

MINUTES OF A MEETING OF THE COUNCIL OF GOVERNORS HELD ON 8TH MARCH 2017 IN THE THQ BOARDROOM

| PRESENT | 27 01 16 TB | 21 03 16 | 25 05 16 TB | 31 10 16 | 25 01 17 | 08 03 17 |
|--|----------------------|----------------|----------------------|----------------|----------------|----------------|
| Mr Bill Anderton, Public Wigan | ✓ | A | ✓ | A | ✓ | A |
| Mrs Helen Ash, Makerfield | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Mr Tim Board, Medical and Dental | ✓ | ✓ | ✓ | - | A | ✓ |
| Mr Les Chamberlain, Makerfield | | | | | ✓ | ✓ |
| Mrs Kathryn Drury, Makerfield | ✓ | ✓ | A | A | ✓ | ✓ |
| Mr Tom Frost, Rest of England and Wales | - | ✓ | A | A | A | ✓ |
| Mr Bill Greenwood, Public Wigan | ✓ | ✓ | A | ✓ | ✓ | ✓ |
| Mrs Pauline Gregory, Public Wigan | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Dr Dawne Gurbutt, Appointed - UCLAN | ✓ | A | ✓ | ✓ | ✓ | A |
| Mrs Marie Hart, Nursing and Midwifery | ✓ | A | ✓ | ✓ | A | ✓ |
| Mrs Jean Heyes, Appointed – Staff Side | ✓ | - | A | ✓ | - | - |
| Dr Mustapha Koriba, England and Wales | | | | ✓ | ✓ | ✓ |
| Mrs Diane Lawrenson, Nursing and Midwifery | ✓ | ✓ | ✓ | ✓ | A | - |
| Mr James Lee, Public Makerfield | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Mrs Lisa Lymath, Rest of England and Wales | | | | | ✓ | ✓ |
| Mr Reg Nash, Appointed –Age UK | A | ✓ | A | A | ✓ | ✓ |
| Mr Andy Savage, All other staff | ✓ | ✓ | A | ✓ | ✓ | ✓ |
| Dr Louise Sell, Appointed 5BP | | | ✓ | A | ✓ | ✓ |
| Dr S Shah, Appointed - LMC | ✓ | A | ✓ | ✓ | ✓ | ✓ |
| Mrs Maggie Skilling, Public Wigan | - | ✓ | ✓ | ✓ | ✓ | ✓ |
| Mrs Linda Sykes, Public Leigh | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Dr Corinne Taylor-Smith, Leigh | ✓ | A | A | A | ✓ | ✓ |
| Mr David Thompson, England and Wales | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Mr Geoff Vaughan, Leigh | ✓ | ✓ | A | ✓ | A | ✓ |
| Councillor Fred Walker, Appointed | ✓ | ✓ | ✓ | ✓ | A | ✓ |
| Mrs Mavis Welsh, Leigh | | | | A | A | ✓ |
| Dr Gen Wong, Wigan Borough CCG | | | - | - | A | A |
| Mr James Yates, Other Staff | A | ✓ | A | ✓ | ✓ | ✓ |
| Mr Bill Baker, Public England & Wales | ✓ | A | A | A | | |
| Mrs E Dinerstein, England and Wales | ✓ | A | ✓ | | | |
| Mr G Jackson, Public Leigh | - | A | ✓ | | | |
| Mr F Lever, Public, Makerfield | ✓ | ✓ | ✓ | ✓ | | |
| Ms D Lynch, Appointed –5 BP | ✓ | - | | | | |

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|---|----------------------|----------------|----------------------|----------------|----------------------|----------------|
| PRESENT | 27 01 16 TB | 21 03 16 | 25 05 16 TB | 31 10 16 | 25 01 17 TB | 08 03 17 |
| Mr Robert Armstrong, Chairman | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Dr Sanjay Arya, Acting Medical Director | | | | | ✓ | NR |
| Mrs Alison Balson, Director of HR | ✓ | NR | ✓ | NR | ✓ | NR |
| Mr Neil Campbell | ✓ | NR | A | NR | A | NR |
| Ms Mary Fleming, ED Operations | ✓ | NR | ✓ | NR | A | NR |
| Mr Rob Forster, Director of Finance | ✓ | NR | ✓ | ✓ | ✓ | ✓ |
| Mr Andrew Foster, CEO | | ✓ | ✓ | ✓ | ✓ | A |
| Mr Mick Guymer, NED | ✓ | A | ✓ | NR | ✓ | NR |
| Mrs Carole Hudson, NED | A | ✓ | ✓ | NR | ✓ | ✓ |
| Mrs Pauline Law, Director of Nursing | ✓ | NR | ✓ | NR | ✓ | NR |
| Mr Jon Lloyd, NED | A | NR | A | NR | ✓ | NR |
| Mr Richard Mundon, Director of S&P | ✓ | NR | ✓ | A | ✓ | NR |
| Mrs Christine Parker Stubbs | ✓ | NR | ✓ | NR | A | NR |
| Mr Neil Turner, Deputy Chair | ✓ | ✓ | ✓ | NR | ✓ | NR |
| Prof Tony Warne | ✓ | NR | A | NR | A | NR |
| Mrs Andrea Arkwright, Head of Engagement | ✓ | NR | A | A | ✓ | ✓ |
| Mr S Hand, Membership & Engagement Officer | ✓ | ✓ | ✓ | A | A | ✓ |
| Dave Nunns, Assistant Trust Board Secretary | | | | ✓ | ✓ | ✓ |
| Caroline Greenhalgh, Head of Quality Improvement | NR | NR | NR | NR | NR | ✓ |
| David Evans, Associate Director of Estates and Facilities | NR | NR | NR | NR | NR | ✓ |

Key:

| | | | | |
|------------|---------------------|--|------------------------------|---|
| ✓ Attended | A Sent apologies | - Did not attend or send apologies | NR Not required to attend | Not a member of the group at the time |
|------------|---------------------|--|------------------------------|---|

PRESENTATION: TALK SAFE

Caroline Greenhalgh, Head of Quality Improvement was invited to make a presentation on the subject Talk Safe. Her presentation covered topics such as: progress to date and plans for the future, her presentation included a link to an online video

<https://www.youtube.com/watch?v=cPixml9oigl&feature=youtu.be>



Talksafe CoG.pdf

Caroline's presentation is here

COG members made comments and asked a number of questions which included the following discussions:

- Dr Shah asked how TalkSafe differs from SEA (Significant Event Analysis)?
 - CG explained that Talksafe shouldn't be used for significant events, rather it was aimed at smaller events and incidents and gave an example of labelling blood samples at the bedside rather than later.
 - Robert Armstrong gave an example of a manager coaching a member of staff over the safe disposal of needle and the avoidance of needle stick injuries.
- Geoff Vaughan said that accidents usually happen when more than one thing goes wrong, if we catch these small incidents soon enough then accidents will be avoided.
 - RA suggested that CG liaises with GV to see if the Trust can learn from his experience of working in the nuclear industry.
- Dr Sell said she liked the focus on behaviour change and staff engagement
 - CG said that the Trust measures factors such as whether staff felt safer and agreed that better staff engagement should lead to improved patient safety.
- Rob Forster said that the name Talk Safe was used because it underlines to staff that it is safe to talk about such things – this is a positive thing that the Trust seeks to instil in all staff.
- RA said that the Trust Board wholeheartedly supported this scheme and that it is supported by John Bamford a well known patient safety campaigner

1. APOLOGIES

Robert Armstrong noted the apologies.

2. GOVERNOR INTERESTS

Robert Armstrong welcomed everyone to the meeting and because of a number of new or recent members to the group, asked everyone to introduce themselves. Robert reminded the group of the need to declare any potential conflicts of interest.

3. MINUTES OF THE LAST MEETING

Minutes of the CoG meeting held 25th January 2017 were received and accepted as accurate with the following corrections:

- Mavis Welsh, Public Governor for Leigh, was not listed in the apologies / attendance list (this has now been corrected)
- Dr Louise Sell was listed as 'not required' for the meeting in October, this should be amended as Louise sent her apologies to the meeting.

It was also noted that Dr Wong, CCG representative, has not attended any meetings for some time. RA and DN will discuss this issue.

4. MATTERS ARISING

There were no actions from the January meeting that were not otherwise on the agenda.

In reviewing the annual work plan:

- RA noted that plans for the 2017/18 period were being developed following the planning meeting in December and CoG meeting in January, and that future presentations have been arranged on Non Emergency Patient Transport, Mortality and CQC One Year On.
- Pauline Gregory asked why the Locally Determined Indicator was not listed as an agenda item for each meeting.
 - Dave Nunns explained that the LDI was meant to be an issue that was discussed cyclically, for Governors to agree an indicator each year and to receive a report from the auditor on their findings, rather than at each month and that it was not the role of CoG to regularly monitor Trust performance against the indicator.
 - Bill Greenwood said he would like the issue to be discussed more than once a year.
 - RA agreed that the issue would be placed on the agenda when Deloittes have sufficient information to feedback to Governors.
- Maggie Skilling asked why some Governors had received papers in black and white, when it had been agreed that papers could be printed in colour.
 - DN explained this was an error on his part, and that Governors who collected their papers had received black and white versions, but those who were sent copies in the post had received colour versions.
- Bill Greenwood said he would like to see more meetings take place in alternative venues – and that too many CoG meetings take place in Wigan.
 - RA said he was happy for meetings to be held outside of Wigan but that he didn't want to use hotels as they were too expensive. He requested that Stephen Hand explore the possibility of alternative venues across the borough for future meetings.

5. CHAIR'S REPORT

Robert provided a brief update, noting that:

- Following the signing of the block contract with the CCG, the Trust Board held an away day focussing on a number of schemes designed to save money and transform the Trust. These would be discussed in more detailed by Rob Forster.
- Jawad Husain has been offered the post of Medical Director of Royal Oldham Hospital.
- Finances for the fourth quarter look positive, which should trigger additional payments from NHS Improvement. Lots of hard work, by lots of staff and departments, has contributed to this improved performance.
- A&E performance is improving following a very difficult Christmas period. The hospital is meeting all other performance targets.

6. CHIEF EXECUTIVE'S REPORT, PLUS UPDATE ON BLOCK CONTRACT AND TRANSFORMATION PROPOSALS:

Rob Forster delivered the Chief Executive's update report by focussing on the Good, the Bad and the Ugly of WWL plus the signing of the block contract and details of the Board's plans to make savings over the next 2 years.

The Good:

- Meeting all NHS performance targets, apart from A&E
- Good relations with the CCG and the signing of the block contract
- Improved finance position
- A composite score, against a number of factors, placing WWL in 4th place across the whole NHS

The Bad:

- A&E performance
- Hospital mortality
- Infection control
- PoD Theatres at Wrightington
- Staff engagement feedback

The Ugly:

- The reputation and perception of the NHS nationally
- National financial position
- Adult social care

Block contract and Transformation plans.

- A new type of contract with Wigan Borough CCG worth £182m and £175.1m over the next two years.
- It means the Trust will no longer focus on earning more money by doing more activity. Instead it will focus on reducing costs.
- Trust Board have identified 12 schemes that seek to transform several areas of Trust activity and save costs.

- Rob stressed that all plans will be Quality Impact Assessed, and done in context of achieving sustainability of safe effective and caring health services to the patients we serve.



Rob Forster
PRESENTATION COG

Rob's presentation is here.

COG members made comments and asked a number of questions which included the following discussions:

- Corrine Taylor-Smith asked whether tackling clinical variation meant a *one size fits all* approach, or more personalised medicines?
 - RF – said he wasn't a clinician so couldn't comment too much, but that it would not be a *one size fits all* approach. The Trust will be looking at clinical variance to see if savings can be made from standardised approaches to number of surgeries, scale of prescribing, bio-similars, outpatient clinics. He said that Business Intelligence were involved, and that there will be clinical engagement.
- PG asked whether it would lead to a reduction in beds
 - RA said that NHS England have recently stressed that bed reduction has to be the last thought in anyone's minds, and that bed reduction will only be allowed when proven alternatives are in place.
 - RF said that safety remains the Trust's main priority. He also said that the Locality Plan involves some work currently undertaken by the Trust will be done by others, possibly in a different way, and that this might lead to a reduction in beds in the hospital, without impacting on outcomes or safety.
- PG asked for clarity over the terms ICO and LCO
 - RF explained that these referred to the Integrated Care Organisation and Local Care Organisation. He said both terms were used frequently and that the details of what it might look like in Wigan were being worked on.
- PG asked whether the transformation monies discussed were included in the block contract or in addition to it?
 - RF explained that it was in the budget and that if the Trust over performs there could be additional funds from the CCG.
- Andy Savage asked whether the block contract meant that Payment by Results was now "Done and Dusted"?
 - RF said that most of the NHS still uses PBR, however, it is increasingly recognised that this isn't always the right approach, and that initiatives such as the Sustainability and Transformation Plans means that everyone is interested in reducing costs and that everyone needs to work together to achieve this.
- Fred Walker said that the language used by the Council in how it describes WWL is changing, the Trust is increasingly seen as part of the bigger Wigan picture, part of the solution, not as an add-on as it used to be.

- FW also warned of the risks of establishing an arm's length Estates and Facilities company. This is something the Council have previously done, and learned valuable lessons from. He warned that the Trust should remain vigilant in this scheme.
 - RF said that the Trust wanted to learn from others and would be cautious in any changes.
- Mustapha Koriba asked whether a reducing budget would impact on the Trusts Capital plans
 - RF said there was a huge pressure on capital budgets – IT and technological advances – and the Trust will continue to explore opportunities for additional resources, including the sale of assets and facilities.

7. EXTERNAL AUDIT SUB GROUP RECOMMENDATIONS

Carole Hudson presented a report on behalf of the External Audit Sub Group. Carole explained that the group had met five times over the last few months to review the service specification, adopt new terms of reference, review applications and interview potential providers of the service. The report details the process and the details of the applicants.



External Audit Paper
for CoG 08_03_17.pc

Carole explained that it was the unanimous recommendation of the members of the sub group to award the contract to Deloitte, initially for a two year period. During this period the contract will be reviewed regularly by both the sub group and the Audit Committee.

The recommendation to award the contract to Deloitte will mean an annual saving of £6995 compared to the current contract.

The recommendation of the sub group was agreed unanimously by the Council of Governors.

This will be subject to ratification by the Trust Board.

8. NOMINATIONS AND REMUNERATION COMMITTEE

RA introduced a paper on behalf of the Nominations and Remuneration Committee which details recent activity, research and recommendations.



Notes of NR
Committee - 23.02.20

RA explained that members of the Committee have been considering the schedule for anticipated NED appointment, re-appointment and retirement. This includes the imminent end of Neil Turner's second term as a NED. The Committee recommended to the full Council of Governors that Neil Turner should have his term of office extended by up to 12 months to allow for a full recruitment process to take place to find a suitable replacement. Such an extension is allowed under the Trust's constitution and NHSI (Monitor) Code of Governance. RA explained that this will allow a full review of recruitment options and assessment of skills, strengths and weaknesses of the current board.

The recommendation of the N&R Committee was agreed unanimously by the Council of Governors.

RA also explained that members of the Committee have been reviewing the process of NED and Chair appraisals. The committee have reviewed current WWL practice and compared it with other Trusts and with NHSI best practice. The Committee made recommendations to the full Council of Governors to make changes to the appraisal process including developing new self-assessment and peer assessment forms and adopting Core Competencies.

The recommendation of the N&R Committee was agreed unanimously by the Council of Governors.

9. HOSPITAL CAR PARKING

David Evans, Associate Director of Estates and Facilities, joined the meeting to present a paper on proposals to increase parking charges for patients and staff using Trust car parks.



VISITOR CAR
PARKING CHARGES P

DE explained that the Trust has not increased parking charges since 2015 and that the Trust has invested over £2m in car parks over the last few years. He explained that the Trust tries to ensure that parking charges remain reasonable in comparison with other Trusts and other local car parks and that the Trust wanted to endorse NHS best practice in terms of granting concessions to frequent or vulnerable users.

The Trust is considering raising parking charges by approximately 10% across all car parks – although this may vary to allow for a rounding up or down to support 'ease of use' for popular coins.

DE explained that the decision on any changes will be made by the Trust Board, but the views of the Council of Governors will be taken on board and feedback was welcomed on the proposals. The following points were raised:

- David Thompson asked why so many staff were using the Freckleton St car park, causing complaints from patients about lack of parking.
 - DE explained that the Trust had provided additional staff parking in the town centre, to move them from the RAEI site. He also explained that the Trust had reviewed usage of the Freckleton St car park and found that it was not being used widely by patients, so had opened it up to staff who are not permanently based at the RAEI hospital site.
 - The Trust is working with Staff Side (Trade Unions) to review staff parking.
 - When the Pathology Lab is demolished on the RAEI site, it will create additional patient parking spaces, DE expects that Freckleton St will be used infrequently by patients.
- PG agreed with the proposal to round up or down figures to allow for common change. She thought that £6.60 was a lot of money for a many people of low incomes. She asked whether the Trust had considered the possibility of allowing a weekly pass for patients and carers who make multiple visits? She also asked how many people qualify for free parking after 14 days.
- Corinne Taylor Smith said that 10% increase was too high. Far more than wage inflation.
- RA asked whether the new machines would give change?
 - DE thinks that they will give change, but that they will not accept bank notes due to security issues. The new machines will accept bank cards.
 - DE will check how many people qualify for free parking after 14 days of usage.
- Reg Nash gave his own experience of visiting the site over the sustained period. He said that WWL parking was expensive, and that other hospitals such as Whiston, allow visitors to buy a weekly ticket to reduce costs. Reg also pointed out that many of the proposed increases were above 10% because they had been rounded up, rather than down.
 - DT asked Reg whether the concessions system had been explained to him, whether he was told that he may be entitled to a pass? Reg said he had not been told.
- Fred Walker said that not many patients knew about the Freckleton St car park and often spent long periods driving around the RAEI site looking for a parking space.
 - DE said that the Trust has promoted the Freckleton St car park and that there are signs on the RAEI site informing people of the alternative car park.
- RA summarised the discussion and said the David should reflect on the discussion when producing his final recommendations for Trust Board. RA suggested that the full application of current rules would be useful – such as informing people of the concession rules.

10. GOVERNOR REPORTS BY EXCEPTION

There were none to report

11. ITEMS FOR INFORMATION

The Governors received and noted the following reports:

- BAF

12. DATE AND TIME OF NEXT MEETING

- 29th March, NED / CoG Session (**please note this is now 14:15, not 14:00 because of the full agenda at Trust Board prior**). Room 3, Medical Education Centre.
- 25th April, Work Plan Planning Meeting, 3pm. Boardroom Trust HQ
- 31st May, CoG with Trust Board, 6pm. Venue to be confirmed.