

**Council of Governors Meeting
Minutes of the Meeting held in Public
Thursday, 27 October 2016
at 5.30pm in the Post Graduate Lecture Hall, Leighton Hospital, Crewe**

Present

Mr D Dunn	Chairman
Mrs B Beadle	Public Governor (Crewe and Nantwich)
Mr J Park	Public Governor (Crewe and Nantwich)
Mrs J Roach	Public Governor (Crewe and Nantwich)
Dr K Birch	Public Governor (Vale Royal) (from item CoG 16/10/12 only)
Mr M Hadfield	Public Governor (Vale Royal)
Mrs S Regan	Public Governor (Vale Royal)
Mr P Faulkner	Public Governor (Congleton)
Mr C Betteley	Patient and Carer Governor
Mr J Lyons	Patient and Carer Governor
Mrs N Moores	Patient and Carer Governor
Mr R Stafford	Patient and Carer Governor
Mrs P Psaila	Patient and Carer Governor
Mrs I Vickers	Patient and Carer Governor
Cllr J Clowes	Partnership Governor (Cheshire East)
Mr N Fowler	Partnership Governor (MMU)
Mr J Griffiths	Partnership Governor (Vale Royal Clinical Commissioning Group)
Mrs A Cunningham	Staff Governor
Ms C Birch	Staff Governor
Mrs J Martin-Jackson	Staff Governor
Dr R O'Kell	Staff Governor (from item CoG 16/10/12.4 only)
Mrs L Lakey	Volunteer Governor

In attendance

Dame P Bacon	Non-Executive Director and Deputy Chair (up to item CoG/16/10/15)
Mrs T Bullock	Chief Executive (up to item CoG/16/10/16)
Ms E Carmichael	Director of Workforce and OD (up to item CoG/16/10/15)
Mr J Church	Non-Executive Director (up to item CoG/16/10/15)
Mr M Davis	Non-Executive Director (up to item CoG/16/10/15)
Dr P Dodds	Medical Director (up to item CoG/16/10/15)
Mrs R McNeil	Non-Executive Director
Mrs K Dowson	Trust Board Secretary
Mr M Palmer	IT Support Manager (item COG/16/10/14 only)

Apologies

Mrs C Cooper	Public Governor (Crewe and Nantwich)
Mr N Harris	Public Governor (Vale Royal)
Mrs J Ollier	Public Governor (Congleton)
Mr R Platt	Staff Governor
Mr P Colman	Partnership Governor (Chambers of Commerce)
Dr A Wilson	Partnership Governor (South Cheshire Clinical Commissioning Group)
Mr J Barnes	Non-Executive Director
Mr D Hopewell	Non-Executive Director
Mrs D Frodsham	Chief Operating Officer
Ms A Lynch	Director of Nursing and Quality
Mr M Oldham	Director of Finance and Strategic Planning

CoG16/10/1
16/10/1.1

Welcome and Apologies for Absence

The Chair welcomed everyone to the meeting and added his

congratulations to the four newly elected Governors.

- 16/10/1.2 The Chairman noted apologies for absence.
- CoG16/10/2**
16/10/2.1 **Interests to Declare**
There were no new interests declared and no interests declared in relation to any open items on the agenda.
- CoG16/10/3**
16/10/3.1 **Minutes of the Last Meeting**
The minutes of the last meeting held on 21 July 2016 were agreed as a true and accurate record.
- CoG16/10/4**
16/10/4.1 **Matters Arising and Action Update**
There were no matters arising. The Chairman noted that all actions from the previous meeting had been completed.
- CoG16/10/5**
CoG16/10/5.1 **Chairman's Report**
NED/Governor Meeting – 12 September 2016
The Chairman noted that this had been a full and productive discussion covering several topics and thanked the Deputy Chair for chairing. The Chairman added that these items had been followed up at the 'Chat with the Chairman' session a week later. Mr Lyons added that both these meetings had been useful and informative sessions. The Chairman thanked those Governors who had been able to attend.
- CoG16/10/5.2**
16/10/5.1.1 **Governor Induction**
The Chairman reported that the induction for the new Governors had begun with a formal induction morning in early October, and this will be supplemented by further sessions throughout the year.
- CoG16/10/5.3**
16/07/6.3.1 **Annual Members Meeting**
The Chairman reported that the Annual Members Meeting had taken place on 6 October 2016 and a good meeting had been held. The Chairman thanked those Governors who had attended and reported on the positive feedback from the members of public who did attend. The Chairman noted that the venue should rotate to different areas.
- CoG16/10/5.4**
16/07/6.4.1 **Joint Board to Board with the CCG**
The Chairman advised the Council that the Board had met for the first Board to Board with the Governing Body of the CCGs on 5 August. Several topics were discussed including STPs, Connecting Care, Community Services and financial challenges in the systems. The Chairman reported that the discussion had been very useful and two more meetings have been booked with the next one scheduled for 4 November. The Chairman expressed his hope that this will become a regular meeting and advised that minutes of this meeting are available to any Governor through Mrs Dowson.
- CoG16/10/6**
16/10/6.1 **Changes to the Constitution**
Mrs Dowson presented this paper which recommended a change is made to the Constitution to allow for the election of a new, temporary Governor to represent Community Services staff, following the transfer of services on 1 October. Mrs Dowson explained that the proposal was only temporary to support the transition period and offer new staff a clear channel of communication to the Council. As staff representation is divided by staff

grouping, not by areas of work Community Services staff can be represented in the long-term by the existing staff constituencies.

16/10/6.2 Mrs Dowson added that the proposed amendment is not specific to Community Services so it would not need to be removed and could be used again in the future should there be another significant transfer of staff. Mrs Dowson advised that the election for this post could be conducted as part of the planned election process due to start in January 2017 and the intention would be to elect this Governor for 18 months through to the 2018 elections. Professor Fowler commented that this approach seemed very sensible to support those staff transferring to a different domain. Professor Fowler asked the Council if it should consider whether there is sufficient representation for service users and asked whether an additional patient and carer Governor should be elected. The Chairman suggested that this proposal was considered and that he would come back to the Council with an update on this.

Resolved: The Council of Governors approved the proposed amendment to Annex 3 of the Constitution noting that this will be ratified by the membership at the 2017 Annual Members Meeting.

Action: Additional representation of Patient & Carer Governors to be considered (Mr D Dunn, Chairman).

CoG16/10/7
16/10/7.1

Results of the Governor Elections 2016

The Chairman reported that the Governor elections for 2016 have concluded and that all four posts have been filled and was pleased to welcome the new Governors to the meeting today. The Chairman commented that it was positive to see the level of interest in the Trust.

16/10/7.2

The Chairman advised the Council that due to the significant numbers of Governors whose term of office ends on 31 March 2017 the election process for next year will start in January to ensure that new Governors are in place before this date. The Chairman noted that five Governors are completing their third terms of office and would therefore definitely be retiring from their roles next year which would mean a loss of mature and experienced Governors. He asked that all Governors consider this and promote the role of Governor to their networks to maximise interest in the posts.

16/10/7.3

The Chairman noted that as a consequence, there will be spaces available on Governor committees and therefore he will be recruiting new members for these committees towards the end of the year. The Chairman advised that he will be writing to all Governors to ask for expressions of interest in taking up a role on either the Nominations and Remuneration Committee or the Membership and Communications Committee. The Chairman suggested that any Governor interested could talk to himself or Mr Park as respective Chairs.

CoG16/10/8
16/10/8.1

Lead Governor Report

Mr Lyons presented the Lead Governor Report which outlined the membership activity undertaken by Governors since the last meeting. Mr Lyons noted that he had attended the September and October Board of Directors meeting and Mrs Psaila had attended the Governor information meeting on the 20 Sept. The Chairman expressed his gratitude for the

energy and time given by Governors for attending meetings and representing the Trust.

Resolved: The Lead Governor report was noted.

CoG16/10/9
16/10/9.1

Governor Register of Interests

The Chairman presented this report which clarified for Governors their responsibility to declare any interests annually and any updates or interest in a particular item at each meeting. The Chairman thanked the Governors for the return of their annual declaration for 2016 noting that the Trust may have to publish these declarations in the future; he also noted that the information can currently be requested by any member of the public.

16/10/9.2

The Chairman advised all Governors to refresh their understanding of the declaration of interests through this paper. He noted that very few declarations were made at Council meetings and that if a Governor was not sure whether they should declare, they should err on the side of caution or speak to the Chairman or Mrs Dowson for further advice.

Resolved: The Council noted the guidance on Declaration of Interests.

CoG16/10/10
16/10/10.1

Register of Governor Enquiries to Board and Committee Chairs

The Chairman asked the Council to note the responses provided in response to enquiries raised by Governors. The Chairman reminded the Council that this was introduced last year and provides a way of submitting questions to Board members through Mrs Dowson who will follow this up and then report back to the Council at each meeting.

16/10/10.2

The Chairman checked with each nominating Governor that their enquiry had been responded to and completed. The Chairman suggested that any Governor could request a follow up to their enquiry if they wished, or raise any further enquiries at the agenda setting meeting. Mr Hadfield confirmed that he was happy with the answer provided but noted that smoking on site is still an issue, particularly at the main entrance, while recognising that this is difficult to police. Professor Fowler commented that the implementation of the smoking policy is a frequent issue for discussion at the Health and Wellbeing group. Mr Hadfield commented that the response to his enquiry on theatre efficiency had not completely assured him that the project aims have been achieved. He noted however that the project is reviewed regularly at the Transformation and People Committee and that progress has been made towards the targets.

CoG16/10/11

**Council of Governor Committees
Membership and Communications Committee Meetings**

16/10/11.1

Mr Park reported on the two meetings that have taken place since the last Council and asked the Governors to note the minutes of these meetings. The Chairman observed that he was pleased to see that Mrs Psaila had taken up a position on the Membership and Communications Committee following the retirement of a Governor earlier in the year.

CoG16/10/12
16/10/12.1

Chief Executive's Update Report

Mrs Bullock presented the Chief Executives Update and welcomed the four new Governors, explaining briefly for their benefit the purpose of this regular update Mrs Bullock noted that the report contains a lot of information and that her presentation assumes that the paper has been read in advance.

- CoG16/10/12.1 Quarter 2 Performance and Provisional Governance Rating**
- 16/10/12.1.1 Mrs Bullock reported the Quarter 2 Governance rating which is based on the NHS Improvement (NHSI) overview of Trust performance standards. Mrs Bullock informed the Council that the new Single Oversight Framework has now been introduced which will change this assessment in the future. Mrs Bullock noted that the governance rating for 2015/16 had been 'under review' due to the financial position and subsequent management and system review. This review had concluded that the Trust is not in breach of licence and therefore has reverted to green since Quarter 1.
- 16/10/12.1.2 Mrs Bullock observed that the Trust's biggest performance challenge is the 4 hourly transit time which is not getting any easier as winter arrives. Mr Park asked what the primary cause of delayed discharge into the community is. Mrs Bullock confirmed that there are two main cohorts that are monitored nationally. One is delayed transfer of care and the second is the medically optimised. Mrs Bullock advised the Council of the numbers in each of these cohorts, noting a particular spike in early October which has since reduced in part due to some positive work with the local authority. This has included several measures such as social workers working with teams on the wards. This work has also led to the prevention of some referrals into the Trust and is making a difference. Cllr Clowes noted that she should declare an interest in this report as a Cheshire East Councillor who has been involved in this work.
- CoG16/10/12.2 Financial Position**
- 16/10/12.2.1 Mrs Bullock advised the Board that the financial position is slightly ahead of plan and the Trust is still forecasting that it will meet its Control Target, but there is a significant risk that the Trust will lose some elective activity over winter which will impact the figures. Mrs Bullock noted that all Trusts have been asked to review the amount of elective work taking place because of concerns over achieving key performance targets. The level of activity is a challenge as nationally numbers have not dropped off over summer as in previous years. Mrs Bullock advised the Board that the Trust has developed a winter resilience plan with partners, to take account of the wider picture and investigate how patients can be managed differently without impacting the quality of care.
- 16/10/12.2.2 Mr Davis commented that the Performance and Finance Committee have reviewed the Q2 financial results and agreed that the declaration to NHSI is that the end of year position will be met. Mr Davis noted that pressure is building in the systems and this financial performance will get harder to achieve. Mrs Bullock informed the Council that NHSI provide a daily report on national performance and the Trust is usually in the top 20% despite the local challenges,
- 16/10/12.2.3 Mr Fowler asked if sufficient work is being undertaken to fill vacancies as the impact of vacancies on the staff is significant. Mrs Bullock replied that the slippage on vacancies is because of difficulties in finding the right staff rather than being an effort to save money. Some speciality areas are particularly difficult to recruit to due to national shortages. Mrs Bullock noted that the Trust carries a lower level of vacancies than many others in the region and it is working hard to fill all the vacancies. This work includes specific recruitment days for qualified nurses, efforts to retain student nurses, return to practice days and incentive schemes. Mrs Bullock also

noted that there is an escalation process in place if there are concerns that patient safety could be compromised by staff vacancies. Mrs Bullock confirmed that the Trust has made efforts to over-recruit by running a Bank service but many of these staff members have now been recruited into permanent roles in the Trust

16/10/12.2.4 Mr Davis noted that the rate of spending on agency staff is also reducing as part of a focused piece of work. Mrs Moores commented that from a patient perspective a substantive member of staff, particularly at consultant level was much better to provide continuity of care. Dr Dodds agreed and advised that a substantive appointment was always the preferred option.

16/10/12.2.5 Mr Park asked why outsourcing costs were in excess of budget. Mrs Bullock replied that this was due to staffing shortages in Radiology as there is a national shortage of Radiographers and Radiologists and therefore some reporting of scans are being outsourced; however this is not the preferred option. Mr Park asked why this has not been built into the plan. Mrs Bullock confirmed that it was but the level of demand for imaging is rising significantly and it had been hoped to recruit to vacant posts by this stage. Mrs Bullock noted that there had been some progress, for example an international doctor had been successfully supported to become a Consultant Radiologist at the Trust.

16/10/12.2.6 Bullock confirmed that the Board are confident that the capital programme, here reported as behind plan, would be fully spent following a question from Mr Park.

CoG16/10/12.3 Sustainability and Transformation Plan

16/10/12.3.1 Mrs Bullock noted that the request for information on the STP had come from the Governor agenda setting meeting and that an update has been provided in the paper, but there was not a detailed report as the submission was made on 21 October and was therefore not available at the time. Mrs Bullock informed the Board that the submission does not include any new detail of changes that the Council were not already aware of and that most significant work streams were underway. Streamlining of back office functions across the local Cheshire and Wirral (C&W) area is the most likely to happen quickest. Plans across the wider STP area of Cheshire & Merseyside (C&M) that are looking at Clinical Support Functions such as Pharmacy, Pathology and Radiology will take longer to put into place.

16/10/12.3.2 Mrs Bullock added that the reconfiguration of clinical services and acute providers is more contentious and is also the least developed area. Mrs Bullock confirmed that the relationship and working arrangements with University Hospitals of North Midlands, (UHNM), will continue as they provide services currently not available within Cheshire which lacks a tertiary hospital. Specialisms like Dermatology and Rheumatology are the least sustainable because of the demand for these services from each local population. Solutions to this include developing networks across C&W or with UHNM to provide the best services for the population. Mrs Bullock added that it is important to understand the geography and patient flows, but what can be done within C&W will be. Mrs Moores commented that these conditions tend to be chronic and continuity is important. Mrs Bullock agreed but said that the only way to get that is to network services with other hospitals.

16/10/12.3.3 Mr Lyons asked whether there is a timescale for completing any acute reconfiguration. Mrs Bullock replied that there will be another version of the STP plan submitted before December and there will be a timeline for every service in this. Feedback needs to be received on the initial submission; however work is underway on many work streams to develop full proposals. Mrs Bullock advised that services such as Pharmacy, Radiology and Pathology are kit and technology heavy and so will require digital solutions with all partners on the same IT platforms which requires investment.

16/10/12.3.4 Mr Lyons asked what effect the STP will have on this Trust and the services for local people. Mrs Bullock acknowledged that there will be changes to all hospitals and that all four Trusts in C&W are committed to joining an Accountable Care Systems of some kind, to facilitate moving work out of hospitals and into the community. This will enable hospitals to focus on acute care and ensure that the right person is in the right environment. However Mrs Bullock added that this will lead to smaller DGHs and unsustainability so networking and collaboration will become even more important. Mr Lyons asked to what degree there will be consultation or the opportunity for comments by the public and members. Mrs Bullock responded that the Trust have a legal duty to consult and engage with the public if there are any changes to services and this will happen. However Mrs Bullock recognised that this has not happened to date with the STP and explained that this was due to the timescales mandated rather than to any lack of will

16/10/12.3.5 The Chairman observed that local Chairs are concerned about the governance arrangements in STPs as it is the Board of Directors for each Trust that will be accountable and responsible for decisions made to change services. The Chairman reported that he is meeting with Chair's to work through this. Mr Fowler commented that any new model of governance needs to review how governance of shared services will work and how the Council of Governors will fit into this. The Chairman added that the new arrangements for Central Cheshire Integrated Care Partnership (CCICP) has brought together three partners and could provide some experience to build on. Mrs Bullock added that the plan with UHNM could also be a template but the right plan needs to be created for local partners. Cllr Clowes observed that the Health & Wellbeing Board have discussed the issue of governance in regard to STPs and that there is some concern that there is very little about social care within these plans and the Local Authority will need to work this out across the STP.

16/10/12.3.6 The Chairman commented that significant capital investment will also be required for some of these proposals which may add up to many millions of pounds more than available funds. This should not stop progress or the pace of change but it does mean the plans need to be realistic.

CoG16/10/12.4 Community Services

16/10/12.4.1 Mrs Bullock informed the Council that the transfer of Community Services happened smoothly on 1 October. This is a partnership between CWP and the GP Alliance. Mrs Bullock reported that regular engagement sessions have happened with the staff their experience so far has been positive. The next step is to transform these services with the partnership. The Chairman thanked Mrs Bullock for the great transition process for staff and the warm

welcome provided. Mrs Bullock responded by thanking her Executive colleagues and other staff members for the amount of work done to meet the challenging timescales. Mrs Vickers commented on the excellent service offered and Mrs Caroline Birch commented that a member of staff today said that she was finally starting to feel loved.

16/10/12.4.2 Cllr Clowes added that when the service is settled, the local authority want to ensure that social care is joined up to these services as there is so much potential in the Connecting Care project. Mrs Bullock agreed that there is a growing sense that social workers want to work with the Trust differently and that there is a need to change on both sides. Cllr Clowes agreed and added that with the new Cheshire Care Record and integrated community based teams there are some very positive changes taking place. Mrs Bullock summarised that there are lots of opportunities as well as lots of challenges.

CoG16/10/12.5 Awards and Visits of Accreditation

Mrs Bullock asked the Council to note the visits and awards during Quarter 2, particularly the annual visit from Health Education North West (HENW) which resulted in the lifting of enhanced monitoring requirements for junior doctor training and supervision.

CoG16/10/12.5 Estates Update

Mrs Bullock informed the Council that most major projects are now concluded but the report itemises the works that are still ongoing. Mr Hadfield asked if the substation works are due to complete in this year or next year. Mrs Bullock confirmed that the plan was they would be finished in this financial year.

CoG16/10/12.6 Junior Doctors

Mrs Bullock noted that there has been no news on any further action.

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

CoG16/10/13 Governors' Questions and Non-Executive and Executive Answer Session

16/10/13.1 The Chairman invited the Governors to ask questions to the Board but there were no further questions arising.

CoG16/10/14 Governor Discussion Topic: IT Strategy

16/10/14.1 Mr Palmer, IT Support Manager presented the clinical IT strategy which was approved by the Board in February. Mr Palmer advised that the Trust had conducted a review of the existing strategy with PA Consulting and he presented the key conclusions of this review, noting that since then, in August 2016, the local digital roadmap produced by the CCGs had further set expectations in regard to this agenda. Mr Palmer informed the Council of the national digital maturity rating for the Trust which showed that the Trust is ready to move forward with digital governance and has a good track record of implementing IT projects. Mr Palmer observed that this means the Trust is in a strong position to receive funding to become a 'Fast Follower' for the Digital Exemplar programme.

16/10/14.2 Mr Palmer outlined the proposals for the Electronic document and records management system, (EDMRS), digitisation of patient records and the Clinical Portal to provide clinicians and GPs with an integrated patient view

across all the separate systems. Mr Palmer said that the priority was the quality and safety of patient care and patient experience. Mr Palmer highlighted some of the constraints to progressing on the IT Strategy before summarising the benefits for the Trust.

- 16/10/14.3 The Chairman commented that while the Board has seen this presentation before, things are changing all the time. The Chairman thanked Mr Palmer for his coherent, strategic and systematic view of the Trust IT strategy. The Chairman reiterated that patient safety and quality is at the heart of the proposed development but that other benefits will also follow and accrue. The Chairman added that the organisation must not underestimate the challenge of changing the paper-based culture of the organisation. Cllr Clowes agreed that culture change is challenging when bringing in systems that all staff will use and asked if any research has been done into bringing in simple friendly data input devices. Mr Palmer said that the IT department has moved over to more user friendly devices over the last few years, bringing in tablets and phone solutions as well as digital pens. The department has also explored 'tracker' technologies which are being piloted at Wirral University Teaching Hospital NHS Foundation Trust (WUTH) to review where resources such as equipment or porters are being used.
- 16/10/14.4 Mrs Vickers asked what protection is in place if the system goes down or is hacked. Mr Palmer replied that security is paramount and the system will remain on the NHS network and so will be protected by this but additional perimeters are also being added. Professor Fowler asked how business continuity would be preserved if systems went down. Mr Palmer confirmed that there are back up servers and if the portal went down the individual systems underneath would still be working as the portal is just a mechanism for bringing all these together.
- 16/10/14.5 Mr Hadfield observed that while he can see the benefit of making patient notes electronic and how this will help clinicians, will this be accessible from outside the hospital to join up the care? Mr Palmer replied that the notes will be available to GPs as part of the Cheshire Care Record and that summary care records can be sent across Trusts. It is likely that there will be an agreement across the STP to have one system of EPR across at least C&W. The Chairman confirmed that these conversations are happening as part of the STP. Mr Palmer added that while the notes will be digitised and searches will be possible, the quality of those notes will not change.
- 16/10/14.6 Professor Fowler commented that in the past CQUINs have failed due to incomplete records of treatment and asked if this system will overcome this. Mr Palmer replied that the clinical care pathway will be input as normal and be accessed through the EDRMS which will provide a summary. Dr Griffiths commented that as a GP who already works with electronic patient records this is a great move forward and needs to be implemented as quickly as possible. Dr Griffiths noted that this solution was a portal and asked how close the Trust is to having one actual patient record system. Mr Palmer replied that the obstacle to creating this is not the IT but the governance and the access to those records. Mr Palmer added that the EDRMS systems could be in place from 1 August allowing 3 months beforehand to start scanning in patient records.
- 16/10/14.7 Dr Griffiths commented that patients are concerned about the sharing of

data and many believe that it is already happening. Mr Lyons asked if individuals will have a choice whether records are shared or a veto. Mr Palmer said that as it will be part of the Cheshire Care Record individuals can choose to opt out and that patients do have to agree for it be viewed as a one off consent. Mr Lyons expressed his concern that the more people who have access the greater the risk of information breaches and added that lots of people do believe that this sharing is already happening. Dr Griffiths commented that some GPs are concerned that patients will sue the practice for breaching confidentiality. Cllr Clowes observed that in Sweden patients own their own records on a credit card and carry it with them and is this approach a possible solution? Mr Palmer responded that one of the GP patient records suppliers EMIS is looking to develop an option for clinicians to access patient GP records as a one off if they present at A&E and also patients may be given access to their own records electronically.

16/10/14.8 The Chairman asked Mr Palmer which local Trusts have already developed Electronic Patient Records (EPR). Mr Palmer confirmed that site visits have been made to UHNM, Countess of Chester Hospital NHS Foundation Trust and St Helens and Knowsley Teaching Hospitals NHS Trust (STHK) and solutions have varied between those Trusts who started with EPR or those who created an EDRMS solution first. STHK have a large scanning bureau for other Trusts so are still producing paper and then scanning it in. COCH have a good system of e-forms to reduce paper and UHNM are only just going live. Mr Palmer noted that the Salford Royal NHS Foundation Trust (SRFT) and WUTH are the big local leaders. Mr Palmer confirmed that the Trust had decided to start with the EDRMS and introduce e-forms to cut down on paper. The ERS requires more investment to develop. Mrs Moores commented that an EPR is very patient friendly as the patient is already expected for a scan or for blood tests. Mrs Moores added that the transition could be difficult for patients and staff as new systems are brought in. Mr Palmer confirmed that while bringing the system in they would work five weeks in advance and put in a comprehensive system of checks and balances.

16/10/14.9 Dr Griffiths commented that the benefits listed by April 2018 are only 18 months away and they are very ambitious but also quite open to interpretation and general so how will the Trust know if they have been achieved. Mr Palmer replied that the benefits in the presentation are more general than the benefits written in to the strategy and that they are deliberately ambitious. Mr Palmer confirmed that the Trust will be able to show achievement of these benefits, for example an enhanced reputation for IT would be captured through external surveys and the national digital maturity survey. The Chairman thanked Mr Palmer for the presentation and asked that he returns to update the council in the future.

CoG16/10/15 Any Other Business

16/10/15.1 The Chairman advised the Council that the formal opening of the second MRI scanner is due to take place on 28 October by the patron of the Mid Cheshire Hospital Charity, Mr Pete Waterman OBE. The Chairman invited all Governors to attend the event.

16/10/15.2 Dr Griffiths informed the Council that the Cheshire Care Record has been shortlisted for a HSJ award for 'Enhancing care by sharing data and information'. The awards ceremony will take place on 23 November. Dr

Griffiths advised that it had not been easy to connect all the GPs, hospitals, Local Authority, the Christie hospital and mental health services to enable a 1 page summary from each patient to be made available.

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

In Private

CoG16/10/16 Chief Executive Briefing

16/10/16.1 There were no further questions for the Chief Executive in private.
Mrs Bullock left the meeting.

CoG17/10/17 Evaluation of Meeting Effectiveness (in private)

16/10/17.1 The Chairman informed the Council that he would be asking one Governor to review each Council meeting starting with Mrs Psaila. Mrs Psaila commented on how well attended the meeting was, which reflects the commitment from Governors. Mrs Psaila commented that the meeting had been very informative with a good agenda which Governors had had the opportunity to set. Mrs Psaila noted that the IT Strategy presentation had been relevant and of interest to all Governors with a good amount of time available for questions and discussion. Mrs Psaila added that the facilitation of the meeting had been as smooth as always with clear proceedings.

16/10/17.2 Mrs Psaila asked if there was any particular reason why the Council meetings needed to be so late in the day and Mrs Bullock replied that it was to ensure that those Governors who worked full time could attend without taking time off work. Mrs K Birch confirmed that she would struggle to get to a meeting that was any earlier but she would not object to meeting times being varied to suit the majority. Mrs Birch also commented that she appreciated the transparency and honesty given to Governors and the receiving of Board papers and additional information.

CoG17/10/18 Date and Time of Next Meeting

21/04/19.1 The next meeting is scheduled to take place on Thursday, 19 January 2017 at 5.30pm in the Post Graduate Lecture Hall, Leighton Hospital, Crewe.