

**MINUTES OF A MEETING OF THE SPECIAL PUBLIC MEMBERS MEETING HELD ON
2 MARCH 2011 AT 6 PM IN THE LONG DRAWING ROOM, WRIGHTINGTON
HOSPITAL**

	Public Member	Staff Member	Constituency
Mr L Higgins, Chairman	✓		Wigan
Dr K Ardern	Stakeholder Governor (Apologies)		
Mr T Ashton, Staff, Nursing & Midwifery		A	
Ms J Atherton	✓		Leigh
Mrs L Barnes, Vice Chair/SID	✓		Leigh
Mr T Barton	A		Rest of England & Wales
Mr R Collinson, Non Executive Director	✓		Rest of England & Wales
Mrs R Cowburn	Stakeholder Governor		
Cllr K Cunliffe	Stakeholder Governor (Apologies)		
Mr A Foster, Chief Executive		A	
Mr V France	✓		Rest of England & Wales
Mr T Frost, Deputy Chairman/Lead Governor	✓		Rest of England & Wales
Miss K Fussell	A		Makerfield
Mr A Gallagher	A		Rest of England & Wales
Mr R G Ghaly, Appointed – Medical & Dental		A	
Mr B Greenwood	✓		Wigan
Mrs P F Gregory	A		Wigan
Mrs G Harris, Deputy Chief Executive/Director of Nursing & Performance		✓	
Mr P Harris, Chair, Surgery Division		✓	
Ms A Heaton, Appointed - LINK	Stakeholder Governor		
Mrs J Heyes, Appointed – Staff Side	Stakeholder Governor (Apologies)		
Ms M Hughes	A		Makerfield
Mrs J Irvine, Staff Nursing & Midwifery		A	
Mr G Jackson	✓		Leigh
Mr P Kay, MSK Division		✓	
Mr F W Lever	✓		Ashton
Mr J Maloney, Appointed – Age Concern	Stakeholder Governor		
Mrs C Martindale	✓		Wigan
Mr S Nicholls, Director of Strategy & Planning		✓	
Mr D Oultram	✓		Leigh
Mr M Porter, Chair, MSK Division		A	
Mr R Sohail, Chair, Medicine Division		A	
Dr A Sutton – Appointed – NHS ALW	Stakeholder Governor (Apologies)		
Mrs C Swann, Staff, All Other		✓	
Dr D Temperley, Chair, CSS Division		✓	
Ms A Vernengo	✓		Leigh
Mr J Walls	✓		Wigan
Mr R Walker, Appointed – 5 Boroughs	Stakeholder Governor		
Ms R Webster	✓		Makerfield
Dr G Young, Appointed - CVS	Stakeholder Governor (Apologies)		
IN ATTENDANCE			
Mrs A Arkwright, Head of Engagement		✓	
Mrs J Berry, Corporate Services Administrator		✓	
Mrs H Hand, Trust Board Secretary		✓	
Mr S Hand, Membership & Engagement Officer		✓	

1. APOLOGIES

Apologies were recorded as in previous table.

2. GOVERNORS' AND DIRECTORS' INTERESTS

RW declared an interest in relation to discussions on the Service and Site Strategy as 5 Boroughs Partnership NHS Trust provided services on the Leigh site.

3. CHAIRMAN'S VERBAL REPORT

LH reported that he and TF had attended the Wigan Borough Health and Wellbeing Event at the DW Stadium earlier that day where the main emphasis had been on quality. The key message from the GP consortia was that they were enjoying the ability to communicate with consultants more directly. T

4. PRESENTATION ON SERVICE AND SITE STRATEGY

SN was in attendance to give an update on the Service and Site Strategy (attached). LH introduced the Divisional Chairs present at the meeting. The four Divisions had been invited to attend the meeting so that Governors could hear the clinicians' views. MP had been unable to be present but PK was in attendance on his behalf. RS had been unable to attend and unfortunately had also been unable to send a representative from the Medicine Division.



SS Update
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JW had attended one of the recent Service and Site Strategy workshops and commented that he had found it very impressive but felt that he would have appreciated some comments from a clinical perspective. He asked if those clinicians present would like to comment on the proposals.

PH stated that there was a difference between the population treated on the Leigh site Surgery as compared with those treated at Wrightington. He stated that he believed that it was important that elective and emergency patients were treated on one site. He further stated he believed Leigh should have a diagnostic centre, whether on the Leigh Infirmary site or elsewhere in Leigh. This would attract patients from Salford and Bolton as well as Wigan and Leigh. He stated that he believed that elective and emergency services being accessed on one site would give greater efficiency to the management of theatres and avoid the need for travelling between sites. The anaesthetist rota would also work more efficiently as well as improving the quality of in-patient services.

JW asked whether infection control would be an issue with a number of theatres being present on one site but PH assured him that day cases would be kept in a separate complex away from the main hospital. GH added that purpose built surgical units would be used and that these would not be exposed to possible infections involving emergency patients. Part of the Trust's strategy was to have more single rooms and smaller bays so that patients were better protected from infection control issues.

GJ stated that he had also attended one of the recent Service and Site Strategy workshops and had also been impressed. He stated that one particular option seemed to be coming out as favoured and asked whether this would be the chosen

route. SN explained that the evaluation process would look at all the options as the financial feasibility would also need to be considered.

DT explained that the Clinical Support Services Division did not actually admit patients but provided clinical support for the other Divisions and saw patients as out-patients eg pharmacy, pathology and radiology services. The strategy of the Division concerning pharmacy services was to cut back on providing out-patient pharmacy services due to patients being able to access private pharmacies. This would enable pharmacists to concentrate on providing specialist clinical pharmacy services to in-patients. In future it was anticipated that pharmacy services could be centralised to achieve reduce costs.

A review of pathology services had recently been undertaken which had resulted in plans for a centralised service including Bolton and Salford services for those non-urgent requests. The centralised service was likely to be provided out of the Wigan borough. Only urgent blood services would be provided locally.

Regarding radiology services, DT stated that he believed it was likely that the main scanners would stay on the Wigan site and that it was hopeful that an additional scanner would be provided. If the plans to provide a Sports Injuries Unit at Wrightington were successful, then an additional scanner would be available on that site. This depended on the income generated by the unit. If additional services were to be provided on the TLC site, additional radiology services would also be required.

PK stated that he believed the success of the whole organisation depended on quality outcomes, patient choice and financial viability. In his opinion, consultants were more than happy to travel between sites. He stated that he believed that there should be one site for elective work due to possible risk of infection. PK also stated that the Wrightington site was viewed very much part of the Wigan borough by patients. He also recognised that the marketing of its services had been held back over the last few years due to the uncertainties of its future. He stated that he believed there was much opportunity for further business for the Trust in the vicinity. He stated that he believed the Wrightington site could be used to attract patients from the Ormskirk and Southport areas. He stated that he thought that having a separate acute site was important and that the Leigh site was important to the population of that area. He commented that he believed partnership working was an important element of the success of the sites. He recognised that there was a short term problem regarding the commissioning of services until arrangements were finalised regarding GP commissioning and the PCT.

AH asked, as a user of the rheumatology service at Wrightington, whether the rumours regarding the service continuing on the Wrightington site were true. GH confirmed that there had been pressure from the ALW PCT and other neighbouring PCTs to significantly reduce the provision of rheumatology services on this site. The proposal of delivering various parts of the service on the Thomas Linacre site, Leigh site and Wrightington site was currently being considered. JW asked whether the PCTs were able to exert this sort of pressure in the light of their current status. GH confirmed that these discussions had also involved the GP consortia in the move towards GP commissioning of services.

LH thanked SN for his update and for the input from clinicians present at the meeting.

5. EXECUTIVE DIRECTOR'S REPORT

GH gave a brief presentation, highlighting the lowlights and highlights of the Trust's performance. She drew attention to the progress made in lowering the standard mortality rate but stated that there was still room for improvement. The Trust still remained one of the best in the North West for reduction in infection control with record lows in the incidence of CDiff and MRSA. There had been increased activity in improving cost reduction and she thanked the Divisions for the work undertaken in this area. Savings were crucial in order to link in with the Service and Site Strategy so that a surplus was made to reinvest in those buildings in need of improvements. GH also reported that the Trust had been able to close down discussions with the PCT on activity figures for the year end and year-end income.

There had been disappointing results from the Picker Survey on patient experience in the areas of admissions and the discharge process. However, when compared with other Trusts, similar disappointing results had also been recorded for these Trusts in the Picker Survey. GH stated that it was important to view the results of this survey in context with the Trust's internal surveys undertaken. It was also stressed that since the Picker Survey was undertaken, steps had been taken to make improvements in those areas highlighted. GH reported that a recent Away Day had been held with senior nurses where enthusiasm had been very evident for ensuring improved patient care as a result of the results from patient experience surveys.

GH also drew attention to a recent Freedom of Information request from the Health Service Journal for Trust Board documents. As a result of this request, a negative article had been written concerning the Trust's Ward to Board results in December 2010. The article had stated that the Trust was failing in 6/9 of its performance indicators. A press enquiry had been received from the Wigan Observer and a press statement had been issued, copies of which were available for Governors at the meeting. A global email had also been sent to staff containing details of the article and the Trust's comments.

JW asked what the position of the Trust was in terms of its compliance with single sex wards. GH responded that the Trust had chosen to declare its non compliance in only one area of the Trust ie the Endoscopy Unit at RAEI. In all other wards, the Trust was fully compliant.

6. APPOINTMENT OF NEW NON EXECUTIVE DIRECTOR

Resolved by the Council of Governors:

- To approve the appointment of Mr Neil Turner to the post of Non Executive Director.

TF reported that, following the resignation of Pamela McCann, Non Executive Director, a Nomination and Remuneration Committee had been established in order to consider a new appointment. Some of the Governors had had the opportunity of meeting the candidates for the replacement Non Executive Director post on the first day of the interviews on 23 February 2011. All candidates had been scored against an agreed set of criteria following advice and input from the HR Department. References had been taken up and the Nomination and Remuneration Committee had met prior to the Special Members meeting that evening. The Committee recommended Mr Neil Turner to be appointed to the post of Non Executive Director.

This appointment was approved by all members of the Council of Governors present at the special members meeting.

7. APPROVAL OF REVISED FOUNDATION TRUST CONSTITUTION

Resolved:

- To approve the revised Foundation Trust Constitution.

Following the last meeting of the Council of Governors when HH had outlined the recommended changes to the Trust's Constitution, this had been updated to reflect comments received from Governors. HH gave a brief presentation (attached) outlining the changes to all members present. HH stated that she had available hard copies of the revised Constitution and some of the copies which showed the tracked changes from the original version.

The Chairman asked all public members present at the meeting to vote for the proposed changes to the public constituency as presented:

Public members vote: All in favour

The Chairman asked all public and staff members present at the meeting to vote for the adoption of the revised constitution.

Public members vote: All in favour
Staff members vote: All in favour

The Chairman thanked all members for their unanimous support to approve the revised Constitution.



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8. ANY OTHER BUSINESS

BG asked for clarification on whether, as a Governor, he could also become a member of, for example, LINK or Ashton, Leigh and Wigan Community NHS Trust. HH pointed out that one of the Governors already represented LINK and there should not be an imbalance of representation on the Council of Governors. HH stated that he was free to attend meetings but could only contribute if he declared an interest at the start of the meeting as being a Governor at the Trust. It would not be appropriate for him to register as a member with any other organisation due to his position as Governor at the Trust.

BG also commented on the lack of representation from young people on the Council of Governors and stated that membership of people in the 16-25 age group should be encouraged. HH commented that often A level studies and university/college commitments did not allow young people the same capacity of free time as others. CS suggested that when new staff in this age group were recruited, they should be encouraged to become involved in the Council of Governors.

9. DATE OF FUTURE MEETING

The next Formal meeting of the Council of Governors would take place on 13 April 2011 at in the Boardroom at Trust HQ, RAEI at 6 pm.