

Council of Governors

Tue 11 January 2022, 17:15 - 19:15

Zoom Meeting

Agenda

0 min **1. Chair and Quorum**

Information *Mark Jones*

0 min **2. Apologies for absence**

Information *Mark Jones*

0 min **3. Declarations of interest**

Information *Mark Jones*

1 min **4. Minutes from previous meeting**

Decision *Mark Jones*

 Council of Governors Minutes - 20 October 2021.pdf (5 pages)

20 min **5. Chief Executive Report**

Verbal *Silas Nicholls*

15 min **6. ICS Update**


Verbal *Richard Mundon*

30 min **7. Non-Executive Director reports**

Discussion/Verbal *Non-Executive Directors*

10 min **8. Appointment of lead governor**

Decision *Mark Jones*

 Report - CoG - Lead Governor62.pdf (4 pages)

0 min **9. Date, time and venue of next meeting.**
27th April 2022 5:15pm - 7:15pm

0 min **10. Close**

WRIGHTINGTON, WIGAN AND LEIGH TEACHING HOSPITALS NHS FOUNDATION TRUST

MINUTES OF A MEETING OF THE COUNCIL OF GOVERNORS (“the Council”)

HELD AT 5.30PM ON 20 OCTOBER 2021

AT THE EDGE, RIVEREDGE, WIGAN, WN3 5AB

Present:	Mr R Armstrong	Chair (in the Chair)
	Mr B Anderton	Public Governor, Wigan
	Mr J Cavanagh	Appointed Governor, FT volunteers
	Mr L Chamberlain	Public Governor, Makerfield
	Ms J Coates-Topping	Public Governor, Makerfield
	Prof D Gurbutt	Appointed Governor, UCLAN
	Mrs P Gregory	Public Governor, Wigan
	Mr K Griffiths	Public Governor, Wigan
	Mr A Haworth	Public Governor, Leigh
	Ms S Howard	Staff Governor, Nurses and Midwives
	Mrs H Leatherbarrow	Staff Governor, All other staff
	Dr M Koriba	Public Governor, Rest of England and Wales
	Mrs L Lymath	Public Governor, Rest of England and Wales
	Mrs R Mellis	Public Governor, Rest of England and Wales
	Mr R Nash	Appointed Governor, Age UK
	Mr A Savage	Staff Governor, All Other Staff
	Dr S Shah	Appointed Governor, Local Medical Committee
	Mrs L Sykes	Public Governor, Leigh
	Ms V Stevens	Public Governor, Rest of England and Wales
	Ms M Skilling	Public Governor, Wigan
	Cllr F Walker	Local Authority Governor, Wigan MBC
	Mr P Woods	Public Governor, Makerfield
	Mrs S Sephton	Public Governor, Leigh
In attendance:	Ms M Fleming	Deputy Chief Executive Officer
	Mrs N Guymer	Deputy Company Secretary (minutes)
	Mr P Howard	Director of Corporate Affairs
	Mr M Jones	Chair Designate
	Mrs L Lobley	Non-Executive Director
	Mr R Mundon	Director of Strategy and Planning
	Mrs F Thorpe	Non-Executive Director

20/21 Chair and quorum

The Chair took the chair and noted that due notice had been provided to all governors and that a quorum was present. He therefore declared the meeting duly convened and constituted.

21/21 Apologies for absence

No apologies for absence were received.

22/21 Declaration of interests

No attendees declared an interest in respect of any of the items to be considered during the meeting.

23/21 Minutes of previous meeting

The minutes of the previous meeting held on 22 July 2021 were **APPROVED** as a true and accurate record.

Annual report and accounts

The Director of Corporate Affairs advised that the Trust's annual report had been delayed in its laying before parliament and explained that this is the reason for the postponement of the annual members meeting. He clarified that all governors would continue in their posts until the date of the annual meeting, when the newly elected members would be formally announced. Since the report had now been formally laid, the annual meeting, scheduled for 17 November 2021 would be able to go ahead.

24/21 Chief Executive's update

The Deputy Chief Executive provided an update around the current performance of the Trust, in the recovery period following the pandemic period and advised that the Trust are in the top 40% in terms of A&E performance, in spite of the increasing pressures in emergency care. She outlined the Trusts' recent investments and how these would aid the easing of immediate pressures and went on to summarise the plans to cope with elective recovery and the annual pressures faced by the Trust throughout the winter period. She noted that a 'winter assurance template' has been submitted to NHS England and Improvement in respect of all of the Trusts making up the Greater Manchester Health and Social Care Partnership, to outline how the system as a whole will be planning for winter. She highlighted that staff engagement will now be driven by the 'Our Family, Our Future, Our Focus' initiative and explained that this has been developed as a result of staff feedback.

Prof D Gurbutt noted that £1.5m would be utilised for nurse recruitment, she queried what the new approach to nurse recruitment would be, given that this has been a pressure for the organisation for some time. The Deputy Chief Executive advised that the international nurse recruitment programme would allow the Trust to recruit a large number of nurses, to be channelled in to different areas of the organisation.

Prof M Koriba queried how the Trust will ensure that these staff are properly utilised. The Deputy Chief Executive described how on boarding, training and a focus on their professional development will achieve this.

The Chairman added that the Trust's longer term plan is to 'grow their own' staff.

Mrs S Sephton queried whether outpatient work is included in the recovery plan. The Deputy Chief Executive confirmed that it is and that virtual consultations will be offered along side face to face ones, to improve accessibility and reduce risk to patients and staff.

Mrs P Gregory noted the extended opening of the urgent treatment centre and asked whether the public have direct access to this. The Deputy Chief Executive advised that this is the case and noted that in addition, the Trust has begun offering appointments to patients for both Leigh walk in centre and A&E. This pilot is being spearheaded by WWL on behalf of Greater Manchester and is run through 'NHS 111' who are utilised to book the appointments.

Mr L Chamberlain queried the plan for funding for the staffing of the Jean Hayes Reablement Unit. The Deputy Chief Executive advised that the Trust are requesting for the funding which it would usually receive to alleviate winter pressures, to be utilised to staff this unit in the short term. She advised that long term funding will be sought through a business case and highlighted the difficulties presented by only being able to offer short term contracts.

Mrs M Skilling was concerned to ensure that staff communication is given the appropriate consideration, in light of how this affects staff morale. The Deputy Chief Executive explained that communication is one of the four pillars of the 'Our Family, Our Future, Our Focus' initiative and that communication plans have now been developed, to ensure more Non Executive Director visibility, along with a more focussed agenda being set for the Leaders' Forum and with the addition of the new 'all staff team brief' meeting.

Cllr F Walker was concerned that the Trust has been aware of various staffing issues for a considerable period and that more progress should have been made by this time, querying staff absence levels as being overly high. The Chair noted that international nurse recruitment began before the pandemic hit and that the Trust has developed an initial group of these staff. Mrs L Lobley added that the pipeline for caremakers is now full and explained that these staff will eventually become healthcare assistants, progress has also been made with the 'kickstart' apprenticeship scheme. It was clarified that the Trust is in line with the rest of Greater Manchester in terms of absences.

25/21 Non-Executive Directors report

Mrs F Thorpe introduced herself to all in attendance as the new Non Executive Director Chair of the Quality and Safety Committee and provided a short verbal biography. Herself and Mr M Jones and herself explained that several reviews are currently being undertaken in terms of committee effectiveness. External auditors Deloitte are conducting a 'well led' review, along side a review being conducted by Mark Jones as incoming Chair and individual reviews by the committees themselves. Changes will be made to the way that committee operate going forwards, dependent on the cumulative findings.

Mrs L Lobley provided an update as Chair of the People Committee. She advised that leadership training and continued professional development are key to the retention of nurses. She was enthusiastic in terms of the digitisation programme, listing several new systems which are aiding absence management and facilitating the offering of additional

shifts to both doctors and nurses. She highlighted the stress management programme which has been put in place by the Trust to prevent burnout and explained that an external provider has now been put in place to provide the freedom to speak up guardian service.

216/21 The emerging landscape

The Director of Strategy and Planning provided an introduction to the way that Integrated Care Systems will function. He provided a summary of associated governance arrangements and explained how these would operate across the Wigan system as a whole.

Mrs L Sykes raised concern in respect of how the various arms of the new operation will be held to account. It was noted that further clarity would be provided in due course.

In response to a query raised by Mrs M Skilling in terms of the future of staff working for the Clinical Care Commissioning Group, the Director of Strategy and Planning explained that all staff below board level will be employed by the new body, although exact roles are still uncertain.

Mr A Savage requested that an update is provided in six months' time.

Prof M Koriba was concerned that the voice of the patient would be less present in the new structure and queried the Director of Strategy and Planning's thoughts on this. Director of Strategy and Planning advised that the Trust would be monitoring that position and would strive to ensure that patient views are heard, with this to be reviewed after the initial six months.

27/21 Update on Non Executive Directors and Chair appraisals

Mrs L Lobley provided purely positive feed back following Mr R Armstrong's appraisal. Mr R Armstrong advised that appraisals due in respect of the other Non Executive Directors have been completed and that feedback will be provided at the appropriate time.

28/21 Parting words from the Chair

Mr R Armstrong noted that this would be his last meeting as Chair of the Council of Governors, prior to his upcoming retirement from the role of Chair of the Trust. He reflected fondly upon his time at the Trust and thanked the Council for their ongoing support.

Mr A Haworth thanked Mr R Armstrong, on behalf of the Council of Governors, for his quality of leadership.

29/21 Consent items

The papers having been circulated with the agenda and the Council of Governors having consented to them appearing on the consent agenda, the Council **RESOLVED** as follows:

1. THAT the workplan be **APPROVED**
2. THAT the governors' code of conduct be **APPROVED**.

3. THAT the Audit Committee terms of reference be **APPROVED**.

30/21 Non attendance of governors

The Director of Corporate Affairs acknowledged a dip in attendance at meetings, during the course of the past year. However, he referred attendees to the Trust's constitution, and the need to consider whether absence is a result of a reasonable cause. He noted the difficulties that many people have faced throughout the pandemic period, the move to virtual meetings and how this may have affected governors' ability to contribute. He recommended that attendance figures are therefore considered in the context of the pandemic and asked the Council to resolve that the figures recorded throughout this period will not be held against those who have been unable to attend as required.

The Council **RESOLVED** that attendance figures recorded during the pandemic period would not reflect negatively upon those who have a lower attendance rate.

31/21 Date, time and venue of next meeting

The next meeting of the Council of Governors will be held on 11 Jan 2022, 5.15 to 7.15pm, in the Boardroom at Trust Headquarters.

Title of report:	Appointment of Lead Governor
Presented to:	Council of Governors
On:	11 January 2022
Presented by:	Chair
Prepared by:	Nina Guymer, Deputy Company Secretary
Contact details:	T: 07880 154754 E: nina.guymer@wwl.nhs.uk

Executive summary

This report is provided in line with the constitutional requirement set out at section 11.15 of WWL's constitution, for the Council of Governors to appoint a Lead Governor on an annual basis.

On 23 December 2021, expressions of interest were sought by the Deputy Company Secretary from governors wishing to put themselves forwards as Lead Governor for 2022. They were given 12 days in which to respond, providing a supporting statement and advised that all statements would then be circulated to the full Council of Governors for consideration, in advance of the meeting on 11 January 2022. A vote would then take place at that meeting.

Only one expression of interest was received, from Andrew Haworth, public Governor for the Leigh constituency. It is therefore recommended that the Council of Governors approve the appointment of Andrew Haworth as Lead governor for 2022. His supporting statement is included at appendix A.

Link to strategy

The Council of Governors and therefore Lead Governor support the ongoing strategic requirement for staff, partner and patient engagement required by Our Strategy 2030.

Risks associated with this report and proposed mitigations

NA

Financial implications

NA

Legal implications

For Trusts that are minded to appoint a Lead Governor, appendix B of the NHS Foundation Trust Code of Governance (Updated July 2014) describes the role and is included here at appendix B for reference.

People implications

NA

Wider implications

NA

Recommendation(s)

It is recommended that the Council of Governors resolve to appoint Andrew Haworth as Lead Governor for the following 12 months.

APPENDIX A

Governor candidate: Andrew Haworth

Constituency: Leigh

Proposer: Linda Sykes

Seconder: John Cavanagh

Supporting statement:

What is a Lead Governor? - The answer is almost anything, so I'd like to tell you what Andrew Haworth has to offer.

I really enjoy being on the fringe, but still part of the "WWL Family", as Volunteer since 2014 and in my 5th year Public Governor (Leigh).

I've learnt so much from more experienced Council members about the governor role, knowledge of hospital systems and just how we are more useful as a collective than as individuals. I try to be a good listener, use my communication skills and work hard to maintain good, supportive relationships with management.

Through the last 2 years the Trust's stretched managers were less able to help Governors with information and maintain those group dynamics we got from rubbing shoulders around a table and chatting to set the world to rights. We did 'lose' contact with some Governors over that period but many appreciated the supportive Zoom chats that I will continue to host. I'm here for you and WWL.

Whichever of us takes Lead role this year, I look forward to being part of the team helping our staff achieve the best health services possible.

Appendix B

The NHS Foundation Trust Code of Governance (as Updated July 2014)

The role of the nominated lead governor

The lead governor has a role to play in facilitating direct communication between Monitor and the NHS foundation trust's council of governors. This will be in a limited number of circumstances and, in particular, where it may not be appropriate to communicate through the normal channels, which in most cases will be via the chairperson or the trust secretary, if one is appointed.

It is not anticipated that there will be regular direct contact between Monitor and the council of governors in the ordinary course of business. Where this is necessary, it is important that it happens quickly and in an effective manner. To this end, a lead governor should be nominated and contact details provided to Monitor, and then updated as required. The lead governor may be any of the governors.

The main circumstances where Monitor will contact a lead governor are where Monitor has concerns as to board leadership provided to an NHS foundation trust, and those concerns may in time lead to the use by Monitor's board of its formal powers to remove the chairperson or non-executive directors. The council of governors appoints the chairperson and non-executive directors, and it will usually be the case that Monitor will wish to understand the views of the governors as to the capacity and capability of these individuals to lead the trust, and to rectify successfully any issues, and also for the governors to understand Monitor's concerns.

Monitor does not, however, envisage direct communication with the governors until such time as there is a real risk that an NHS foundation trust may be in significant breach of its licence. Once there is a risk that this may be the case, and the likely issue is one of board leadership, Monitor will often wish to have direct contact with the NHS foundation trust's governors, but at speed and through one established point of contact, the trust's nominated lead governor. The lead governor should take steps to understand Monitor's role, the available guidance and the basis on which Monitor may take regulatory action. The lead governor will then be able to communicate more widely with other governors.

Similarly, where individual governors wish to contact Monitor, this would be expected to be through the lead governor.

The other circumstance where Monitor may wish to contact a lead governor is where, as the regulator, we have been made aware that the process for the appointment of the chairperson or other members of the board, or elections for governors, or other material decisions, may not have complied with the NHS foundation trust's constitution, or alternatively, whilst complying with the trust's constitution, may be inappropriate.

In such circumstances, where the chairperson, other members of the board of directors or the trust secretary may have been involved in the process by which these appointments or other decisions were made, a lead governor may provide a point of contact for Monitor. Accordingly, the NHS foundation trust should nominate a lead governor, and to continue to update Monitor with their contact details as and when these change.