

**Council of Governors Meeting
Minutes of the Meeting held in Public
Thursday, 25 April 2019
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)
Mr B Selby	Public Governor (Crewe and Nantwich)
Mrs J Ollier	Public Governor (Congleton)
Mrs P Psaila	Patient and Carer Governor
Mr M Long	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 G Pearson	Partnership Governor (Manchester Metropolitan University)
Mrs H Piddock- Jones	Staff Volunteer Governor
Mr N Boyce-Cam	Staff Governor (Medical and Dental Practitioners)
Ms C Birch	Staff Governor (Rep. of Trade Unions and Staff Organisations)
Mr R Sutton	Staff Governors (Other Professionally Qualified Staff)

In attendance

Mrs H Barnett	Director of Workforce and OD (to item CoG/19/04/15)
Ms L Butcher	Non-Executive Director (to item CoG/19/04/15)
Mr J Church	Non-Executive Director (to item CoG/19/04/15)
Mr M Davis	Non-Executive Director (to item CoG/19/04/15)
Ms L Massey	Non-Executive Director (to item CoG/19/04/15)
Mr M Oldham	Director of Finance (to item CoG/19/04/15)
Mr C Oliver	Chief Operating Officer (to item CoG/19/04/15/15)
Mrs J Tunney	Director of Nursing and Quality and Interim Deputy Chief Executive (to item CoG/19/04/16)
Mr M Luckas	Interim Medical Director (to item CoG/19/04/15)
Mrs A Acda	Sister Critical Care Outreach Lead Nurse (to item CoG/19/04/03)
Ms R Hooker	Head of OD (to item CoG19/04/04)
Mrs K Dowson	Trust Board Secretary

Observer

Name removed under Section 40 of the Freedom of Information Act	Student Nurse (to item CoG/19/04/03)
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Apologies

Mrs G Alasadi	Public Governor (Crewe and Nantwich)
Mr G McCourty	Public Governor (Vale Royal)
Mrs M Leverington	Patient and Carer Governor
Mr J Pritchard	Patient and Carer Governor
Mr R Platt	Staff Governor (Non-Clinical Support Staff)
Ms L Evans	Staff Governor (Clinical Support Staff)
Mr P Colman	Partnership Governor (Chambers of Commerce)

Dr J Griffiths	Partnership Governor (Vale Royal CCG)
Dr A Wilson	Partnership Governor (South Cheshire CCG)
Cllr S Burns	Partnership Governor (Cheshire West & Chester)
Dr P Dodds	Medical Director and Deputy Chief Executive
Mr L Philpott	Non-Executive Director
Mr T Brocklebank	Non-Executive Director

CoG19/04/1	Welcome and Apologies for Absence
19/04/1.1	The Chairman welcomed everyone to the meeting in particular Mr Luckas to his first meeting as Interim Medical Director.
19/04/1.2	The Chairman noted the apologies for absence.
CoG19/04/2	Interests to Declare
19/04/2.1	Ms Massey appraised the Council that she has been appointed as Chief Executive of Advanced Quality Alliance (AQuA) from July where she currently serves as a director. The Chairman congratulated Ms Massey on her new role. There were no further interests or changes to interests declared.
19/04/2.2	There were no interests declared in relation to any open items on the agenda.
CoG19/04/3	Patient Story – Critical Care Diaries
19/04/3.1	Mrs Tunney introduced the patient story chosen by Governors. This story described the psychological impact of spending time in the Critical Care Unit (CCU) for patients and their families. Mrs Anna Acda, Critical Care Outreach Lead explained that any patient who is ventilated has a diary written by nurses which they receive when they are ready, following discharge from the unit. In the diary nurses introduce themselves and provide a brief summary of the day and care. Mrs Acda explained the impact a stay in the CCU can have on patients which can sometimes lead to post-traumatic stress disorder (PTSD).
19/04/3.2	Mrs Acda advised that the patient in the story had found her stay particularly traumatic and had needed two follow up visits and psychological support which staff are trained to give. Patients are also screened at the first appointment for Post Traumatic Stress Disorder. The Chairman thanked Mrs Acda for this fascinating insight into this experience for patients. Mrs Tunney noted that Mrs Acda has championed this service for patients which really is a gold standard that helps patients dramatically. Mr Oliver endorsed this, adding that not many Trusts offer this service.
19/04/3.3	Mr Oliver asked whether the Trust can refer patients into services in Cheshire and Wirral Partnership NHS Foundation Trust and Mrs Acda replied that this was not currently possible but may be in the future. Patients can be referred to local charities and groups which can provide long-term support. Mr Brocklebank asked if staff are trained to write the diary entries. Mrs Acda responded that the diaries are deliberately informal and staff are encouraged to write in this way but support is available and staff love

19/04/3.4	<p>getting good feedback from families and patients about their entries. Mrs Acda suggested that allowing families to make their own entries in the diaries is the next step as they are already encouraged to keep their own diary and it would be good to join these up and to include photos.</p> <p>The Chairman thanked Mrs Acda for the outstanding service provided and for the difference this is making to patients and their families. The Chairman asked for his thanks to be passed on to the patient as well.</p> <p>Resolved: The Council noted the patient story.</p> <p><i>Mrs Acda left the meeting.</i></p>
CoG19/04/4 19/04/4.1	<p>Governor Discussion Topic – National Staff Survey Results 2018</p> <p>Mrs Hooker presented the results of the national staff survey 2018 noting that this was the second year the Trust has been classified as a combined community and acute Trust this has enabled comparison to the previous year. Mrs Hooker described a slight improvement in the results which continues the trend of recent years. Mrs Hooker explained that the results have been simplified this year with ten key themes introduced which all score between 0 and 10.</p>
19/04/4.2	<p>Mrs Hooker advised that the response rate was 53%, slightly lower than the 54% last year but against a national average of 48%, therefore showing a good engagement from staff. Mrs Hooker noted the disappointing response rate of 28% from Medicine & Emergency Care Division but agreed that it was understandable given the operational difficulties that the division have been under. Mrs Hooker advised that work will take place to try and encourage a higher response rate in 2019. Staff will also be able to respond online this year.</p>
19/04/4.3	<p>The Chairman commented that this survey remains an important barometer for the Trust. Mrs Hooker reported that the staff engagement score has increased by 0.1 from last year to 7.2 against a national high of 7.4. This is the same as East Cheshire Hospitals NHS Trust (ECT). Central Cheshire Integrated Care Partnership (CCICP) performed the best out of all Trust areas and Medicine and Emergency Care where the lowest especially on morale, health and wellbeing and safety culture.</p>
19/04/4.4	<p>Mrs Hooker outlined the areas where the Trust has scored the lowest which includes health and wellbeing and appraisals. Detailed work is taking place on health and wellbeing especially stress. Factors highlighted through focus groups include no line manager, car parking, IT and staffing levels. Mrs Hooker described the work taking place to improve the scoring on appraisals which is the bottom ranking theme; it is slightly improved but is still low.</p>
19/04/4.5	<p>Mrs Hooker explained that the Trust has scored comparatively well on equality and diversity and has improved on safe environment which has in the past been a low scorer for the Trust. The Trust is now only slightly behind the best nationally in this area. The Trust has also previously struggled with experience of bullying and harassment and this has improved.</p>
19/04/4.6	

19/04/4.7	<p>Mrs Hooker described the key areas of focus for the year which will feed into divisional action plans and include some of the lower scoring areas such as the importance of engagement and visibility from leaders, communication and support, job satisfaction and recognition, reward and feedback. The next step will be for the divisions and CCICP to receive staff feedback bundles to include survey results and focus group reports and for the OD team to meet with senior staff to discuss results, action plans and provide support.</p>
19/04/4.8	<p>The Chairman thanked Ms Hooker for the presentation. Mr Sutton asked why bullying and harassment remains an issue. Mrs Barnett replied that sometimes change can be challenging for staff and the difference between managing someone and bullying them can be a fine line or a perception. Mrs Barnett agreed that the management style at the Trust needs to be a coaching style rather than autocratic which is not always the case in some areas. Stress and pressure for middle managers continues to grow which can bring out the worst in people.</p>
19/04/4.9	<p>Mr Ashcroft asked if there is a gap in management skills or tools as one in four responders on the survey have been subject to bullying. Should the focus be on managing, not on leading. Mrs Barnett agreed that good management is key and it is compassionate managers that are required; staff should be promoted on capability and this is being looked at within the work on succession planning.</p>
19/04/4.10	<p>Mr Luckas commented that traditionally leaders in medicine are promoted on ability and time in post which can lead to the wrong behaviours. Medical curriculums recognise this now and there is a focus on how to give feedback and communication skills. Mrs Moores observed that a good manager can come in and be successful without knowledge of the job area if they have the right people skills. Mrs Barnett agreed that the Trust needs to be clear about values, behaviours and skills it needs to recruit to.</p>
19/04/4.11	<p>Mr Ashcroft noted that the number of staff suffering with stress has gone up two years in a row which is unlikely to be unique to this Trust and staff need resilience to cope. Mrs Barnett agreed that this is a big issue and senior leaders need to enable staff to nurture this and look after their own resilience. The Trust has just opened up a new resilience course for senior staff which the Matrons have all recently completed. Dr Birch commented that she is particularly concerned about the growing levels of stress and that it will be good to see the impact of interventions being put into place.</p>
19/04/4.11	<p>The Chairman noted that bullying and harassment and stress are not mutually exclusive. The pressure to do extra shifts may feel like harassment which can be stressful. Mrs Moores asked what is in place for staff to ask for help and Mrs Barnett outlined the various sources of support and help available to staff which includes the Employee Assistance Programme which has just been relaunched with new providers that provides a wider offer to individuals and close family including counselling. The Trust has also launched Mental First Aiders this year who can support, signpost and direct people.</p> <p>The Chairman noted the generally good results and the aspiration to keep improving and target particular areas to reverse the trends.</p>

	<p>Resolved: The Governors noted the presentation and discussion session and thanked Ms Hooker and her team for all their work.</p> <p><i>Ms Hooker left the meeting.</i></p>
<p>CoG19/04/5 CoG19/04/5.1</p>	<p>Minutes of the Last Meeting Thursday 24 January 2019 The minutes of the last meeting held on 24 January 2019 were agreed as a true and accurate record of the meeting.</p>
<p>CoG19/04/5.2</p>	<p>3 April 2019 (Extra Ordinary) The minutes of the Extra Ordinary meeting held on 3 April 2019 were agreed as a true and accurate record of the meeting.</p>
<p>CoG19/04/6 19/04/6.1</p>	<p>Matters Arising and Action Update The Chairman noted that there were no outstanding actions from the last meeting. The Chairman formally announced that following an extensive national search Mr James Sumner has been appointed as the Trust's new Chief Executive Officer and will be starting in July. The appointment has been well received by stakeholders and regional partners and the Trust is very much looking forward to Mr Sumner starting his role and leading the next chapter of the Trust's transformation. The Chairman reminded the Council that this appointment had been formally ratified at the Extra Ordinary meeting of the Governors on 3 April. The Chairman thanked the Governors for their input and support during the selection process.</p>
<p>CoG19/04/7 CoG19/04/7.1 19/04/7.2.1</p>	<p>Chairman's Report Chat with the Chairman – 21 February The Chairman advised that he had met with a number of Governors informally and discussed matters including CEO recruitment, aspects of the Trust's performance and the due diligence work taking place for the potential acquisition of the South Cheshire Private Hospital from BMI Healthcare.</p>
<p>CoG19/04/7.2 19/04/7.2.1</p> <p>19/04/7.2.2</p>	<p>NED & Governors Meeting – 18 March The Chairman reported that NEDs had met with Governors and discussed the BMI Hospital acquisition, CEO appointment, international recruitment, bed moves and outliers, procurement, and palliative care at end of life. Governor development had also been mentioned and Governors have been asked to speak to Mrs Dowson about any training or development needs that could be met by the Trust.</p> <p>The Chairman advised that Governors from the Royal Bolton Hospital NHS Foundation Trust (RBH) have asked to attend a NED/Governor meeting to observe how it works. The Chairman noted that he has emailed the Chair as a courtesy and asked Mrs Psaila if she will contact the Governors and invite them to attend.</p> <p>ACTION: Governors from RBH to be invited to the next NED/Governor meeting (Mrs Psaila)</p>
<p>CoG19/04/7.3 19/04/7.3.1</p>	<p>Governor Appointment to Nomination & Remuneration Committee The Chairman advised that he has invited Ben Selby to take a position on</p>

	<p>this committee following the resignation of Cllr Clowes from this role. The Chairman thanked Mr Selby for his acceptance of this position.</p>
<p>CoG19/04/7.4 19/04/7.4.1</p>	<p>Director of Finance & Strategic Planning The Chairman announced that Mr Oldham has announced his intention to take up a new role at North Midlands University Hospitals NHS Trust (UHNM) and will be leaving the Trust on 23 May 2019. The Chairman thanked Mr Oldham on behalf of the Council for his work and commitment to the Council.</p>
<p>19/04/7.4.2</p>	<p>The Chairman advised that Mr Russ Favager has been appointed from Betsi Cadwaladr University Health Board for twelve months and will start with the Trust on Monday 29 April 2019. Mr Favager is a very experienced Director of Finance and he will have a handover of several weeks to ensure a seamless transition.</p>
<p>CoG19/04/7.5</p>	<p>CCICP Showcase event The Chairman reported that he had attended this event which had been very positive and enlightening. Mrs Ollier agreed that it had been an excellent event, aiding understanding about CCICP for the public as well as stakeholders and potentially a Members event could be done on a similar theme.</p> <p>Resolved: The Chairman's items were noted.</p>
<p>CoG19/04/8 19/04/8.1</p>	<p>Workforce Strategy Presentation Mrs Barnett presented the Workforce Strategy for the Trust 'Our Workforce Matters' which was approved in November 2018. Mrs Barnett explained that this three year strategy had been approved in November as an enabling strategy to support the delivery of the aims and objectives of the Trust Strategy as well as the requirements of the Care Quality Commission (CQC), the NHS Long Term Plan and NHS Improvement and NHS England strategies.</p>
<p>19/04/8.2</p>	<p>Mrs Barnett presented each of the five domains of the strategy, within each one is five pledges which include high level objectives, aims and action plans. Mrs Barnett highlighted actions that are above and beyond 'business as usual' and are the key workforce strategy deliverables for 2019/20. This includes priorities both within the Trust and working in partnership locally and regionally. The ambition is to deliver workforce planning as a system.</p>
<p>19/04/8.3</p>	<p>Mrs Barnett underlined the importance of having the right data and the right systems in place to support the strategy, this has included investment in IT systems and in the HR and Organisational Development (OD) function. Mrs Barnett advised that the ambition for the Trust is to create compassionate, inclusive, system leaders, to recruit and retain staff, improve staff engagement and morale and improve wellbeing.</p>
<p>19/04/8.4</p>	<p>Mrs Barnett outlined the progress made so far which includes rapid access to physiotherapy, mental health first aiders, a new pilot on appraisals and the upcoming rebrand of recruitment to create a momentum. Support has been provided to key projects including international nurse recruitment, nurse apprenticeship schemes, retention of allied health professionals, medical leadership programme and individual and team coaching.</p>

	<p>Resolved: The Council of Governors approved the appointment of Dr Birch to the position of Lead Governor until 31 March 2020.</p> <p><i>Dr Birch returned to the meeting.</i></p>
<p>CoG19/04/11 19/04/11.1</p>	<p>Register of Governor Enquiries to Board and Committee Chairs The Chairman noted the enquiry made since the last meeting by Mrs Alasadi which has been reported to Governors.</p> <p>Resolved: The Governor enquiry was noted.</p>
<p>CoG19/04/12 19/04/12.1 19/04/12.1</p>	<p>Council of Governor Committees Membership and Communications Committee – 18 March 2019 Mrs Beadle, Chair of Membership and Communications Committee presented the draft minutes of the most recent meeting noting that there were no formal escalations.</p> <p>Resolved: The minutes of the Membership and Communications Committee were noted.</p>
<p>19/04/12.2 19/04/12.2.1</p> <p>19/04/12.2.2</p> <p>19/04/12.2.3</p>	<p>Membership and Communications Committee – Annual Report Mrs Beadle presented the annual report of the Membership and Communications Committee for 2018 highlighting some of the work that the committee has undertaken. This has included the continuation of the Youth Ambassador scheme with three more appointed from September 2018 and the closure of the 2017 Youth Ambassadors projects. The Chairman asked how new Youth Ambassadors are being recruited. Mrs Beadle replied that the role is being advertised including by the National Citizens Service website.</p> <p>Mrs Beadle stated that the committee has fulfilled its purpose in enabling Governors to engage with each other and with Members and constituents and has created opportunities for Members to engage with the Trust through an active programme of events. The Chairman noted the low attendance by some members of the committee which may need addressing by adding additional members to compensate. The Chairman thanked those Governors on the committee for the work that they do and commented on how well they work as a team.</p> <p>The Chairman thanked Mrs Beadle for the report and thanked the committee for their work include Mr Church who attends as a conduit to the Board.</p> <p>Resolved: The Annual Report of the work of the Membership and Communications Committee was noted.</p>
<p>CoG19/04/13</p> <p>19/04/13.1 19/04/13.1.1</p>	<p>Interim Chief Executive’s Update Report Mrs Tunney presented the Interim Chief Executives update in the absence of Dr Dodds.</p> <p>Quarter 4 Performance Mrs Tunney confirmed that the NHS Improvement (NHSI) Quarter 4 rating remains as a 2 which means the Trust receive targeted support. Mrs Tunney noted that the quarterly review meeting with NHSI had taken place</p>

	<p>today and had been a positive meeting with lots of good feedback. The Trust is aware of the areas it needs to develop and is making good progress.</p>
<p>19/04/13.1.2</p>	<p>Mrs Tunney explained the Trust's performance against the key constitutional targets, noting that the 4-hour transit target remains a big challenge. The Trust achieved 80.12% in quarter 4 despite an extra 500 attendances per month compared to the previous year when the quarter figures was 78.06%. Mrs Tunney outlined the schemes in place to address this which include the winter plan and access and flow projects.</p>
<p>19/04/13.1.3</p>	<p>Mrs Tunney advised that the Trust has also failed the Referral to Treatment (RTT) in quarter 3, achieving 91.9% against a target of 92%. This was as a result of stopping elective surgery over winter plus an increase in referral rates. Divisional teams have an improvement trajectory in place that they are working through.</p>
<p>19/04/13.1.4</p>	<p>Mrs Ollier noted that the Complaints Review Group has recently reviewed complaints about three month waits for pain relief clinics and Dermatology. Mr Oliver noted that the RTT is an aggregate pathway with the national standard being 92% of patients to be seen within 18 weeks. There are extended pathways in some specialities due to workforce gaps, which are being addressed as part of the RTT improvement work; Dermatology being one of these specialities.</p>
<p>19/04/13.1.5</p>	<p>The Chairman explained that no one is left unattended waiting for 18 weeks. Mr Oliver agreed noting that the Trust is aware of where everyone is on the list and urgent and routines are monitored weekly at the management meeting. If there is a high demand for urgent appointments then additional clinics are arranged. Nationally Dermatology is a challenge for recruitment but the Trust has recently recruited to two vacancies and is the second largest service in Cheshire and Merseyside. Mr Oliver noted that even though the Trust has failed quarter 4 against the 92% RTT standard it remains the third highest performer in Cheshire and Merseyside out of the eight Trusts. The Trust is aiming to achieve above 92% but budgetary pressures and a request to bring the performance down from 97% last year by NHSI have put pressure on this target.</p>
<p>19/04/13.1.6</p>	<p>Mrs Tunney noted that she was disappointed to report that there had been four MRSA Bacteraemia in quarter four after a year with none. All four patients remain well but may have had an elongated stay as a result. Mrs Tunney advised that immediate remedial actions have been put in place and a 90 day improvement plan has been started. An external review has also been commissioned from a national expert and recommendations have been incorporated into the plan. Mrs Tunney commented that this is a symptom of the current environment with an increase in activity, additional areas open and clinical practice requires improvement and education.</p>
<p>19/04/13.2</p>	<p>Financial Position</p>
<p>19/04/13.2.1</p>	<p>Mr Oldham updated the Board on the financial position noting the provided report is up to the end of month 11 and shows a position of a £2.6m deficit against a planned surplus of £1.9m. There are three key reasons for the worsened position:</p>

	<ul style="list-style-type: none"> • pay due to the escalation beds and the cost of nurses through agencies • outsourcing of Radiology and Pathology due to vacancies • Gap in Cost Improvement Programmes of £1m
19/04/13.2.2	<p>Mr Oldham advised that the year end position is now known. The Trust had a Control Target (CT) of £3.3m deficit for 2018/19. During the year the Trust's position deteriorated to a position which was £9m worse than this due to increased activity and thereby not receiving the full Provider Sustainability Fund (PSF) which was linked to the achievement of constitutional targets such as the 4 hour transit time target and meeting the CT. Mr Oldham explained that the Clinical Commissioning Groups (CCG) had committed as part of contract negotiations to fund additional activity above the activity plan and following discussions with NHSE it was agreed that the CCG would pay half of the £9m and the Trust the remainder. Mr Oldham advised that following this decision the Trust reforecast the year end as a £7.8m deficit expected position.</p>
19/04/13.2.3	<p>Mr Oldham was pleased to report that while quarter 4 was challenging it was better than forecast so the position improved by £1.1m by the end of the year resulting in a revised £6.4m deficit position. Following an end of year redistribution of PSF and technical adjustments the final position is a surplus of £1m. This means that the cash position is protected and therefore the Trust's ability to invest is secured. The Chairman congratulated Mr Oldham and his team on their management of the budget as there are very few acute Trusts who have ended the year with a surplus after such a challenging year.</p>
19/04/13.2.4	<p>Mr Oldham advised that the 2019/20 CT has now been agreed with NHSI as a £9.3m deficit, before receipts of PSF or any additional monies which is potentially £7.5m thereby leaving an end of year position of £1.8m deficit which is relatively small. The final Annual Plan is being reviewed by Performance and Finance Committee before being discussed at May Board. This will confirm further investment than previously planned and be less reliant on borrowing. Mr Oldham observed that the willingness of NHSI to be flexible about the CT is a reflection of their confidence in the Trust's ability to deliver and is not an opportunity given to all Trusts.</p>
19/04/13.2.5	<p>The Chairman commented that this was a good outcome for the year and sets the Trust up well for 2019/20. The Chairman thanked Mr Oldham for his work in turning around the annual plan so quickly following the confirmation from NHSI of the CT for 2019/20.</p>
19/04/13.2.6	<p>Mrs Tunney advised of two new appointments in the system, the new Executive leave for Cheshire East Place is Mr Mark Palethorpe, Acting Executive Director of People. Mr Alex Mitchell, Chief Finance Officer, Eastern Cheshire CCG has been appointed as the finance lead.</p>
<p>CoG19/04/13.3 19/04/13.3.1</p>	<p>BMI Hospital Update Mr Oldham updated the Council on the due diligence work taking place in regard to the potential acquisition of the South Cheshire Private Hospital (SCPH). This is proving to be a large piece of work with eight operational workstreams set up reporting to a Project Board, all with a project plan and</p>

<p>19/04/13.3.2</p> <p>19/04/13.3.3</p> <p>19/04/13.3.4</p>	<p>risk registers. The Trust is also continuing to engage with staff and Consultants.</p> <p>Mr Oldham advised that a project manager will start in May to support the process with the aim of completing due diligence in June/July and taking a business case to the Board in July or August. There is likely to be a four week transition to the new model once this is approved. The Chairman commented that due diligence often uncovers further issues and the need for investment but it is important that the Trust understands what it would be buying and that it is primarily about the right decision for patient and staff. The Chairman added that he hoped to be able to report more to the Council in July.</p> <p>Mrs Moores asked if there will still be a private element offered from SCPH after an acquisition. The Chairman replied that the Trust is looking at how to retain a private offer. Mr Oliver added that the intention would be to expand the private capacity and improve the facilities. Mr Boyce Cam commented that the longer the process takes the more insurance providers will pull out as they need to be assured about the governance and standard of care. These insurers may not return if pathways change. Mr Oldham advised that the Trust has employed a consultant to work with insurers to negotiate and agree contracts which is difficult without a date and so he is meeting with regional directors to discuss this.</p> <p>The Chairman observed that new relationships need to be built between organisations and that any acquisition will need investment.</p> <p>Resolved: The Council noted the Interim Chief Executive's Report.</p>
<p>CoG19/04/14</p> <p>19/04/14.1</p>	<p>Governor's Questions and Board of Directors Answer Session The Chairman invited the Council to ask any additional questions to the Board.</p> <p>Mrs Ollier asked why there was no Executive or NED representation in the Complaints Review Group (CRG) as she felt this is such an important committee for understanding patient experience and the detail of complaints. Mrs Tunney replied that this is an operational group that feeds into Executive Patient Experience Group, she was originally chairing both and is now the Deputy Chair of CRG and holds it to account through that role. The Chairman advised that NEDs cannot be a member of operational groups but can always attend to observe if they wish. The Chairman advised that he will take this forward with Mrs Tunney for discussion.</p> <p>ACTION: Meet with Mrs Tunney to discuss how complaints are reviewed and understood by Board Members and report this back to Governors (Chairman)</p>
<p>CoG19/04/15</p> <p>19/04/15.1</p>	<p>Any Other Business</p> <p>The Chairman advised that this is the last Council meeting for Mr Oldham after over thirty years at the Trust, ten of those as Director of Finance (DoF). The Chairman stated that Mr Oldham has been an outstanding DoF and has an enviable reputation with regulators and commissioners as a consequence of his stewardship of this Trust. The Chairman added that he will undoubtedly successfully bring this experience to UHNM. The</p>

19/04/15.2	<p>Chairman thanked Mr Oldham for his time and commitment to the Trust and wished him well in his next role.</p> <p>Mr Oldham replied that he had had the privilege of working for a fantastic team for so many years including but not limited to the finance team and the Board who will continue to lead the Trust and go from strength to strength.</p> <p><i>Non-Executive Directors and Executive Directors with the exception of Mrs Tunney left the meeting.</i></p>
<p>CoG19/04/16</p> <p>19/04/16.1</p>	<p>Interim Chief Executive Briefing in private</p> <p>There were no further items for Mrs Tunney.</p> <p><i>Mrs Tunney left the meeting.</i></p>
<p>CoG19/04/16</p> <p>19/04/16.1</p> <p>19/04/16.2</p>	<p>Evaluation of Meeting Effectiveness (in private)</p> <p>Mrs Roach reviewed the meeting noting that it was less well attended than usual but it had been an interesting agenda and good discussion. The staff survey highlighted the importance of looking after staff in order for them to deliver good patient care and the interventions in place are positive. Mrs Moore added that staff need someone else to speak to other than their line manager. The Chairman advised that the Freedom to Speak up Guardian is available for all staff and there are other avenues for staff to use such as Employee Support Advisors and a 24 hour helpline.</p> <p>Mrs Roach thanked Dr Birch for the Lead Governor report and for stepping up to continue in her role as Lead Governor which she does so well. Dr Birch added that as part of this role she has responded to the Trust's Quality Report on behalf of the Governors and has submitted this draft today. This response comments on how well the Trust has communicated its achievements and challenges to Governors and whether it is a fair and accurate account. Mrs Roach commented on the large pieces of work taking place to improve the Trust.</p>
<p>CoG19/04/17</p>	<p>Date and Time of Next Meeting</p> <p>The next meeting is scheduled to take place on Thursday, 25 July 2019 at 5.30pm in the Post Graduate Lecture Hall, Leighton Hospital, Crewe.</p> <p>The meeting closed at 8.14 pm.</p>