

**Council of Governors**  
 Thursday 29 October 2020  
 Virtual - via Microsoft Teams  
**Minutes of the Meeting held in Public**

**Members**

|                            |   |
|----------------------------|---|
| Dennis Dunn (DD)           | Chair   |
| Katherine Birch (KB)       | Lead Governor and Public Governor (Vale Royal)                |
| Tim Ashcroft (TA)          | Public Governor (Vale Royal)                                  |
| Glynda Alasadi (GA)        | Public Governor (Crewe and Nantwich)                          |
| Barbara Beadle (BB)        | Public Governor (Crewe and Nantwich)                          |
| Dr Bob Pugh (BP)           | Public Governor (Crewe and Nantwich)                          |
| Judy Wright (JW)           | Public Governor (Congleton)                                   |
| Janet Ollier (JO)          | Public Governor (Congleton)                                   |
| Maureen Leverington (ML)   | Patient and Carer Governor                                    |
| Pat Psaila (PP)            | Patient and Carer Governor                                    |
| Valerie Pickford (VP)      | Patient and Carer Governor                                    |
| John Pritchard (JP)        | Patient and Carer Governor                                    |
| Helen Piddock- Jones (HPJ) | Staff Volunteer Governor                                      |
| Nick Boyce-Cam (NBC)       | Staff Governor (Medical and Dental Practitioners)             |
| Jenny Newman (JN)          | Staff Governor (Nursing & Midwifery Staff)                    |
| Caroline Birch (CB)        | Staff Governor (Rep. of Trade Unions and Staff Organisations) |
| Rob Platt (RP)             | Staff Governor (Non-Clinical Support Staff)                   |
| Cllr Gina Lewis (GL)       | Partnership Governor (Cheshire West & Chester Council)        |
| Cllr Hazel Faddes (HF)     | Partnership Governor (Cheshire East Council)                  |
| Erica Morriss (EM)         | Partnership Governor, Voluntary and Healthwatch Sector        |
| Madeleine Abbey (MA)       | Partnership Governor (Chambers of Commerce)                   |

**In attendance**

|                         |   |
|-------------------------|---|
| Heather Barnett (HB)    | Director of Workforce and OD <i>(to item 17)</i>                  |
| Trevor Brocklebank (TB) | Non-Executive Director <i>(to item 17)</i>                        |
| Lorraine Butcher (LB)   | Non-Executive Director <i>(to item 17)</i>                        |
| John Church (JC)        | Non-Executive Director <i>(to item 17)</i>                        |
| Russ Favager (RF)       | Deputy Chief Executive and Director of Finance                    |
| Caroline Keating (CK)   | Company Secretary   |
| Murray Luckas (ML)      | Medical Director <i>(to item 17)</i>                              |
| Lesley Massey (LM)      | Non-Executive Director  |
| Sally Mann (SM)         | Deputy Director of Nursing & Quality – <i>Rep JT (to item 17)</i> |
| Emma McGuigan (EMcG)    | Director of Operations – <i>Rep OB (to item 17)</i>               |
| Les Philpott (LP)       | Non-Executive Director <i>(to item 17)</i>                        |
| Andy Vernon (AV)        | Non-Executive Director <i>(to item 17)</i>                        |
| Chris Ralphs (CR)       | Board Committee Secretary   |
| Oliver Dray (OD)        | GP Trainee <i>(to item 3 only)</i>                                |
| Hilary Moulton (HM)     | Interim Patient Experience Manager <i>(to item 4 only)</i>        |

**Apologies**

|                |                               |
|----------------|-------------------------------|
| Gary McCourty  | Public Governor (Vale Royal)  |
| Oliver Bennett | Chief Operating Officer       |
| Amy Freeman    | Chief Information Officer     |
| James Sumner   | Chief Executive               |
| Julie Tunney   | Director of Nursing & Quality |

| No | Item   |
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| 1  | <b>Welcome and Apologies (v)</b><br>DD welcomed everyone to the meeting.   |
| 2  | <b>Interests to Declare (v)</b><br>There were no new interests declared and no interests declared in relation to any open items on the agenda. |

## GOVERNOR DISCUSSION

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| <b>3</b> | <b>Patient Stories (v)</b>  |
| 3.1      | <b>ITV Report on Patient Recovery</b><br>The television report had been circulated prior to the meeting and there were no comments or questions.  |
| 3.2      | <b>A Trainee Doctor's Perspective on Covid-19</b>   |
| 3.3      | DD introduced a staff story from Dr Oliver Dray, a trainee GP working in the Emergency Department (ED) at the Trust during the start of the Covid-19 pandemic.  |
| 3.4      | OD talked about his general experience, commending the Trust for its communication throughout Covid-19 and its fast response to the pandemic. This experience had made him proud to be working at Mid Cheshire Hospitals NHS Foundation Trust (MCHFT). OD was particularly complimentary about the leaders in A&E, support from other medical teams, the team spirit throughout Covid-19, availability of personal protective equipment (PPE) and the wellbeing support put in place for staff. The biggest challenge, in his view, had been keeping family members updated on their relative's condition as visitors were not allowed. |
| 3.5      | BP asked OD if attendances to ED had decreased at the start of a potential second wave as they did during the first wave. OD replied this was not the case at the start of the second wave and a significant number of attendances would be better managed through primary care. Some patients had indicated that they had experienced difficulties in accessing an appointment with a GP.  |
| 3.6      | OD reflected that his personal learning had been to make sure he treated every patient as an individual; with so many similar cases coming in, compassion fatigue was a risk. HB commented that this was helpful feedback and something that the organisational development team would reflect on.  |

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| 3.7 | DD thanked OD for joining the meeting and providing the Council with an account of his positive experience during a very challenging time.  |
| 3.8 | <b>Resolved:</b> The Council noted the presentation.  |
| 4   | <b>National Inpatient Survey Results (p)</b>  |
| 4.1 | HM presented the results of the 2019 national inpatient survey, which had achieved a higher than national average response rate at 48.1%. The Trust results were in line with other Trusts and had not been identified as an outlier. The Trust had performed better than expected on single sex accommodation and worse on being able to take your own medication when needed; all other areas were as expected. No concerns had been highlighted by the Care Quality Commission on the basis of any results over the last three years.                                      |
| 4.2 | HM advised that, compared to last year, the Trust results were worse in twelve areas and better on one. The Quality Summit would review the proposed action plan to improve the number of areas in the 'better than expected' ranking. Themes from the 840 comments received had been analysed and 51% were positive. TB commented that this meant that 49% were negative which seemed like a significant proportion.   |
| 4.3 | HM further advised that much of the learning picked up through Covid-19 would be used to drive improvement and embed innovation to support patient, staff and visitors; for example, use of technology to connect families to and to increase video consultations. The next steps would be to conduct workshops with ward leads and visit exemplar hospitals to bring back their learning to the organisation.  |
| 4.4 | JO asked whether the recent recommendations from the Task Force on Hospital Food announced this week would be implemented, for example 24-hour access to healthy appetising meals for patients and staff which was important when looking at staff wellbeing. RF advised that this would be reviewed when guidance was received.  |
| 4.5 | KB observed that communication routinely comes up as the most important aspect of care and had featured in previous surveys. ML agreed that communication was near to the top in nearly all organisations in the country and a significant amount of work was taking place with JT leading on schemes with nurses on the wards and the Associate Medical Directors (AMD) were doing similar work with junior doctors. He added that there should be a note of caution in looking at the figures as 500 out of the number of patients seen each year is probably less than 1%. |
| 4.6 | In response to a query from GL regarding the discharge process, EMcG advised that it was recognised that once a patient has been told they can go home, it was  |

| No  | Item  |
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|     | <p>expected they could leave the building, but the discharge process includes waiting for medication and potentially transport. There has been a lot of work carried out to improve the process and manage expectations. Work would continue to take place to enable discharges earlier in the day to help the flow of the hospital and a better experience for the patient. EMcG added that the dispensary on the ward was a 7-day service, and with no outpatients at the weekend, pharmacists were on the wards and dispensing at weekend.</p> |
| 4.7 | <p>HB suggested that the work being developed to support minority groups through the Equality, Diversity and Inclusion work could be linked to improving patient experience. Improving the patient experience for minority groups is shown to improve benefits for all. JC endorsed the aspiration to be better than the pack which was in line with the Trust's strategic direction.</p>   |
| 4.8 | <p>DD thanked HM and noted that the consensus was disappointment that the scores were not going in the right direction, good points were made by Governors to take on board and for the Trust to develop as part of priorities for this year.</p>   |
| 4.9 | <p><b>Resolved:</b> The National Inpatient Survey results for 2019/20 were noted.</p>   |

## PRELIMINARY BUSINESS

- 5 Minutes of the last meeting - Thursday 23 July 2020 (d)**
- 5.1 The minutes of the last meeting held on 23 July 2020 were agreed as a true and accurate record of the meeting. DD thanked JC for deputising for him during his recent absence.
- 6 Matters Arising and Action Update (d)**
- 6.1 DD advised that action 20/01/8.1.1 had been completed and could be closed. Action 20/01/4.6 had been rescheduled to the January 2021 meeting when there would be a more reliable position to report.
- 6.2 **ACTION To bring back to the January 2021 meeting an update on the 90-day short term cancellations – OB**
- 7 Chairman's Report (d)**
- 7.1 Governor Appointments (v)**
- 7.1.1 DD was pleased to formally welcome EM as a Partnership Governor representing Healthwatch as the wider voluntary and community sector.

| No         | Item  |
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| <b>7.2</b> | <b>Governor Engagement (d)</b>  |
| 7.2.1      | DD recognised the level of engagement that had carried on throughout the pandemic even though Governors could not meet face to face. DD thanked the Council for embracing the virtual platforms over the last seven months. |
| 7.2.2      | <b>Resolved:</b> The Council noted the report.  |

## ITEMS FOR NOTING

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| <b>8</b> | <b>Chairman and Non-Executive Director Appointment Process (v)</b>   |
| 8.1      | CK advised that a task and finish group had been established, led by the Lead Governor, to review the Non-Executive recruitment process. This would be taken through the Nomination & Remuneration Committee in due course and the Governors would be kept fully informed.   |
| 8.2      | <b>Resolved:</b> The Council noted the update.   |
| <b>9</b> | <b>Patient Safety Walkround Annual Report (d)</b>  |
| 9.1      | ML commented that the walkrounds were useful and bring a different perspective. The report illustrates the items that had been actioned. He added that April – December in Table 1 should read 2019.   |
| 9.2      | ML advised that the March 2020 walkround had been cancelled due to the Covid-19 pandemic and national lockdown. Subsequent walkrounds had not been reinstated due to restrictions on the wards and the Quality Governance department were exploring ideas from other organisations.  |
| 9.3      | KB recognised that whilst the patient safety walkrounds were valuable for Governors to see, listen and explore issues, patient safety was paramount and accepted the Trust's position.   |
| 9.4      | JO asked why there was no outcome reported for some actions from this report and from other sources; for example, wearing uniforms on the wards in hot weather, patients not being helped with feeding and potentially asking volunteers, and end of life care agreements.   |
| 9.5      | SM responded that although there were no light-weight uniforms available, there were other options to explore and this issue was still under review. Volunteers were allowed onto the low and medium risk areas and those that had expressed a wish to work with the patients were risk assessed for their suitability. SM added that, should the prevalence of Covid-19 increase, this may change. In relation to |

| No        | Item  |
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|           | end of life care, SM advised that the Trust was part of the Cheshire End of Life Collaboration that works with East Cheshire NHS Trust, Countess of Chester NHS Trust and MCHFT. They are currently working with two of the care communities in the Central Cheshire Integrated Care Partnership (CCICP) on a pilot to support ensuring the wishes of end of life patients are fulfilled.   |
| 9.6       | <b>Resolved:</b> The Council noted the report.  |
| <b>10</b> | <b>Risk Management Framework (d)</b>  |
| 10.1      | CK advised that there had been a significant review of the Trust's Risk Management Framework with several workstreams contributing towards its development. A new group, the Executive Risk Assurance Group (ERAG), had been established, consisting of Trust senior leaders, including the Chief Executive. ERAG would provide a collective view of the risks in the Trust and discuss where they were best managed. This was an approach endorsed by the Care Quality Commission (CQC). |
| 10.2      | CK described the work that had been carried out in developing the Board Assurance Framework (BAF) which was still ongoing. A final sign-off is anticipated at the Board of Directors meeting in January 2021.   |
| 10.3      | The next stage would be to review the operational risks and provide training through workshops to start in December 2020.   |
| 10.4      | LP advised that he and his colleagues from the Audit Committee had been working closely with CK to develop the Risk Management Framework. He added that the Audit Committee was an independent source of assurance to the Board of Directors and the Council of Governors.  |
| 10.5      | KB asked how the risk appetite of the Trust was being determined. CK replied that it was important that Governors understood how risks were managed and would look at the schedule for next year to arrange a bespoke session about risk management in the first instance and bring in risk appetite.   |
| 10.6      | <b>ACTION: Plan a risk development session for Governors with KB and DD (CK)</b>  |
| 10.7      | <b>Resolved:</b> The Council noted the report.  |
| <b>11</b> | <b>Lead Governor Report (d)</b>   |
| 11.1      | KB advised that all meetings across the summer were held virtually via Microsoft Teams, but it was clear that the range was more limited with some of the regular meetings, not reflected in the report. KB observed that the move to virtual   |

| No     | Item   |
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|        | platforms has in fact increased the number of Governors engaging than can sometimes attend on site. DD asked that any examples of good practice that Governors experience in other roles are shared with the Trust.  |
| 11.2   | <b>Resolved:</b> To note the report  |
| 12     | <b>Register of Governor Enquiries to Board and Committee Chairs (d)</b>  |
| 12.1   | DD noted that there had been five enquiries and the responses had been circulated in the papers for the meeting. GL commented that the report regarding hospital discharge of Covid-19 positive patients back to nursing homes reflected a national situation and not locally and not at Leighton Hospital. In response to the query from NBC regarding the significant problem with the MRI scanners cooling systems, RF advised that a lot of work had been carried out and plans were in place to ensure that this would not recur. He added that there was a major review of critical infrastructure underway across Leighton Hospital, Victoria Infirmary Northwich and Elmhurst. |
| 12.2   | <b>Resolved:</b> To note the report.   |
| 13     | <b>Council of Governor Committees</b>  |
| 13.1   | <b>Membership and Communications Committee (d)</b>   |
| 13.1.1 | BB advised that the Annual Members Meeting survey had been distributed asking for views about future arrangements; there had been 112 replies which were currently being evaluated and analysed and BB would inform Governors in due course.   |
| 13.1.2 | The first virtual members event on Macmillan Cancer Care took place successfully last week. A further event was planned for next week focussing on CCICP. The All Together newsletter was released in July and the winter edition was planned for January 2021.  |
| 13.2   | <b>Membership Benchmarking Figures (d)</b>   |
| 13.2.1 | BB advised that the benchmarking figures break down the public membership and compared it to the local population. It was noted that Trust membership was now more reflective of the population against age, gender and ethnicity. Historically, there had been low representation of younger people, but improvement had been made following concerted effort over the last few years.  |

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## CHIEF EXECUTIVE'S REPORT

### 14 Chief Executive's Report Q2 2020/21 (d)

- 14.1 RF presented the report on behalf of the Chief Executive and the following points were highlighted:
- Since the last Council of Governors meeting, the Trust has continued to encounter the widely reported challenges of the Covid-19 pandemic. Although the infection rate had reduced in the last quarter, it has since been steadily rising with organisations in the north west being the worst hit
  - There was a challenge across Cheshire & Merseyside for Critical Care capacity but MCHFT was currently in a satisfactory position. The Trust had a good supply stock of personal protective equipment (PPE) and continued to run the local staff and key worker testing
  - Although there are some Trusts who are cancelling elective activity due to the rate rising in their area, MCHFT had continued with its elective programme with two ring-fenced elective wards. This had resulted in the inpatient waiting list size being reduced by 1000 since August, 93% of last year's activity. Patients waiting longer than 104 days for cancer treatment had reduced significantly to 10 patients and they were being monitored on a case by case basis
  - The approval for the Electronic Patient Record (EPR) outline business case had now been received. and the procurement process had begun. It was anticipated that the EPR would be ready by September 2021, with an anticipated 18 months before the system was fully implemented
- 14.2 In response to a query from GL about NHS111 First, EMcG explained that this was a national initiative as part of the front-line response to Covid-19 that would be ready for a soft launch in November. The aim was that as more people use it and have a positive experience, there will be a natural increase in usage. Early modelling suggested that 10-15 patients per day would ultimately avoid A&E completely and be redirected to other areas of the hospital
- 14.3 JO asked whether to support staff a nursery could be provided on site for their children. ML advised that there had been a nursery on site some time ago that had to close due to lack of business that made it non-viable. HB added that although there was no intention to have an on-site nursery, support was provided with childcare, working from home, flexible working etc. In the redevelopment of the hospital, the Trust would be considering partnering with local providers to provide provision close by.
- 14.3 **Resolved:** To note the report.



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| 15   | <b>Governor's Questions and Non-Executive and Executive Answer Session (v)</b><br>There were no further questions.   |
| <b>OTHER ITEMS</b>                             |  |
| 16   | <b>Any Other Business (v)</b><br>There was no further business   |
| <b>COUNCIL OF GOVERNORS MEETING IN PRIVATE</b> |  |
|  | <i>Non-Executive Directors and Executive Directors with the exception of RAF left the meeting</i>  |
| 17   | <b>Chief Executive Briefing in private (v)</b><br>There was no further update.   |
| 18   | <b>Chairman and Non-Executive Director Appraisals 2019/20 (d)</b>  |
| 18.1   | DD advised that the usual comprehensive appraisal system was not followed this year with some of the development objectives for individual directors refocused in light of the Covid-19 pandemic; therefore a more streamlined appraisal process was adopted with 1:1 appraisal meetings between each NED and the Trust Chair. A more detailed verbal update of appraisals would go to Nomination & Remuneration (N&R) Committee on 5 November 2020. |
| 18.2   | KB supported the process put in place this year but advised that in the future the Governors would be more involved in the process itself as the Council have a responsibility to hold the NEDs to account for the performance of the Board.   |
| 18.3   | DD advised that the appraisal of the Chair was conducted through LM as the Senior Independent Director (SID) and included engagement with Governors, primarily, although not exclusively through KB as Lead Governor. The Chair appraisal process had now been completed and would be reported in full to the next N&R meeting.  |
| 19   | <b>Evaluation of Meeting Effectiveness (v)</b>   |
| 19.1   | JN welcomed DD back as Chair and thanked all those present for a good meeting that reminded her of the reasons why she wanted to become a Governor. There were pertinent enquiries and following up previous questions. The lack of walkrounds had impacted on the Governors and it was hoped that there would be some method developed to achieve this through other means while walkrounds were not possible.                                      |

| No        | Item  |
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| 19.2      | JN commented that the response to Governor Enquiries was generally impressive although there had been some discussions today in regard to questions that had been raised some time ago.   |
| 19.3      | JN thanked BB for her feedback back about membership and it was encouraging to see that the Trust had increased its membership base and looking to target younger people using electronic platforms and social media. JN thanked KD and team for the timely papers that were produced, and the helpful information contained in the Chief Executive's report. |
| 19.4      | DD commented that he was proud of the culture of the Trust that even in a challenged environment people were still looking for opportunities to make progress.  |
| <b>20</b> | <b>Date and time of the next meeting</b>  |
|           | The next meeting of the Council of Governors will take place on Thursday 14 January 2021 at 5.30pm – via Microsoft Teams  |