

Agenda

17:15 - 17:15
0 min

The communications team will be available from 4.30pm in meeting room 1 for governor photographs. From 4.30pm - 5.15pm there will also be an opportunity for networking with food and refreshments served in the executive meeting room.

17:15 - 17:16
1 min

1. Chair and quorum

Information Mark Jones

17:16 - 17:17
1 min

2. Apologies for absence

Information Mark Jones

Mustapha Koriba
Shelley Sephton
Linda Taberner
Lisa Lymath

17:17 - 17:18
1 min



3. Declarations of interest

Information Mark Jones

17:18 - 17:20
2 min

4. Minutes of previous meeting

Decision Mark Jones

 Minutes_Council of Governors_Oct.pdf (5 pages)
 Minutes_Council of Governors Dec.pdf (2 pages)

17:20 - 17:30
10 min

5. Chair's update

Information Mark Jones


Verbal item

17:30 - 18:00
30 min

6. Chief Executive's report

Information Silas Nicholls

Presentation

 CoG Slides - Silas Nicholls.pdf (2 pages)

18:00 - 18:40 **7. External engagement**

40 min

Discussion *External colleagues*

Alexia Mitton - Assist. Director of Comms & Engagement at NHS GM Integrated Care

Claire Roberts - Dep. Director for System Integration & Partnerships at NHS GM Integrated Care

Colin Greenhalgh - Programme Director at Groundwork Cheshire Lancashire & Merseyside

Scott Williams - Engagement Manager for Wigan at NHS GM Integrated Care

 WWL Vision CoG Jan 23.pdf (8 pages)

 VCFSE sector engagement WWL Governors final.pdf (6 pages)

18:40 - 18:55 **8. Non-Executive Director reports**

15 min

Information

 21. AAA _ People - 18 Oct 2022 2.pdf (2 pages)

 21. AAA Audit - Nov 2022.pdf (1 pages)

 AAA F&P - Nov KK IB 2.pdf (2 pages)

 AAA QS - Oct 22.pdf (2 pages)

18:55 - 19:00 **9. Appointment of lead governor**

5 min

Decision *Mark Jones*

 Report - CoG - Lead Governor 2023.pdf (4 pages)

19:00 - 19:10 **10. Non-Executive Director/Governor clinical visits**

10 min

Information

19:10 - 19:11 **11. Details of next meeting**

1 min

Information *Mark Jones*

Attendees

Board members

Mr M Jones (Chair - in the Chair), Mr J Cavanagh (Appointed Governor: Volunteers), Mr L Chamberlain (Public Governor: Makerfield), Mrs P Gregory (Public Governor: Wigan), Mr K Griffiths (Public Governor: Makerfield), Mr S Gorst (Staff Governor: All other staff), Ms M Hartley (Staff Governor: Nursing and Midwifery), Mr A Haworth (Public Governor: Leigh), Ms J Hilling (Public Governor: Rest of England and Wales), Mr M Koriba (Public Governor: Rest of England and Wales), Mrs C Martindale (Public Governor: Wigan), Mr M Ryding (Public Governor: Rest of England and Wales), Mr A Savage (Staff Governor: All other staff), Ms S Sephton (Public Governor: Leigh), Dr S Shah (Appointed Governor, Local Medical Committee), Ms B Shaw (Appointed Governor: Age UK)

In attendance

Miss N Armstrong (Corporate Governance Officer - Minutes), Lady R Bradley (Non-Executive Director), Mrs N Guymmer (Deputy Company Secretary), Mr I Haythornthwaite (Non-Executive Director), Mr P Howard (Director of Corporate Affairs), Mrs L Lobley (Non-Executive Director), Mr S Nicholls (Chief Executive), Ms M Trigg (Manager - Public Sector Audit KPMG)

Meeting minutes

36. /22 Chair and quorum

Mr M Jones 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.

Information

Mark Jones

37. /22 Apologies for absence

Apologies for absence were received from Phil Woods, Francine Thorpe, Clare Austin, Lisa Lymath, Fred Walker, Dawne Gurbutt, Carol Kelly and Susan Spibey.

Information

Mark Jones

38. /22 Declarations of interest

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

Information

Mark Jones

39. /22 Minutes of previous meeting

Following the amendment that Ms L Hale was not in attendance and the attendance of Mrs R Bradley, Mrs C Martindale and Mrs L Sykes the minutes of the previous meeting were **APPROVED** as a true and accurate record.

COG Minutes - 19.7.22 v3.pdf

Decision

Mark Jones

40. /22 Chief Executive's report

The Chief Executive provided an update to the Council, which included an update on the winter pressures facing the Trust and the plans in place to support the Trust and the staff during this difficult period. He further noted the recent visit from Sir Richard Leese, the Trust's recently received NHS Communicate Rising Star Award and the internal Staff Thanks and Recognition (STAR) Awards which WWL had recently held.

Mrs P Gregory noted current difficulties with care provision and asked whether the Trust is still providing 24 hour urgent care. The Chief Executive responded informing the Council that the Trust is still providing 24 hour urgent care, however on occasion some areas have had to be closed due to staffing shortages.

Mrs P Gregory asked whether the size of the the A&E department as an area poses any risk to patient safety, given that it is often very crowded. She advised that in some cases public perception is that whilst patients cannot be seen by a nurse, nurses are busy making refreshments for patients in the waiting area.

The Chief Executive responded by informing the Council that the Trust are trying to stream patients to the Urgent

Information

Silas Nicholls

Treatment Centre's (UTC) and to Same Day Emergency Care (SDEC) areas, where appropriate, so that they can then be escalated to A&E if required. He recognised the crowding within the waiting area as a risk, and informed the Council that this is why streaming processes are being put in place during the winter period, to increase the capacity of the SDEC area to 7 days a week and to change the layout within the emergency department to create more treatment cubicles. He advised that to ensure patient safety and hydration, support staff do provide occasional refreshments for patients waiting in A&E but that they wear scrubs similar to those of nurses, which may cause some confusion.

Following a further query from Mrs P Gregory, the Chief Executive informed the Council that the UTC at Leigh is not yet a 24 hour service but this is something the Trust is working towards. He further informed the Council that through the Trust's social channels and website they are trying to reinforce to members of the public that 111, GPs, pharmacists and the UTCs are all available to provide care throughout winter.

Following on from this Ms J Hilling asked what the percentage increase is of patients coming through the A&E department, if it is still predominately COVID related or if there are other trends emerging.

Responding, the Chief Executive informed the Council that there has been a steady 5% increase year on year in the number of patients attending the department. He further noted that although this is the case, the Trust are not admitting more patients than the previous years but that the clinical complexity of patients is now greater than in previous years.

Dr S Shah informed the Council that as a GP he has found the SDEC unit very beneficial, it has helped in his practise to organise patients according to clinical need, and therefore patients are not required to attend the accident and emergency department.

41. /22 NED reports

Although Mrs F Thorpe was unable to attend the meeting her Quality and Safety Committee report was available for the Council.

Mrs L Sykes recalled a recent press article published around maternity services at the Trust. She requested an update on the Trust's response to matters noted in the article, around the raising of staff concerns within the maternity department, be provided to the Council and noted that the article had not been mentioned in the Council's usual communications update.

The Chief Executive noted that the rate of maternal deaths and still births has been decreasing over the last five years. He assured the members of the Council that WWL is doing everything possible to support staff to feel safe to raise any concerns around any element of any service provided by the Trust, should they have any. He noted that this is being achieved through use of a newly outsourced freedom to speak up service, provided by an external company, in the hopes that the resulting impartiality will encourage staff to feel safer to raise issues. This service is being promoted internally and works with WWL leaders to thoroughly look into concerns raised. He further noted that Mr S Elliot, Non-Executive Director is the Maternity Champion. He and other Non-Executive Directors undertake safety walk-rounds with the Executive Directors and they speak to staff and encourage them to speak up if they have any concerns. These are completed across all areas of the Trust. The Chief Executive informed the Council that he is confident that the Trust is providing ample opportunity for staff to raise any issues and concerns they may have and in promoting a culture where staff feel confident to speak up, and feel valued when they do.

Mr P Howard noted that members of the Council are regularly updated as to any articles that are due to be published that the Trust is aware of although in this case, they had been unaware of the article Mrs L Sykes had referred to.

Ms M Hartley informed members of the Council that she is aware that many of the Trusts senior midwives are attending the Culture programme bring run at the Trust and from their viewpoint this is enhancing team work as a whole between those midwives based in the acute site and within the community setting. She further went on to inform members of the Council that there is a community voices partnership for pregnant and newly delivered mums and all are welcome to attend. At every meeting an action log is kept of points raised.

Mr M Koriba informed members of the Council that he attend some PLACE training, which looked at a PLACE audit, the safety of the environment and the opportunity to talk to patients and staff, He informed members of the Council that he was impressed with how clean and tidy the maternity department was, and how happy patients and staff were. He further noted that patients he had spoken to within the accident and emergency department were happy with the service they were receiving.

The Chief Executive noted that since he has been at the Trust for a number of years he can see the difference within the maternity department and the improvements that have been made.

Ms J Hilling mentioned that it has been recognised that the Black Asian and Minority Ethnic (BAME) population have lower health outcomes and although the BAME population is relatively small across the borough, she questioned if the Trust has specifically looked into the outcomes for these patients.

The Chief Executive responded advising the Council that the Trust along with all NHS organisations have indicators and that it can see the access to and outcomes of healthcare received by the BAME population, however noted that those from deprived communities also have issues around access to health care. He cautioned that what is true across the borough may not be true for other areas across the country.

Ms M Hartley responded to some of the questions and comments from members of the Council informing them that there are teams in place to support and manage those patients who are classed as high risk and further noted that there is an enhanced team in place to support black, asian and minority ethnic patients.

Mrs L Lobley summarised the people committee report noting that there were five alerts from the meeting and six areas to advise the Board around.

The Chair noted that at a recent wellbeing conference he had attended he was pleased to inform the Council that the Trust had been shortlisted for an award. Although on this occasion WWL did not win he was pleased to see the work that the Trust is carrying out is being recognised. The Chair then advised that the Trust is carrying out a fuller piece of work that will look in depth at the holistic approach WWL are taking towards staff health and well-being.

Mr Haythornthwaite summarised the Audit Committee AAA report noting that he was pleased to report the Trust has the correct processes, procedures and governance in place in the areas in respect of which the Committee has recently received reports.

Mrs P Gregory noted that the report mentions concerns around loss of valuables brought in by patients and asked what measures are in place to help to prevent loss of patient property.

Mr I Haythornthwaite responded explaining to the Council that there is a checklist in place and that work has recently been undertaken to refine policies and procedures surrounding the handling of patient property, with the message to patients around not bringing valuables in to the hospital strengthened and to ensure that any property is accurately logged as it travels with the patient. He noted the involvement of the Counter Fraud Specialist in ensuring that where valuables brought onto the wards are reported as missing, there is proof that these items were recorded as being with the patients concerned.

Mr J Cavanagh noted that the patient engagement and experience group are working to develop secure patient lockers that can be transported with the patient when they moved between the departments and have a check list of what went into and has been taken out of the locker. He noted that they are currently trying to find a patient friendly lock for these lockers.

The Chief Executive provided an additional update following the finance and performance committee AAA summary report, noting that the Executive Team have a meeting scheduled to scrutinise financial plans in place although was confident that the Trust will achieve the target it set out in its financial plans at the start of the year.

He went on to inform members of the Council that the second half of the meeting that had taken place had looked to the future and what potential savings targets there would be, how the Trust can continue to provide safe care and what a different clinical operating model might look like. He noted the importance of looking at a new operating model as there are currently a high number of well patients who are deteriorating due to them being in beds longer than is necessary. He reiterated that any plans will be to provide a better service and better value for money for patients.


Mrs P Gregory asked if there was the potential to utilise the Belligham Hotel for a rehabilitation unit like the Jean Heyes unit at Leigh.


The Chief Executive responded informing the Council that unfortunately this would not be possible as the site has already been sold.


It was agreed that a longer workshop session with the Council would be planned in, so that they may be informed on the Trusts plan for working differently moving forwards.

 08. AAA QS - Aug22.pdf

 08. AAA People - 5 Sept 2022.pdf

 08. AAA Audit - Sept 2022.pdf

 08. AAA Research - Sept 2022.pdf

 08. AAA F&P - Sept 2022.pdf

42. /22 Presentation of annual report and accounts

A copy of the annual report and the auditor's annual report has been circulated to the Council by email and is also available at wwl.nhs.uk/annual-report-and-accounts.

Information
Molly Trigg, KPMG

Ms M Trigg summarised the slides which had been circulated in advance of the meeting. She summarised the key findings of the annual reports and accounts which are available to be viewed on the Trust's website.

Mr I Haythornthwaite, the Chair of the Audit Committee, noted that this report is presented to the Audit Committee prior to being presented to the Board of Directors. The Committee recommended that the Board of Directors accept the annual report and accounts. This provides assurance from the Committee and the Board that the Trust's accounts and reporting are consistent with relevant accounting standards.

Members of the Council received and noted the update provided.

 Council of Governors Presentation 21-22.pdf

43. /22 Update on work in progress following September workshop

Discussion

Mark Jones

The Chair led a discussion on work in progress since the workshop focusing on external engagement.

He fed back to the Council following the workshop that took place in September and shared some slides which summarised the discussions that took place. He requested that members of the Council think about any local clubs and societies which they are already involved in where WWL can promote membership of the Trust, to try and support a diverse membership and promote the role of the governors. He further asked members of the Council to think about what message they would like to share with members of the public, how they would like to engage with them and how they can make contact with different groups and members of the public. He went on to inform the Council that he has met with local integrated care partner, Mr S Williams and will be meeting with Ms C Roberts and Ms R Murphy to understand how WWL can engage with different groups within the community. He further noted that this is a good way for WWL to access and share data with Healthwatch Wigan.

44. /22 Council of Governors cycle of business

Discussion

Nina Guymer

Mrs N Guymer summarised the cycle of business which had been circulate in advance of the meeting. She requested members of the Council inform the Company Secretary team if they have suggestions as to any items that they feel it would be beneficial to cover in upcoming workshops.

Mr A Savage advised he thought it would be beneficial for Mr M Gandy, the Chief Information Officer, to come and speak to the Council to discuss what IT systems are in place and are being explored for future installation, to support patients and patient care.

Mrs P Gregory questioned whether consideration of the locally determined indicator should be present on the cycle of business.

Mr P Howard confirmed that this is no longer a requirement and therefore was not needed on the cycle of business.

The Council received and noted the contents of the cycle of business.


 10a. Updated CoG Work Plan 2022-23.pdf

 10. Cover sheet - Workplan.pdf

45. /22 Consent agenda

45.1. Schedule of dates for 2022/23

Members of the Council received and noted the contents of the governor calendar.

 WWL governor calendar 2023.pdf

46. /22 Details of next meeting

Information

Mark Jones

11 January 2023, 5.15pm to 7.15pm in the Trust HQ Boardroom

Mr M Jones and Mr S Nicholls left the meeting.

Private Agenda

47. /22 Chair's appraisal feedback

Information

Mr L Lobley noted that in her previous role as Senior Independent Director it was her duty to facilitate the Chairman's annual appraisal. She noted that at the point of undertaking this review, as the Chair had only been in post for six months, it was not a full annual appraisal.

Mrs L Lobley reported that the outcome of the appraisal was positive and it was felt that Mr M Jones had started his tenure well. She went on to explain to the Council that his next appraisal would be undertaken by Lady R Bradley as the newly appointed Senior Independent Director.

The Council were content with the feedback provided and noted and received it, raising no queries.

Committee report

Report from:	People Committee
Date of meeting:	18 October 2022
Chair:	Lynne Lobley

Key discussion points and matters to be escalated from the discussion at the meeting:

ALERT

- The Committee wish to alert the Board in respect of the two lowest scoring areas of the General Medical Council (GMC) survey, being handover and rota design, which both scored under 50%. However, it did note that the Trainee Medical Education Group will have responsibility for requesting formal action plans to be put in place in respect of these negative outliers and monitoring delivery of these plans.
- The Committee received an update on the three key workforce efficiency programs and suggested that going forward, reports should set out the impact that the programs are having, in terms of run rate and cost savings. It noted that this is being built in to the divisional and Trust wide forecast and that by the next meeting, divisional positions will be established and able to be reported.

ASSURE

- The People Dashboard was well received and noted to be effectively addressing the Committee's requirements.
- The Board are asked to note that the GMC survey provided assurance that WWL are moving in the right direction with doctors' training and are performing well across the Greater Manchester (GM) region.
- The education exception report was noted and received and it was acknowledged that WWL have complied with the requirements of the 2016 contract by reporting exceptions to the Committee.
- The equality, diversity and inclusion (ED&I) deep dive presented showed that following collection of the data in respect of staffs' protected characteristics, the Trust have identified and recommended clear actions required in order to make the improvements required in this area.
- The Committee observed a clearer understanding of the make up of the Allied Health Professional (AHP) workforce and how the AHP workforce supply project will aid development of the Trust's related strategy.
- WWL's vaccination programme was noted to be running successfully.
- The plan to increase engagement in the upcoming staff survey including the communications already issued was noted.
- The library annual report provided positive assurance around library services.
- The Freedom to Speak Up report provided good assurance around the progress made with the service since it had been outsourced.

ADVISE

- Implementation of the workforce efficiencies plan and the work done with the finance team to progress these programs of work was positively received although it was noted that the required savings are yet to be seen.
- Similarly, good progress is being made with recruitment and retention and a reduction in vacancies was noted, although there is further work to be done.
- The work plan is proving effective in tracking which items the Committee has reviewed and which it is due to review, hence maintaining good governance.
- The Committee noted an increase in positive GM wide collaboration between trusts.

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

- Risks were discussed in the context of the corporate objectives, as per those outlined through the Board Assurance Framework.

Committee report

Report from:	Audit Committee
Date of meeting:	23 November 2022
Chair:	Ian Haythornthwaite

Key discussion points and matters to be escalated from the discussion at the meeting:

ALERT
<ul style="list-style-type: none"> The Committee does not wish to alert the Board in respect of any issues.
ASSURE
<ul style="list-style-type: none"> The executive team have now signed off a business case for investment in the overseas billing team which will strengthen the process around collection of overseas debt. The Committee took assurance from the reviewed and redrafted SFIs. These now include a non-compliance matrix, in respect of which the staff side and the Local Negotiating Committee were consulted with, to ensure that measures taken in respect of breaches are fair. WWL's approach has now been brought in line with that taken more widely by the Greater Manchester Integrated Care System. The Committee received assurance that the process around losses and special payments has now been considered and reformed by a task and finish group. The Committee was assured by the counter fraud report that the correct processes are in place to tackle fraud. The Committee took substantial assurance from the internal audit report in respect of two audits and moderate assurance on another audit. They were assured by the internal auditors that all remaining audits in their plan will be conducted within this financial year. The external auditors gave assurance that they have all appropriate resources in place to conduct the year end audit in a satisfactory manner.
ADVISE
<ul style="list-style-type: none"> The Committee received the Three Wishes Charity report, accounts, letter of representation and letter of comment. They recommended to the Charitable Trust Board that these should be approved and the letter signed by the Chair of that Board. The Committee noted and received the waiver report and requested some further information and detail to be provided and the next meeting.
RISKS DISCUSSED AND NEW RISKS IDENTIFIED
<ul style="list-style-type: none"> No new risks were identified.

Committee report

Report from:	F&P Committee
Date of meeting:	30 November 2022
Chair:	Rhona Bradley

Key discussion points and matters to be escalated from the discussion at the meeting:

ALERT
<ul style="list-style-type: none"> In respect of potential industrial action, an update was provided and the Committee was advised that the Executive Team would closely monitor the position and update the Board as required.
ASSURE
<ul style="list-style-type: none"> The Specialist Services Division presented a deep dive into their financial position and are predicting a surplus driven mainly by their private patient income. The Chief Nurse presented a benefits realisation report in respect of the business case for the staffing of Bryn Ward North and Standish Ward, outlining the financial challenges that remain but highlighting improvements in patient care and quality. This would be reviewed again in the following financial year, since the financial element had not fully delivered but the Committee were pleased to see the improvements which had been facilitated through the investment in other areas. The Committee commented on several occasions around the assurance that the reports demonstrated in terms of the grip and control measures that the Trust has in place. The Committee took assurance from the information management and technology performance report and the improvement made both within the team and to the service. The Committee received the proposed financial recovery plan (FRP), prior to its submission to the Greater Manchester Health and Social Care Partnership (GM) and the cost improvement program(CIP) report and agreed to submit the FRP to GM with the caveat that it is yet to be approved by WWL’s Board. It would be submitted to WWL’s Board subsequently, due to the tight deadline.
ADVISE
<ul style="list-style-type: none"> The Committee received the finance report for month seven. They received the ‘RAPID’ update including an update on the changes made to the metrics for divisions being escalated to ‘RAPID’ status, based on financial, operational and CIP related performance. The capital plan was received and approved. They received an outline of the initial executive team approach to planning ahead of national guidance being issued and noted that further updates would follow.

- The Committee were updated around the current position of the British Medical Association rate card and noted that work is ongoing to set out the impact of the pay rates that it proposes, which will be brought to a future meeting.
- Business cases for the following were considered and dealt with as follows:
 - Replacement of Xray room 3 at Wrightington was approved;
 - The Royal Albert Edward Infirmary electricity supply was recommended for Board approval;
 - Gidlow unit palliative care service was approved;
 - Virtual desktops to support increased mobile devices at the bedside was approved.
 Lastly, the business case for the Wigan urgent mental health assessment (a service provided with GMMH) was provided for review and was endorsed, although this is being funded externally and is being put in place to meet a national requirement.
- They received the elective recovery and urgent and emergency care performance reports.
- The net zero report was received and noted.

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

- CO12's associated risk PR6 around urgent and emergency care facing winter pressures was agreed to be reviewed by the Deputy Chief Executive and the executive team and a decision made as to whether the risk level needs to increase.

Committee report

Report from:	Quality and Safety Committee
Date of meeting:	3 rd October 2022
Chair:	Francine Thorpe

Key discussion points and matters to be escalated from the discussion at the meeting:

ALERT
<ul style="list-style-type: none"> • Treatment delays and acting upon diagnostic test results remain a concern as outlined within the Serious incident reports and Divisional spotlight report. A verbal update on risk mitigation and plans for implementation of an electronic solution was provided. The committee has requested a written report to come to the December meeting for further assurance on this issue. • Divisional representatives highlighted the potential risks to patient safety and experience due to the ongoing intense pressures within the A&E department. Demands upon staff time has led to a reduction in compliance with the use of the patient safety checklist and impacted negatively on patient experience as evidenced through increased complaints. The committee will continue to maintain close scrutiny on a range of safety and quality indicators through regular reports. • Complaint response times remain below the 85% year-end target at 49%. An improvement plan was received to outline how this objective will be met. This relies upon the supernumery status of ward managers to progress and may be impacted as a result of sustained service pressures
ASSURE
<ul style="list-style-type: none"> • An updated action plan was received following the treatment delays deep dive presented at the last meeting. A significant programme of work is underway to overhaul the datix system which will address a number of the recommendations outlines. The committee will retain oversight of progress. • Despite the sustained demand in A&E recent audit of risk assessments (Waterlow and falls) were over 90% • Information was received on the following actions that are being taken to maintain patient safety within the A&E department <ul style="list-style-type: none"> ➢ Daily safe staffing huddles to deploy staff appropriately ➢ Prioritisation of patients including those waiting in ambulances ➢ Care and oversight of patients having to wait in corridors

- The Medicines Management Bi-annual report provided assurance that medication safety incidents were identified appropriately, actions being taken to address areas of concern and improvement plans in place to address themes and trends
- Feedback was received on the clinical quality visits and a number of themes were highlighted. These have been triangulated with the work on ward accreditation to ensure a comprehensive overview is maintained
- Information received from a number of reports provided assurance that our organisation has a positive reporting culture with high numbers of low harm/no harm incidents compared to those with significant or serious harm.
- Feedback from the CQC stakeholder report highlighted that all 'must-do' actions from the last inspection have been completed and progress has been made with the 'should-do's'. The governance team continues to work with ward and departmental leaders across the trust to complete CQC self-assessments and improvement plans
- A plan on actions being taken to implement the national patient safety strategy was received. Progress is being made in all areas that the trust has full control over. National guidance is awaited for a number of areas.
- Oversight of maternity plans in relation to perinatal quality surveillance and Ockenden were reviewed; no concerns were noted in relation to progress

ADVISE

- The Specialist Services Division provided a spotlight report on their key challenges and highlights in relation to quality and safety that included:
 - One medium risk relating to breast services information provided on actions
 - Good divisional reporting culture
 - Good progress in improving complaints response times (100% in August)
 - Good progress in improving compliance with mandatory training for medical staff
 - A range of quality improvement projects in place
- Discussions during the meeting highlighted the need to strengthen trust-wide learning on a range of issues. Plans are in place to address this and the committee will retain oversight of evidence that this is improving
- The complaints Q1 report highlighted a trend in relation to complaints about clinical care and treatment. The committee requested that a deep dive be undertaken into this issue and for a report to come back to a future meeting
- AAA reports have been introduced to receive key information from sub-groups of Q&S. This will enable the committee to improve oversight of any relevant issues and actions

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

- Risks relating to the BAF objectives for 2022/23 were reviewed
- No additional risks were highlighted

Title of report:	Appointment of Lead Governor
Presented to:	Council of Governors
On:	11 January 2023
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 14 December 2022, expressions of interest were sought by the corporate affairs team from governors wishing to put themselves forwards as Lead Governor for 2023. They were given 20 days in which to respond, providing a supporting statement and confirming their proposer and seconder. 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 2023. 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: Andy Savage

Seconder: Les Chamberlain

Supporting statement:

I feel that most of us thought that with Covid-19 becoming part of the routine rather than a national emergency we would see our hospital's services regain strength. Sadly, the last 12 months have seen challenges greater than our resources and WWL, like others, is on a constant knife edge. I said last year that if elected as 'lead' I would support. That's support WWL to be a good provider and to support you as fellow governors to achieve the best you can. I'm even more convinced that our insights can help around the table when strategies are discussed, and recovery plans laid out. We also have our new challenge of looking wider to GM collaboration, to meet new targets with shrinking finances.

I'm happy to continue helping set agendas, represent and support you if that is what you want.

Andrew Haworth
Public Governor, Leigh Constituency.

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.