

Council of Governors Meeting
Minutes of the Meeting held in Public
Thursday, 25 October 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)
Mr G McCourty	Public Governor (Vale Royal)
Mrs G Alasadi	Public Governor (Crewe and Nantwich)
Mrs B Beadle	Public Governor (Crewe and Nantwich)
Mr B Selby	Public Governor (Crewe and Nantwich)
Mrs P Psaila	Patient and Carer Governor
Mr J Pritchard	Patient and Carer Governor
Mrs M Leverington	Patient and Carer Governor
Mr R Stafford	Patient and Carer Governor
Cllr J Clowes	Partnership Governor (Cheshire East Council)
Dr A Wilson	Partnership Governor (South Cheshire CCG)
Cllr S Burns	Partnership Governor (Cheshire West & Chester)
Dr G Pearson	Partnership Governor (Manchester Metropolitan University)
Mr N Boyce-Cam	Staff Governor (Medical and Dental Practitioners)
Ms L Evans	Staff Governors (Clinical Support Services)
Mr R Platt	Staff Governor (Non-Clinical Support Staff)
Mrs J Martin-Jackson	Staff Governor (Nursing and Midwifery)
Mr R Sutton	Staff Governors (CCICP & Other Professionally Qualified Staff)
Ms C Birch	Staff Governor (Rep. of Trade Unions and Staff Organisations)
In attendance	
Mrs T Bullock	Chief Executive
Ms L Butcher	Non-Executive Director (to item CoG/18/10/15)
Mr M Davis	Non-Executive Director
Dr P Dodds	Medical Director and Deputy Chief Executive (to item CoG/18/10/15)
Ms L Holland	Interim Director of Workforce and OD (to item CoG/18/10/15)
Mr C Oliver	Chief Operating Officer (to item CoG/18/10/15)
Ms L Massey	Non-Executive Director (to item CoG/18/10/15)
Mrs J Tunney	Director of Nursing and Quality (to item CoG/18/10/15)
Dr D Robertson	Associate Medical Director ((to item CoG/18/10/03)
Mrs J Davis	Patient and Public Involvement Manager (to item CoG18/07/04)
Ms A Chadwick	Ward Manager (AMU) (to item CoG18/07/04)
Ms L Cope	Patient Experience Manager (to item CoG18/10/04)
Ms L Abbey	Pharmacy Clinical Services Manager (to item CoG18/10/04)
Miss E Robinson	MCHFT Youth Ambassador
Miss Z Reed	MCHFT Youth Ambassador
Miss K Campbell	MCHFT Youth Ambassador
Mrs K Dowson	Trust Board Secretary
Apologies	
Mrs J Roach	Public Governor (Crewe and Nantwich)
Mrs J Ollier	Public Governor (Congleton)
Mrs N Moores	Patient and Carer Governor
Mr S Holman	Patient and Carer Governor
Mr P Colman	Partnership Governor (Chambers of Commerce)

Dr J Griffiths	Partnership Governor (Vale Royal CCG)
Ms H Piddock Jones	Staff Volunteer Governor
Mr J Barnes	Non-Executive Director (to item CoG/18/10/15)
Mr J Church	Non-Executive Director/ Deputy Chair (to item CoG/18/10/15)
Mr D Hopewell	Non-Executive Director (to item CoG/18/10/15)
Mr M Oldham	Director of Finance (to item CoG/18/10/15)

CoG18/10/1	Welcome and Apologies for Absence
18/10/1.1	The Chairman welcomed everyone to the meeting, in particular those Governors attending for their first meeting since being elected in September. The Chairman was pleased to see the three new Youth Ambassadors for 2018-19 observing, as well as other colleagues attending for the patient story and Governor discussion item.
18/10/1.2	The Chairman noted the apologies for absence.
CoG18/10/2	Interests to Declare
18/10/2.1	There were no interests declared in relation to any open items on the agenda.
18/10/2.2	The Chairman advised of a change in interest from January 2019 when he will take up a post as a Trustee on the national board of the British Red Cross. As a result, he will be standing down as Cheshire President of the British Red Cross from November.
CoG18/10/3	Patient Story – Responding to a patient complaint
18/10/3.1	Mrs Tunney introduced the patient story chosen by Governors. Dr Robertson presented the Trust’s response to a complaint and the subsequent lessons learnt. The complaint was from the family of an elderly lady who had been admitted to hospital and treated for a number of issues, but no anticipatory care planning had been put in place in recognition that the patient was approaching end of life. The family had recognised the deterioration in the patient, but the Trust had not started any conversations about the appropriateness of treatments. The patient was discharged to a nursing home but the discharge letter to the GP had not flagged that this was a palliative discharge. As a result, the GP almost readmitted the patient a few days later and it was only the intervention of the family that stopped this; the patient died peacefully in the nursing home a few days later.
18/10/3.2	Mrs Liz Fullerton, Palliative Specialist Nurse commented that she has recently circulated a document from the Royal College of Physicians to colleagues. This recognises the need to approach the topic of death earlier as it is not always appropriate to treat symptoms aggressively. Clinicians need to recognise when it is appropriate to talk to the patient and family about death.
18/10/3.3	Dr Robertson observed that medics tend to want to fix everything and treat wherever possible; this is a cultural issue but it needs to be recognised that this is not always the right action for the patient. Mrs Fullerton noted that there are three key elements that make a difference: <ul style="list-style-type: none"> • Confidence – of doctors to have the conversation and be better at talking about uncertainty

18/10/3.4	<ul style="list-style-type: none"> • Culture – talking about end of life care is everyone’s responsibility • Practicalities – how to communicate to GPs, improve discharge letters and communicate better to all health professionals <p>The Chairman asked how, as a Trust, the culture can be changed. Mrs Fullerton replied that there is a good culture at the Trust and staff in the frailty team, led by Dr Michelle Kidd, demonstrate good practice. These staff will help identify the patients when they are admitted, but it is a judgement call and not always easy, especially when patients and families are not expecting such a conversation. Sharing good practice and talking about frailty and planning with acute and community colleagues is key. Dr Kidd has also spoken at consultant meetings and to junior doctors. Mrs Fullerton observed the importance of anticipatory care which is being taught to junior doctors through training and the impact of this can be seen.</p>
18/10/3.4	<p>Dr Birch commented that it is positive to see reflection and action being taken as a result of listening to complaints. Dr Birch asked what is being done to share this work with partners such as paramedics and nursing homes to prevent readmission. Mrs Fullerton replied that the Trust is working with an end of life partnership charity which provides training across all sectors including nursing homes. Dr Wilson reflected that it is positive to see the lessons learnt but acknowledged that this is a difficult area as having these conversations can be challenging. Dr Wilson noted that the conversation sometimes needs to evolve over time which is where a GP has an advantage due to the longer term relationship with patients. Mrs Fullerton agreed that it is never one conversation and it may be fluid, starting in a nursing home or with a GP for example.</p>
18/10/3.5	<p>Mrs Martin-Jackson asked how staff can deal with a patient if they or their relatives have high expectations of treatment. Mrs Fullerton replied that it can be challenging but it always comes down to communication, explaining things and taking the time to have those conversations which may take place over a period of time. It may sometimes be shocking to people but it cannot be avoided. Mrs Fullerton observed that research shows that patients and families generally want to talk about end of life care, but they expect the healthcare professional to start the discussion.</p>
18/10/3.6	<p>Mr McCourty asked if the Amber care bundle was proving useful to help staff address some of these issues and provide a pro-forma discharge letter. Mrs Fullerton agreed that this was in place on some wards, but the process is clinician led so the team need to understand that they are dealing with uncertainty and communications skills are key.</p>
18/10/3.7	<p>The Chairman thanked both for their presentation on what is a fluid and challenging situation for staff as well as patients and families</p> <p>Resolved: The Council noted the presentation</p> <p><i>Dr Robertson and Mrs Fullerton left the meeting. Nick Boyce cam arrived.</i></p>
<p>CoG18/10/4 18/10/4.1</p>	<p>Governor Discussion Topic – National Inpatient Survey 2017 Mrs Tunney introduced the team led by Ms Laura Cope, Customer Care Manager who presented the National Inpatient Survey results from 2017.</p>

18/10/4.2	Mrs Davis, Patient and Public Involvement Manager introduced the presentation which was based on the responses of 1,250 patients, this is a 50% response rate compared to a national average of 41%. Mrs Davis noted that the results were positive this year with an average improvement score of 1% year on year. Most question scores remained within a 5% variance. The Trust results are benchmarked against other Trusts also compared to peers.
18/10/4.3	Mrs Davis noted that there were significant improvements made in three areas, A&E information, changes to admission dates and being asked to give views on the quality of care. There was one area where the Trust had significantly declined its score which was getting enough help to eat meals. Two areas were identified as worse than other Trusts which were both in regard to discharge delays. Mrs Davis explained that all comments are also analysed and categorised into themes with more positive comments about staff and more negative comments about food and noise.
18/10/4.4	Mrs Linda Abbey, Pharmacy Clinical Services Manager described how the results have been shared with staff via posters and by attending ward meetings. Mrs Abbey also outlined what changes have been made as a result of the survey in regard to emotional support and speeding up the discharge process. These changes are ongoing and take time to embed and it is hoped that an improvement will be seen in future surveys. In the meantime, patient views are taken into account through the Open and Honest ward surveys and the Friends & Family results.
18/10/4.5	Mrs Amy Chadwick, Ward Manager outlined the work taking place to train more volunteers to help at mealtimes and the catering team have been asked to monitor correct support for those requiring help who are identified by having a red plate.
18/10/4.6	The Chairman commented on how good it was to see a positive response rate and that even though demand continues to grow the Trust continues to improve its results and focus on things to do better. Ms Butcher commented that she was particularly interested to hear the comments about discharge as this had been a topic raised during a recent patient safety walkround with Mr Pritchard. Mr Pritchard agreed that perceived delays to discharge is a concern for many patients as they do not understand all that has to happen between a doctor agreeing discharge and being able to leave. The Chairman agreed noting that the Trust is not unique in having this as a challenge. Mrs Davis added that work is being done with junior doctors to explain to patients everything that needs to happen and last year a guide to discharge leaflet was created for all patients.
18/10/4.7	The Chairman was particularly concerned that the Trust was performing worse than peer on discharge. Mrs Abbey replied that all Trusts do find this challenging but peers with Electronic Patient Records (EPR) are doing better now as the system is seamless and staff do not have to chase paperwork. If EPR is introduced in the future then there should be some improvement. Mr Davis noted that on the comparison with peers it was positive to see the high satisfaction rates at University Hospitals of the North Midlands NHS Trust (UHNM).
18/10/4.8	Ms Massey reflected on the role of volunteers and the value they add to the organisation, so to be able to attract and recruit more is positive. Cllr Burns congratulated the team on the response rate of 50% and asked if the IT

18/10/4.9	<p>infrastructure is ready and in place for an EPR. Dr Dodds replied that a Strategic Outline Case has been approved by regulators regionally and is now with NHS Improvement (NHSI) nationally for approval. A bid for an e-prescribing system was unsuccessful previously but has been commended and will be resubmitted next year.</p> <p>Dr Dodds advised that the Trust has been successful in obtaining some pots of money for IT but this must be spent by March 2019. The hope is that if the business case is approved a contract will be signed by March 2019. Mrs Bullock and Mrs Freeman, Associate Director of IT, Mr Cefin Barton Chief Clinical Information Officer and Ms Sally Mann, Chief Clinical Nurse met with NHS Digital last week. The purpose of this meeting was to discuss the national process to identify new 'fast followers' for the 'Digital Exemplars'. The local Digital Exemplar is Wirral University Hospitals NHS Foundation Trust (WUTH) and the Trust will apply to become a fast follower when phase two commences. The bid is a joint bid with East Cheshire NHS Trust (ECT) and is therefore strategically aligned. If successful all hospitals in Cheshire would be on the same system. Cllr Clowes asked if this system will be able to link to the Cheshire Care Record and Dr Dodds confirmed that this would be the case as the system would have to link to EMIS which is the main system for primary and community services.</p> <p>Resolved: The Governors noted the presentation and discussion session and thanked Mrs Cope and the team for all their work.</p>
CoG18/10/5	Minutes of the Last Meeting
18/10/5.1	<p>There were no amendments proposed.</p> <p>Resolved: The minutes of the last meeting held on 26 July 2018 were agreed as a true and accurate record of the meeting.</p>
CoG18/10/6	Matters Arising and Action Update
18/10/6.1	The Chairman noted that there were no outstanding actions from the last meeting.
18/10/6.2	The Chairman advised that the constitutional changes made at the last Council of Governors meeting were ratified at the Annual Members Meeting which took place on 2 October 2018.
CoG18/10/7 CoG18/10/7.1	Chairman's Report Chat with the Chairman – 3 August 2018
	The Chairman advised that he had met informally with Governors to discuss current topics. This was a well-attended meeting as usual. Topics discussed included the CQC inspection and systems integration across Cheshire.
CoG18/10/7.2	New Governors
	The Chairman welcomed Mr Gary McCourty and Mrs Lynn Evans to the meeting and noted that biographies of these Governors plus Mr Stephen Holman have been distributed to give an idea of their background and interests.

CoG18/10/7.3	<p>Governor Induction Mrs Dowson advised that formal induction of the new Governors has happened, Governors have met with the Chairman and are now being supported to familiarise themselves with the role.</p>
CoG18/10/7.4	<p>Annual Members Meeting The Chairman advised that the Annual Members Meeting had taken place on 2 October 2018. The Chairman thanked those Governors who had been able to attend and Dr Birch for presenting so eloquently the work of Governors and their duties. The Chairman noted that staff and Members had also attended</p>
CoG18/10/7.5	<p>Staff Thank You Party The Chairman reported that a party had been held for staff to thank them for all their hard work as part of the 70th birthday celebrations of the NHS. A full report on all the events that took place can be found in the most recent edition of the Alltogether magazine which also profiles 'A Day in the Life of...a Governor'.</p>
CoG18/10/7.6	<p>Chair/Governor Annual 1to1 Meeting The Chairman advised that all Governors were warmly invited to attend a meeting with the Chairman for an annual review to hear the views of constituents and discuss developments as well as discuss any training or development needs.</p>
CoG18/10/8	<p>Non-Executive Director (NED) Recruitment The Chairman reminded Governors that there are two NEDs finishing their terms at the end of January 2019, Mr David Hopewell and Mr John Barnes. Their last meeting with Governors will be in January. The Chairman advised that the Nominations & Remuneration (N&R) Committee have on behalf of the Council engaged Gatenby Sanderson to support the recruitment process. The closing date for the posts Friday 2 November and a lot of interest has already been received. There are currently 38 early expressions of interest with a week remaining. A recommendation for appointment will be made to the next Council of Governors meeting with Governors on N&R being involved in the appointment process.</p> <p>Resolved: The Governors noted the Chairman's report.</p>
<p>CoG18/10/9 18/10/9.1</p> <p>18/10/9.2</p>	<p>Statutory Duties of the Governors The Chairman noted that most Governors are fully aware of the key principles of governance and their duties, but that this was an opportunity for a reminder. The Chairman outlined the key principles and duties of the Governors. The Trust supports Governors to fulfil these duties by providing opportunities for Governors to meet with NEDs and provide opportunities for Governors to meet with Members. The Chairman advised that the annual survey of Board Effectiveness is a good opportunity for Governors to feedback on the performance of NEDs and the Board of Directors.</p> <p>The Chairman described the role of Governors as ambassadors for the Trust to advocate on its behalf to Members and the public as well as being a conduit for passing Members views back to the Trust. The Chairman added that the Trust will continue to be transparent and honest with Governors about when things do not go as planned as well as celebrating what it gets right. The</p>

	<p>Chairman asked that Governors let the trust know if there are further ways that Governors can be supported.</p> <p>Resolved: The Council of Governors noted the reminder of the Governor's statutory duties.</p>
CoG18/10/10 18/10/10.1	<p>Lead Governor Report</p> <p>Dr Birch asked the CoG to note the Lead Governor report on Governor activity.</p>
CoG18/10/11 18/10/11.1	<p>Register of Governor Enquiries to Board and Committee Chairs</p> <p>The Chairman noted that there had been no enquiries made since the last meeting.</p>
CoG18/07/12 18/10/12.1	<p>Council of Governor Committees</p> <p>Membership and Communications Committee – 3 September 2018</p> <p>Mrs Beadle, Chair of the Membership and Communications Committee (MCO), presented the draft minutes of the most recent meeting noting that the recent Annual Members Meeting (AMM) had been very successful with over 130 people attending the Health and Wellbeing Fair held prior to the AMM. New Members had been recruited and there had been a greater attendance at the AMM than in recent years. The Chairman agreed noting that the work with the Congleton Partnership had been very positive with lots of organisations aligned to the Trust's works there.</p>
18/10/12.2	<p>Mrs Beadle updated the Council on the work taking place in the MCO to widen the participation in membership to reflect the local demographics. Mrs Beadle and Mrs Piddock-Jones had met with Ms Loreen Chikwara, Cohesion Manager at Cheshire East who is working on the integration of all community groups within the area. The meeting was very interesting and successful and Ms Chikwara is keen to help promote membership of the Trust. Mrs Dowson and Mr Mitchell Benson from the Trust are also planning to meet Ms Chikwara.</p>
18/10/12.3	<p>Cllr Clowes commented that the council has received national funding to establish a diversity and social cohesion strategy based on issues in schools in Crewe and Macclesfield. Connected Community Centres are being opened across Cheshire East and these centres will be ideal places to promote the Membership. The centres that were established first are already having real benefits for local communities in regard to the prevention agenda in health.</p>
18/10/12.4	<p>Mrs Beadle reported that the Youth Ambassadors from 2017-18 had presented their projects to the MCO and it has been positive to see the growth in self-confidence from both Ambassadors over the last year. The new Youth Ambassadors had also attended and the committee are looking forward to welcoming them back for updates on their projects.</p> <p>Resolved: The minutes and work of the Membership and Communications Committee were noted.</p>
CoG18/10/13 18/10/13.1.1	<p>Chief Executive's Update Report</p> <p>Mrs Bullock presented the Chief Executives update advising that the report contains a lot of information and that her verbal presentation assumes that the paper has been read in advance.</p>

<p>CoG18/10/13.1 18/10/13.1.1</p>	<p>Quarter 2 Performance Mrs Bullock confirmed that the Care Quality Commission (CQC) rating remains 'Good' following the inspection earlier in the year. The domain of 'Safe' has moved from 'Good' to 'Requires Improvement' and 'Responsive' has moved from 'Requires Improvement' to 'Good'. A formal action plan in response is in place and has been submitted to CQC. The Chairman commented that the outcome had not been received at the last meeting, so this was a good moment to formally record the impressive achievement of retaining the overall 'Good' rating. The Trust is now an integrated Trust and has been subject to significant growth in activity over the last three years, but it has managed to maintain quality of care for patients. The Chairman passed his thanks on to all the staff who have made this possible.</p>
<p>18/10/13.1.12</p>	<p>The Trust's key performance targets are being met with the exception of the 4-hour transit time target which remains a significant challenge. Mrs Bullock noted that Mr Oliver has invited in a national team which is usually sent in to challenged organisations. They were in the Trust for three days and some feedback was received today and a fuller report will be received in the next two weeks. The proposal is that they spend some further time in the Trust resolving some issues and working with health and social care partners as well.</p> <p>ACTION: Report to be shared with Governors when received (Mrs Bullock)</p>
<p>CoG18/10/13.2 18/10/13.2.1</p>	<p>Financial Position Mrs Bullock updated the Board on finances, noting the report reflects performance to the end of September 2018. The Trust is behind plan with a deficit of £2.1m against a £0.5m forecast. The reasons for this are detailed in the report but Mrs Bullock highlighted that the failure to achieve the performance element of the Provider Sustainability Fund (PSF) money for Q1 and Q2 was because the 4-hour transit time target was not met. This was picked up by the press at the last Board meeting and provoked some debate. Mrs Bullock advised that most Trusts are in a similar position and money not distributed through the PSF through the year will potentially be redistributed at the end of the year but there is no guarantee of receiving this as receipt is usually based on financial achievement and Mrs Bullock noted the challenges going forward in that regard.</p>
<p>18/10/13.2.2.</p>	<p>Mrs Bullock advised that the financial situation remains challenged. The Trust's escalation capacity has been open through the summer due to demand which has been at significant cost to the Trust. This also meant that planned efficiencies over the summer were not delivered as the surgical beds that were released were then needed for medical patients.</p>
<p>CoG18/10/13.3 18/10/13.3.1</p>	<p>Cheshire East Place Mrs Bullock advised that in response to Governors request for more information in regard to Cheshire East Place a full description has been included in the report but that if the Governors would like a dedicated session on this topic that can be arranged. Mrs Bullock explained that Cheshire East Place is now co-terminous with the Local Authority footprint, with Central Cheshire and East Cheshire brought together into one transformation programme and Vale Royal now being part of West Cheshire Local Authority. Dr Birch thanked Mrs Bullock for the update which is very useful for Governors. Mr Davis noted that the abbreviation for Cheshire East Place -</p>

18/10/13.3.2	<p>CEP is also used as an acronym for the Capped Expenditure Programme which is confusing.</p> <p>Mr Ashcroft asked how this leaves Vale Royal as this is within the Cheshire West and Chester (CWAC) local authority footprint. Dr Wilson explained that previously Central Cheshire covered Vale Royal and South Cheshire, but this has now been split to aid the integration agenda. The Clinical Commissioning Groups (CCG) are all being merged into one Cheshire wide CCG to ensure that all patients have the same pathways in Cheshire. Vale Royal is therefore now part of Cheshire West Place. Mr Ashcroft asked if this then meant that there is an issue with Vale Royal Governors being on the Council. Mrs Bullock replied that the population that the Trust serves sits across both Cheshire East and Cheshire West Place and local communities will continue to use the Trust in the same way so it is important that those patients from Vale Royal continue to be represented so it is anticipated that there will be no change for Governors.</p>
18/10/13.3.3	<p>Mrs Psaila asked if there was any impact on the Northwich Infirmary as this sits in CWAC. Mrs Bullock confirmed that there is no change as it remains part of Mid Cheshire Hospitals NHS Foundation Trust and serves the same local population. Mr Ashcroft asked how the interests of residents living in CWAC will be represented in Cheshire West Place. Mrs Bullock replied that the Trust are also represented in Cheshire West Place as Mrs Frodsham attends the Cheshire West Place meeting and she attends the Cheshire West Health & Wellbeing Board, assuring Governors that the Trust remains very connected to Cheshire West Place and continues to have influence.</p>
<p>CoG18/10/13.4 18/10/13.4.1</p>	<p>Capital Programme Update Mrs Bullock advised that details of the capital programme are included in the report.</p>
<p>CoG18/10/13.5</p>	<p>Awards and Visits of Accreditation/ Inspection Mrs Bullock reported formally that the CQC rating for the Trust has been received.</p> <p>Resolved: The Council noted the Chief Executive's Report.</p>
<p>CoG18/10/14</p>	<p>Governor's Questions and Board of Directors Answer Session The Chairman invited the Council to ask any additional questions to the Board. There were no additional questions for the Board of Directors.</p>
<p>CoG18/10/15 CoG18/10/15.1 CoG18/10/15.2 18/10/15.2.1</p>	<p>Any Other Business</p> <p>NHS Providers Governors Conference This item was deferred to the next meeting.</p> <p>NW Governors Forum The Chairman reported that Dr Birch and Mrs Psaila had attended this meeting of Governors from different Trusts in the North West which enables Governors to share what their Trust is doing and understand the strategic direction for Trusts and Governors. Mrs Psaila agreed noting that presentations had been given on policy, the Ten Year Plan, significant transactions and holding to account. Governors had been asked to bring examples of opportunities for engagement with NEDs, Chairs and Executives</p>

18/10/15.2.2	<p>and it was clear that the Trust does a lot more for Governors than other Trusts. No other Governors had the level of engagement and sharing, opportunities for meeting and involvement in strategic planning. The Trust is also ahead of others in the opportunities for Membership engagement with more initiatives than others.</p> <p>Dr Birch agreed with this summary and how striking the approach of the Trust with its openness and transparency and the maturity of the relationship with Governors. Dr Birch encouraged all Governors to sign up for the NHS Providers newsletter for Governors as it is a very good source of information. Mrs Psaila suggested that the presentations are circulated to all Governors for information. The Chairman thanked Mrs Psaila and Dr Birch and for the feedback which is gratifying to hear.</p> <p>ACTION: Presentations from the NW Governors Forum to be circulated to all Governors (Mrs Dowson)</p> <p><i>Non-Executive Directors and Executive Directors with the exception of Mrs Bullock left the meeting.</i></p>
CoG18/10/16 18/10/16.	<p>Chief Executive Briefing in private Governors were invited to ask any additional questions in private. There were no further questions.</p>
CoG18/10/17 18/10/17.1 18/10/17.2	<p>Evaluation of Meeting Effectiveness (in private) Mr Perry reviewed the meeting noting a common theme of communications from the patient story with its commitment to having difficult conversations with patients. This requires a culture change with small steps and marginal gains to achieve the greater good. The other theme is technology which may be able to ease some of the challenges, such as the delayed discharges discussed within the National Inpatient Survey results.</p> <p>Mr Perry noted that the successful AMM, which is about communicating the work and achievements of the Trust, and the CEO report which covered integration of services and the challenges this brings with teams both rely on good communication. In summary communication is an integral part of the Trust and there are opportunities in the near future for technology to help with this. The Chairman thanked Mr Perry for his insight agreeing that communication continues to be a common thread for the Trust</p>
CoG18/10/18	<p>Date and Time of Next Meeting</p> <p>The next meeting is scheduled to take place on Thursday, 24 January 2019 at 5.30pm in the Post Graduate Lecture Hall, Leighton Hospital, Crewe.</p> <p>The meeting closed at 7.25pm.</p>