

**MINUTES OF A MEETING OF THE COUNCIL OF GOVERNORS HELD ON 25<sup>TH</sup> JANUARY 2017 IN THE LECTURE THEATRE AT THE MEDICAL EDUCATION CENTRE**

PRESENT	27 01 16 TB	21 03 16	25 05 16 TB	31 10 16	25 01 17
Mr Bill Anderton, Public Wigan	✓	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	✓	✓	✓
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			✓	NR	✓
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
Dr Gen Wong, Wigan Borough CCG			-	-	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	✓	-			

PRESENT	27 01 16 TB	21 03 16	25 05 16 TB	31 10 16	25 01 17 TB
Mr Robert Armstrong, Chairman from.	✓	✓	✓	✓	✓
Dr Sanjay Arya, Acting Medical Director					✓
Mrs Alison Balson, Director of HR	✓	NR	✓	NR	✓
Mr Neil Campbell	✓	NR	A	NR	A
Ms Mary Fleming, ED Operations	✓	NR	✓	NR	A
Mr Rob Forster, Director of Finance	✓	NR	✓	✓	✓
Mr Andrew Foster, CEO		✓	✓	✓	✓
Mr Mick Guymer, NED	✓	A	✓	NR	✓
Mrs Carole Hudson, NED	A	✓	✓	NR	✓
Mrs Pauline Law, Director of Nursing	✓	NR	✓	NR	✓
Mr Jon Lloyd, NED	A	NR	A	NR	✓
Mr Richard Mundon, Director of S&P	✓	NR	✓	A	✓
Mrs Christine Parker Stubbs	✓	NR	✓	NR	A
Mr Neil Turner, Deputy Chair	✓	✓	✓	NR	✓
Prof Tony Warne	✓	NR	A	NR	A
Mrs Andrea Arkwright, Head of Engagement	✓	NR	A	A	✓
Mr S Hand, Membership & Engagement Officer	✓	✓	✓	A	A
Dave Nunns, Assistant Trust Board Secretary				✓	✓
Claire Alexander, AD Governance and Assurance	NR	NR	NR	✓	NR
Mr S Dobson,	NR	NR	✓	NR	NR
Mr Martin Farrier	NR	NR	✓	NR	NR
Mrs P Green	NR	NR	✓	NR	NR NR
Mrs H Hand, Trust Board Secretary	A	✓	A	A	
Mr G Hodgeson	NR	NR	✓	NR	NR
Dawn Joyce, Deputy HCO Manager	NR	NR	NR	✓	NR
Dr Umesh Prabhu, Medical Director	✓	NR	✓	NR	
Mrs A Russell	NR	NR	✓	NR	NR
Mr M Smith	NR	NR	✓	NR	NR
Jenny Wheeler, HCO Manager	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
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## **NOMINATIONS AND REMUNERATIONS COMMITTEE**

At the start of the meeting there was a CoG only discussion to receive an update on recent activity within the Nominations and Remuneration Committee (N&R).

The minutes of the N&R meeting on the 4<sup>th</sup> January 2017 were shared.

Carole Hudson has been working with members of the N&R committee to consider the appointment / reappointment of the Chair. N&R have received information from the Chief Executive, Directors and Governors in relation to the appraisal of the Chair and had been informed that the Chair would like to continue into a second 3 year term. N&R strongly recommended that the Chair should be reappointed for a full 3 years once his current term ends.

**This recommendation was unanimously supported by CoG**

**Members of the Trust Board joined the meeting at this time**

## **CONDOLENCES**

Before the start of the meeting Robert Armstrong passed comment on the untimely and sad death of Helen Hand, Trust Board Secretary at WWL. On behalf of the whole Trust Robert expressed our deepest condolences to Helen's family and friends and thanked Helen for her many years of faithful service at the Trust.

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### **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.

Kathryn Drury declared that her employer is involved in discussions under item 11 of the agenda, although Kathryn is not involved in these discussions.

### **3. MINUTES OF THE LAST MEETING**

Minutes of the CoG meeting held 31<sup>st</sup> October 2016 and CoG Planning meeting held 5<sup>th</sup> December 2016 were received and accepted as accurate.

#### **4. MATTERS ARISING**

There were no actions from the October or December meetings that were not otherwise on the agenda..

In reviewing the annual work plan:

- Robert Armstrong noted that plans for the 2017/18 period were being developed following the planning meeting in December. This includes presentations on NWS Non Emergency Ambulance Service, Talk Safe and progress since the CQC inspection. Robert also said that a suggestion had been made by a Governor at a Trust Board meeting that Martin Farrier be invited to a CoG meeting to discuss hospital mortality and that this was being progressed.

#### **5. CHAIR'S REPORT**

Robert provided a brief update, noting that:

- The Trust has agreed a two-year 'block contract' with Wigan Borough CCG.
- This new type of contract means that for the first time ever, the Trust knows what its major source of income will be for the next two years, which will allow for better planning and much needed transformation and restructuring.
- A Board Away Day in February will consider implementing several projects which will make savings and improvements.
- Robert is confident that the Board, staff and Governors can all work together to make the necessary changes, to change the way the Trust operates, to make the Trust more sustainable in the future. He urged everyone in the Trust to seize this opportunity.

#### **6. CHIEF EXECUTIVE'S REPORT**

Andrew started by saying that it was the unanimous choice of the Executive Team that Robert Armstrong should continue in his role as chair for a full second term and was happy that CoG had agreed to this.

Andrew informed CoG that following a recent recruitment process, Dr Sanjay Arya has been appointed as the new Medical Director for the Trust. Dr Arya will start this role formally on 1<sup>st</sup> April, following the retirement of Dr Umesh Prabhu.

Andrew also announced that Mr Jawad Husain has been appointed as the Trusts new "responsible officer" following the retirement of Dr Andy Wardman.



AF CE Update CoG  
25.01.17.pdf

Andrew presented his Chief Executive's report –

Andrew's presentation looked at a number of highlights and low lights:

- A&E performance is very challenging (88.0%). This is below the target of 95%. The Trust remains the best performing in this field in GM, but the Christmas period had been particularly challenging for the Trust. There has been some improvement in January, but Andrew warned that the trend regionally and nationally is very worrying.
- The Trust has had 21 cases of C Diff this year – although Andrew pointed out that only 3 of these cases count against the Trust in terms of monitoring figures or the risk of penalties – this is where the cause of the C Diff has been caused by the Trust as a result of a lapse in care.
- Deaths within the hospital are higher than expected. Andrew said this was worrying and the Trust has asked Dr Martin Farrier to look into this. Martin had presented at Trust Board that morning, and Andrew recommended that he come to CoG with a similar presentation.
- Trust finances were said to be 'on track' but Andrew warned of significant risks ahead. The agreement of a two-year block contract will help the Trust in its planning.
- Andrew thanked Bill Anderton for his support to the Trust over recent dealings with the Daily Mail and Mail on Sunday. These cases remain live – although the Daily Mail have agreed not to publish stories relating to deaths in the hospital until the police investigations are completed, then they may reconsider depending on the outcome. The Mail on Sunday, which is technically a different publication may still proceed.
- Finally, Andrew said that the next few months will be crucial for Healthier Together as decisions may be made on the shape of future services.

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

- James Lee asked about the impact of the closure and re-opening of Chorley A&E dept.
  - Andrew said that the impact of Chorley's partial reopening remains to be seen. Although the result of its closure had been relatively small it has resulted in an average six extra occupied beds; also discharge arrangements are more complex than for Wigan patients.
- Dr Syed Shah asked how the Trust knows when patients have C-diff, how can we be sure that there have only been 3 lapses of care?
  - Andrew said that every C-diff case is studied by Root Cause Analysis. In only 3 cases had a lapse in care been seen – in one case the wrong anti biotic had been prescribed to a patient, and in two cases there was no side room available for a patient who needed one. The CCG and CQC are most interested in these cases, they are less interested in the remaining 18 cases where C-diff was seen to be unavoidable.

- Mustapha Koriba asked whether the Trust had emergency plans in place to cover episodes such as the outbreak of Norovirus over Christmas.
  - Pauline Law explained that for cases such as Norovirus and Influenza the Trust has a well-rehearsed crisis management plan in place. This involves sealing and cleaning wards thoroughly before re-allowing patients to use wards.
- Bill Anderton asked whether other Trusts were experiencing similar trends and developments in relation to infection and mortality.
  - Pauline said that other well performing hospitals were also experiencing increases in C-diff and MRSA. WWL is doing well compared to many other Trusts.
  - Pauline said that it would be better to hear from Martin Farrier in relation to mortality rates.
- Dr Shah said that the hospital were good at supporting local GPs in knowing what to do in relation to infection control. Dr Robert Nelson can be contacted easily for advice.

## 7. QUESTIONS TO THE WHOLE BOARD

Pauline Gregory had submitted a prior question that related to Governors receiving hard copies of Board and CoG papers in colour. The cost for Governors to print their own copies was prohibitive, and Governors who try to rely on electronic copies often find it difficult to log on to free public Wi-Fi in the Trust.

**Rob Forster agreed that for CoG meetings Governors can continue to receive hard copies in colour – this is a similar decision to one taken for NEDs at Trust Board.**

The issue of Governors not being able to access embedded documents – the process of the Trust issuing meeting agendas with relevant papers inserted at the right point – was raised. Several Governors who rely on mobile technology such as tablets cannot open these documents.

The issue was discussed – it is a software issue that is out of the hands of the Trust to fix.

**Andy Savage has volunteered to upload all relevant documents for CoG meetings to the CoG Yammer pages.**

David Thompson asked whether the Trust had conducted an Energy Review recently – citing examples where the Trust could save money, such as turning the thermostat down and closing windows on wards.

Pauline explained that the Trust have experimented with turning the thermostat down and have asked patients for feedback. Sanjay explained that for medical reasons it was often necessary to keep windows open to allow air to circulate properly.

## 8. LOCALLY DETERMINED INDICATOR

Dave Nunns presented the paper and apologised for its late arrival; this was due to negotiations between staff, Exec team and Deloitte over a number of potential suitable indicators.



Locally Determined  
Indicator paper for C

The paper made two recommendations for CoG to consider:

- 1) Select VTE prophylaxis assessment as the LDI for the 2016/17 Quality Account.
- 2) Request that the Trust develops appropriate targets and indicators relating to 'Right Patient, Right Ward' for this to be considered as the LDI for the 2017/18 Quality Account.

Concerns were raised over the late arrival of the paper – only presented to Governors at the start of the meeting. And it was felt by some that this did not allow sufficient time for Governors to consider the content of the paper.

It was agreed that the paper should be distributed electronically and Governors asked to indicate their support, or opposition, to the recommendations in the paper.

### **Post script:**

*The paper was circulated to Governors on 26<sup>th</sup> January along with a request to respond.*

- *20 Governors replied supporting the recommendations*
- *No one disagreed with the recommendations.*

*Four Governors passed comment, and it is appropriate that these are recorded with the minutes:*

*Bill Greenwood.*

*The concerns I expressed yesterday were not about the suggestions but about the process.*

*I will go along with the suggestions but have reservations as to how we deal with this issue in the future.*

*Linda Sykes*

*I would like to reiterate the comments made at the CoG on Wednesday evening that I feel the Governor's decision making process around the LDI issue has, on this occasion, been compromised by our lack of opportunity to sufficiently debate the issue in advance.*

*Consequently, at this late juncture, I feel we have no choice but to agree to support the proposal as presented, however I would request that our concerns are recorded clearly in the minutes of the meeting.*

*Corinne Taylor-Smith*

*I share the reservations of Linda Sykes regarding the time pressures on considering this issue and that because of this the choice is somewhat muted. It seems like sometimes the governors are railroaded into sanctioning decisions because there is always a lack of time and prior information to make a considered choice. I appreciate that the NHS in general and WWL in particular are under immense pressure to perform at the highest level with limited resource but planning is integral to good performance. Whilst I accept that it is difficult to quantify Right Patient Right Ward*

*with the currently available data, it should not be such that the choices are restricted to these 2 options for next year's LDI. The presentation by Deloitte shows a myriad of areas which are used by other trusts which should not be overlooked simply because WWL doesn't currently measure them as its LDI. In my personal capacity as an auditor I have always found complaints received/time taken to resolve a good measure of a broad spectrum of performance, for example. Therefore, I think that because of time constraints that we should go with the proposed LDI for the current year as suggested, and that mechanisms for measuring Right Patient Right Ward should be tightened such that it can be considered as a potential LDI for next year but that other potential LDIs should also be discussed and considered by the Governors.*

*Tom Frost*

*I must agree with Linda! This is a major role for Governors and although we know the circumstances this time round we must be sure it is 'our' priority and a key indicator of performance and care (operational measures are covered by legislation but our input needs to reflect public's concern?*

## **9. EXTERNAL AUDIT SUB GROUP UPDATE**

Carole Hudson explained that CoG had decided in 2016 that the Trust should re-tender the contract for External Audit Services. Carole reminded CoG that the contract was last tendered in 2010, and that this contract has been extended twice by negotiation.

The External Audit Sub Group has been re-convened to oversee this work. The group has developed Terms of Reference and a wider membership which includes a Governor representative from all consistencies:

- Leigh
- Makerfield
- Wigan
- Rest of England
- Staff Constituency
- Appointed

Plus Lead Governor.

The sub group will be chaired by Carole Hudson in her capacity as the Board's Audit Chair.

The group has developed and agreed a new Service Specification for the contract and has issued an Invitation To Tender (ITT) to a number of companies on a NHS Shared Business Services 'mini competition' framework.

Deadline for submission of tenders is 9<sup>th</sup> February. With interviews due to take place on 22<sup>nd</sup> February.

It is hoped that recommendations from the sub group will be made to CoG on 8<sup>th</sup> March.



## 10. TAYLOR UNIT / NEURO REHAB

Richard Mundon presented an update on developments relating to the Taylor Unit, Neuro Rehabilitation Ward at Leigh Infirmary



RM CoG Taylor  
Unit.pdf

- The Trust has delivered this service from Leigh infirmary for a number of years, however a number of peer reviews and the CQC inspection have been critical, in particular the environment of the Unit.
- 5 Boroughs Partnership are due to move out of the site – which will leave the service even more stranded than at present.
- The service runs at a loss of £1.5m each year and has been on the Trust Board risk register for over a year. The Trust has been in negotiation with the CCG for some time, seeking additional funding and support for relocation. The Trust served notice to the CCG of our intention to close the service from 31<sup>st</sup> March 2017.
- The CCG has requested, and the Trust agreed, to keep the service open for a further 12 months whilst alternatives are sought.

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

- Dr Shah asked how patients are referred to the service.
  - Richard explained that the service was for seriously ill patients, often involved in trauma, often referred via the major trauma centre at Salford Royal FT, usually brought in via ambulance – this is not a service where GPs or other health professionals make referrals. The unit is part of a GM network of approximately 100 in-patient beds – the Leigh site offers 20 of these beds.
- Dr Shah was concerned about the lack of 24/7 medical cover on-site
  - Richard pointed out that there is on-call medical cover, but recognised this wasn't ideal. The Trust's preference would be to relocate this service to the RAEI site which is a 'hot' hospital site with A&E cover.
- Andy Savage asked about the process for closing down the service
  - Richard explained that it would not be practical to slowly wind the service down, this would be unsafe. It is likely that the service will stop receiving new patients from January 2018 at the latest.
- Linda Sykes asked whether, given that WWL are running the service at a loss, are other Trusts doing the same?

- Richard said he understood that most Trusts were running their services at a loss, although the funding arrangements were different across GM.
- Linda was also concerned that the Trust would lose staff throughout the year and the service would become unsafe or undeliverable
  - Richard explained that it was possible to reduce the number of beds available or replace staff with temporary staff, but recognised this was expensive and that the service would not be unsafe. The Trust will work closely with the CCG to deal with all risks.
- Bill Anderton asked whether moving the service to RAEI would reduce the losses of running the service.
  - Richard explained that it would cost less to run the service from RAEI, but that it would still run at a loss, unless additional funding was offered by the CCG. The main stumbling block to moving the service to RAEI was the need for £7m of capital investment to build a new building to house the service.
- Reg Nash asked about the risks of losing staff this year
  - Richard said there was a high risk the service will lose staff, but that for the patients and the service there is no available alternative at present. The Trust was reluctant to agree to the 12 month extension. We might need to look to the GM network for support around staffing.
- David Thompson asked about the availability of beds at Bury and Trafford
  - Richard said there would be approximately 20 beds in each, with some additional beds in Stockport. He said that the Trust believes it is right to deliver this service, for Wigan and Bolton patients, in Wigan, but recognised that any local solution will be expensive.
- James Lee asked whether alternative providers and beds could be found in Merseyside.
  - Richard said he thought commissioners will prefer a GM solution, commissioners will consider private sector solutions, but would prefer public solutions.

## 11. RESEARCH AND EDUCATION CENTRE AT WRIGHTINGTON

Richard Mundon presented an update on developments relating to a new Research and Education Centre at Wrightington. This was in direct response to questions raised by Bill Greenwood at the December CoG planning meeting.



RM CoG Research  
Centre.pdf

- Richard explained that the Trust have been in discussions with Johnson and Johnson, and Edge Hill College, over the development of a new centre. This would help to maintain and develop the Trust's orthopaedics work – both in GM and nationally.
- If successful the development would guarantee £16-20m of additional income to the Trust over 10 years.

- The development will increase our use of underused estate – a key recommendation of the Carter report – and will increase usage of the existing conference centre.
- Richard explained that this development should not be considered as a ‘significant transaction’ under NHS Improvement definitions, but because it was a new line of business, with huge potential and some risks, that Governors should be engaged in plans.
- Discussions are still on-going with all partners; a full business case is expected to be received by the Trust Board in March 2017.

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

- Bill Anderton asked whether there was anything else like this in the UK
  - Richard said, whilst there were other cadaveric suites, part of the rationale for this development was to rationalise some of them and that our new building, which combined this with education and research was fairly unusual.
- Bill Greenwood said he was interested and excited about the development and can see lots of potential opportunities for the Trust in the future. He asked whether Governors could be more involved because of the potential significant implications for the changing nature of the Trust.
  - Richard said that the Trust doesn’t consider it to be a ‘significant transaction’ but was very happy to engage Governors in the development. However, negotiations are difficult at present given the size of the project and the various partners involved. But once Trust Board has agreed the business case and agreed to proceed, he was happy to engage Governors.
- Andy Savage asked what he described as a left-field question, given the private sector involvement in the project, will they be prioritising and investing in improved mobile and Wi-Fi signals on the site.
  - Richard said it wasn’t left field; it has been discussed and a communication mast was included in the plans.
- Robert rounded up the discussion by that the Trust Board will be scrutinising the proposals in great detail and will consider all of the technical and political issues involved.

## **12. ANNUAL ATTENDANCE RECORDS FOR COG**

Robert presented the register of Governor attendances at CoG meetings throughout 2016. He explained that there were two reasons for this: firstly to ensure that we accurately report attendances in the Annual Report, and secondly to ensure that Governors are meeting minimum requirements over attending meetings, which will be considered jointly by the Chair and Trust Board Secretary.

Governors were asked to check their own entry and report any inaccuracies to Dave Nunns



COG Meeting  
Attendance Jan 16 to

### **13. GOVERNOR REPORTS BY EXCEPTION**

There were none to report

### **14. ITEMS FOR INFORMATION**

The Governors received and noted the following reports:

- BAF
- Monitor / NHSI Quarterly Report
- Patient Relations/PALS Annual Report

### **15. DATE AND TIME OF NEXT MEETING**

- 8th March 2017: 4:30pm-6:30pm Boardroom, THQ (*note this is a change from the original 20<sup>th</sup> March date*)
- 25th April 2017 (Planning Meeting) 3pm–5pm Boardroom, THQ