9 July 2018</p> <p>Mrs Beadle, Chair of Membership and Communications Committee presented the draft minutes of the most recent meeting noting that she had not been present, but that Mrs Roach had chaired the meeting and would be available to answer any additional questions.</p> <p>Mrs Beadle asked the Council to note the Annual Members Meeting details and promote attendance with members where possible. Mrs Beadle advised that updates had been received on the General Data Protection Regulations (GDPR) which reported that while Membership numbers have fallen following the database cleanse they still remain above the numbers required for the provider licence.</p> <p>Mrs Beadle added that at each meeting the membership is reviewed and plans to improve representation made. For example, there has been a recent focus on whether more work is needed to be done with local polish communities but the feedback from contact has been is that there are no longer specific groups as the community is well integrated.</p> <p>Mrs Beadle reported that three new Youth Ambassadors have been appointed for 2018/19 to start in September and the three current Youth Ambassadors will be presenting their projects back to the committee at the next meeting. Mrs Beadle gave an open invitation to all Governors to</p>

<p>18/07/15.1.3</p>	<p>these targets so further unfunded plans have been submitted which equate to £2.3M in additional costs that the local health system does not have.</p> <p>Mrs Bullock advised that the Trust will aspire to the best performance it can, given current pressures, but it is not realistic to say that it will achieve these targets. Mrs Bullock added that regulators have also advised that the Referral to Treatment (RTT) waiting list activity is a focus nationally and the Trust is at risk of not achieving this having been asked by regulators to worsen performance last year.</p>
<p>18/07/15.2 18/07/15.2.1</p>	<p>Financial Position</p> <p>Mrs Bullock updated the Board on finances, noting the report reflects performance to the end of June 2018. The Trust is on track against forecast for quarter 1 but cost efficiency programmes are not on track, for example the plan to close a surgical ward over the summer has been cancelled because of ongoing pressures. Mrs Bullock noted that the financial position for the Trust will be a challenge going forward and advised of the reasons and that more detail will come to the next Governor meeting.</p>
<p>18/07/15.3 18/07/15.3.1</p>	<p>Acute Sustainability - East Cheshire Review</p> <p>Mrs Bullock reminded Governors that KPMG have been conducting a review of service lines at East Cheshire Trust (ECT) as well as at Southport and Ormskirk Hospital NHS Trust. This report was concluded as a final draft and submitted to regulators on 20 July 2018. A meeting was held for East Cheshire Place with regulators last week to discuss the initial draft findings. Mrs Bullock advised that further detailed work is required before the report is finalised and this is likely to take 2-3 months to complete. At this point the reports can be shared more widely and the development of a pre-consultation business case is likely to commence which will include significant engagement.</p>
<p>18/07/15.4 18/07/15.4.1</p>	<p>CQC inspection</p> <p>Mrs Bullock advised that there has been no correspondence with CQC to date. The Trust have been advised that they should receive an initial report by late July. However, this will be embargoed until the Trust and CQC have completed validation of the report. The Trust will be meeting with CQC on the 2nd August as part of the regular schedule of meetings and this will be on the agenda.</p>
<p>18/07/15.5 18/07/15.5.1</p>	<p>Capital Programme Update</p> <p>Mrs Bullock asked the Governors to note the proposed capital programme update for 2018-19.</p>
<p>18/07/15.6 18/07/15.6.1</p>	<p>Awards and Visits of Accreditation/ Inspection</p> <p>Mrs Bullock was pleased to note that Cellular Pathology maintained their UKAS accreditation in April 2018 with a very positive report. The pathology service remains one of a few fully accredited in the country and continues to be thought of highly by UKAS.</p>
<p>18/07/15.6.2</p>	<p>Dr Birch asked Mrs Bullock if the Trust will be reconsidering taking on additional work from out of area given the pressures on waiting lists and the RTT. Mrs Bullock advised that the Welsh Orthopaedic work will be completed by August and while the Ophthalmology work will continue this is for day cases only and there is capacity in this department.</p>

18/07/15.7	<p>Director of Workforce and OD Mrs Bullock advised that Mrs Heather Bebbington has been appointed as Director of Workforce and Organisational Development. Mrs Bebbington will be joining the Trust on 1 November 2018, but she will be attending some key meetings during October and plans to attend the next Council of Governors meeting.</p> <p>Resolved: The Council noted the Chief Executive's Report.</p>
CoG18/07/16	<p>Governors' Questions and Non-Executive and Executive Answer Session</p> <p>The Chairman invited the Council to ask any additional questions to the Board. Mrs Bullock reminded Governors that this was their opportunity to ask any questions to the Board.</p>
CoG18/07/17	<p>Any Other Business</p>
18/07/17.1	<p>The Chairman noted that Mr Sutton had unfortunately been unable to attend today's meeting so would provide an update on the national NHS Providers Governors Conference he attended in May at the next Council meeting.</p> <p><i>Non-Executive Directors and Executive Directors with the exception of Mrs Bullock left the meeting.</i></p>
CoG18/07/18	<p>Chief Executive Briefing in private</p>
18/07/18.1	<p>Cllr Clowes asked how A&E is coping with the hot weather. Mrs Bullock said that staff were trying to remain positive and were being supplied with cold bottled water as are the wards and other clinical areas. Mrs Psaila observed that patients met during the safety walkround were appreciative of receiving ice lollies. Cllr Clowes asked what the main complaints were from patients. Mrs Bullock responded that there are lots of respiratory problems as well as dehydration and patients are coming in quite poorly. Mrs Moores noted that the government have said today that hospitals need to be made more comfortable in hot weather.</p>
18/07/18.2	<p>Mrs Martin-Jackson commented that staff were struggling in some areas with the temperatures and asked why concessions to the uniform policy cannot be made such as wearing scrubs. Mrs Bullock replied that concessions can be made through line management and the Director of Nursing if required however; unfortunately, there are not enough scrub uniforms to allow all staff to use them and they need to be kept for staff groups that can only wear scrubs such as theatre staff. Mrs Bullock noted that Mrs Tunney is working on the uniform policy currently.</p>
18/07/18.3	<p>Mrs Martin-Jackson replied that the uniform is challenging with thick trousers and heavy shoes and often nowhere to shower or cool to go to on breaks. Mrs Bullock replied that while there was no space or resource to build extra showers all staff can access those clinical areas where there are showers.</p>
18/07/18.4	<p>Dr Birch noted the media coverage in Northwich about the Victoria Infirmary (VIN) estate. Dr Birch asked if there was any further information available</p>

