

COUNCIL OF GOVERNORRS
Minutes of the Meeting held on Thursday 12 May 2022
Via MS Teams

| Present | |
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| Steve McGuirk (SMcG) | Chair |
| Simon Constable (SC) | Chief Executive |
| Terry Atherton (TA) | Non-Executive Director |
| Jayne Downey (JD) | Non-Executive Director |
| Julie Jarman (JJ) | Non-Executive Director |
| Michael O'Connor (MOC) | Non-Executive Director |
| Cliff Richards (CR) | Non-Executive Director |
| Adrian Carridice-Davids (ACD) | Associate Non-Executive Director |
| Norman Holding (NH) | Public Governor & Lead Governor |
| Keith Bland (KB) | Public Governor |
| Paul Bradshaw (PB) | Public Governor |
| John Fagan (JF) | Public Governor |
| Sue Fitzpatrick (SF) | Public Governor |
| Susan Hoolachan (SH) | Public Governor |
| Janice Howe (JH) | Public Governor |
| Colin Jenkins (CJ) | Public Governor |
| Kevin Keith (KK) | Public Governor |
| Colin McKenzie (CM) | Public Governor |
| Kerry Maloney (KM) | Public Governor |
| Nigel Richardson (NR) | Public Governor |
| Ann Robinson (AR) | Public Governor |
| Julie Astbury (JA) | Staff Governor |
| Dan Birtwistle (DB) | Staff Governor |
| Akash Ganguly (AG) | Staff Governor |
| Louise Spence (LS) | Staff Governor |
| CLlr Alan Lowe (AL) | Partner Governor, Halton Borough Council |
| CLlr Paul Warburton (PW) | Partner Governor, Warrington Borough Council |

| In Attendance | |
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| Layla Alani (LA) | Director of Governance and Quality |
| Alison Aspinall (AA) | |
| Stephen Bennett (SB) | Head of Strategy & Partnerships (<i>in attendance for Lucy Gardner Agenda Item COG/22/05/36</i>) |
| John Culshaw (JC) | Trust Secretary |
| Jane Hurst (JH) | Deputy Director of Finance |
| Pat McLaren (PMcC) | Director of Communication and Engagement |
| Liz Walker (LC) | Corporate Governance (Minutes) |
| Apologies | |
| John Alcolado | Non-Executive Director |
| Lucy Gardner | Director of Strategic Partnerships |
| Cliff Richards (CR) | Non-Executive Director |

| Agenda Ref | Agenda Item |
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| COG/22/05/21 | <p>Welcome, Introduction and Apologies</p> <p>The Chair welcomed everyone to the meeting. There were no declarations of interest in relation to the agenda items. Apologies for absence were received as noted above.</p> |
| COG/22/05/22 | <p>Minutes of the meeting held on 10 February 2022</p> <p>The minutes were agreed as an accurate record and approved subject to minor amendments in relation to attendees.</p> <p>The Council of Governors approved the minutes of the meeting held on 10 February 2022 subject to minor amendments.</p> |
| COG/22/05/23 | <p>Action Log</p> <p>The action in relation to the refresh session for governors would be discussed later in the agenda.</p> <p>The outstanding Amber actions would be reviewed, updated, and closed as required.</p> <p>Matters Arising</p> <p>SMcG noted the agreed appointments of Jayne Downey as the NED replacement for Margaret Bamforth, Cliff Richards was appointed as Senior Independent Director and the approved extension of the Term of Office for Terry Atherton until the appointment of his replacement and to allow a handover period.</p> <p>The Council of Governors reviewed and updated the Action Log.</p> |
| COG/22/05/24 | <p>Lead Governor Update</p> <p>NH provided a verbal update on recent activity in his role as Lead Governor since the last meeting in February. He had attended both Public and Private Board meetings in March, noting a written observation report of the meeting was provided in the papers.</p> <p>Other areas to highlight included the continued 1:1 sessions with the Chairman and the NED recruitment process had commenced for the replacement of Terry Atherton and shortlisting, and interviews were scheduled for May. In relation to the National Lead Governors Association, things were fairly quiet other than discussions in relation to governors being required to have specific skills to fulfil a Governor role and asked what skills the Lead and Deputy Lead Governors would need to have.</p> <p>An update from the CQC and from NHS providers had been circulated. JC was asked about training for governors and would be covered later in the agenda. Constituency meetings were taking place with inaugural meetings for 4 groups, Halton, Widnes, and Rest of England.</p> <p>NH had also attended the Transport Group meetings where a number of issues were on the agendas including parking and the amount of congestion around the drop off point areas and the issues of vehicles delivering using the drop off points to do so.</p> <p>12 EV charging points had been installed at Warrington and 6 at Halton which were due to go live this month and would be controlled by length of time taken to charge cars with a maximum of 4 hours.</p> <p>Three mock inspections had taken place, two for day surgery and one in ED and had looked at areas that had not been reviewed before. NH has also attended the Governor Engagement</p> |

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| | <p>Group and Patient Experience Sub Committees along with the Cleaning Standards Group. Governor Observers were reminded of their role and duties, and the requirement to complete an observation report after the meeting and to be submitted to John Culshaw and Liz Walker to include with future Council of Governor papers. Governors were asked if they were unable to attend the meetings, it was their responsible as Lead Governor Observer to contact the Deputy Observer to ask if they could attend, and if unable to do so to make JC and LW aware of this as soon as possible in order to try and make alternative arrangements in the event that neither observer could attend.</p> <p>There was further discussion around the role of Governors in the world of the ICS and it was noted there would be further discussion which might be contentious. NR commented the Governors needed to support the issues highlighted, and while it was about how things might be done differently it was also necessary to offer the support of the Governors to the ICS, even though these would be challenging times with lots of uncertainties.</p> <p>JJ suggested budgets and capital spending would be agreed at system level and PW talked about it being about place; making decisions around place i.e., Cheshire & Mersey, which to some extent goes against the principles of subsidiarity.</p> <p>NF asked about timelines and when it would be implemented. SMcG added the roll out of the ICB was from 1 July and it would be appropriate to convene and arrange sessions to look at how we can contribute to the ICS.</p> <p>The Council of Members noted the update.</p> |
| <p>COG/22/05/25</p> | <p>Governor Engagement Group (GEG) - Chair's Report</p> <p>KB provided a verbal update on the GEG, noting there was a new venue for the meeting, and the final workplan 2022/23 had been presented and agreed, along with a variety of topics discussed at the meeting.</p> <p>Governor support material had been approved which included posters and cards for constituencies. A Governor Engagement booklet had also been produced and would be circulated in the next few weeks. In relation to the Constituency meetings all had gone well and had agreed on lead members to feedback from the meetings.</p> <p>PPP&I strategy for 2022-25 was presented which provided a lot of information and would be sent to all governors for feedback on the discussion points and asked that as many Governors as possible be involved. PMcL provided an update on patient letters noting the need to try and have an easy read letter. It was also noted that PMcL would be retiring in the next few months and KB wanted to thank her personally for her support.</p> <p>The Council of Governors noted the verbal update.</p> |
| <p>COG/22/05/26</p> | <p>Items requested by Governors</p> <p>There were no items or questions raised by Governors</p> |
| <p>COG/22/05/27</p> | <p>Board Committee Observations</p> <p>Committee observation reports were included from Audit, Finance and Sustainability, Quality and Audit committees. NR provided a verbal update on the Finance & Sustainability Committee as it had been his first attendance at the meeting. He was impressed with the enthusiasm of the group and there had been good challenge regarding a number of issues on the agenda, including CIP.</p> |

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| | <p>The Council of Governors noted the observation reports.</p> |
| COG/22/05/28 | <p>Constituency Meeting Updates</p> <p>Verbal updates were provided in relation to the various constituency meetings that had taken place since the last Council of Governors meeting.</p> <p>Warrington North AR had volunteered to be the contact point for the area, with six people attending, and was moving forward. It was agreed that better feedback would be received if the meetings were able to be aligned with campaigns and to develop how to take this forward with the other constituency leads.</p> <p>Warrington South SF noted the meeting had been positive with good attendance, scheduled meetings had been agreed until the end of the year. There had been good support for PMcL around the Moobs and Boobs event, and as mentioned by NR if we want constituents to get involved it would be more useful to piggyback onto events or campaigns. There was overriding views that patient engagement and participation material should be produced in co-development with patients' groups so that they feel they are contributing to the hospital. An example was an event to talk about the New Hospital submission.</p> <p>There were no updates provided for Runcorn Widnes & Rest of England.</p> <p>SMcG noted that it was pleasing to see everyone coming together, especially with the NHS being under such scrutiny presently and always running at full capacity. It was important to involve the constituents and continue to engage from a Trust Board perspective to ensure nothing was missed, even though we may not be able to do something immediately about the issues.</p> <p>The Council of Governors noted the verbal updates.</p> |
| COG/22/05/29 | <p>Appointment of Lead & Deputy Lead Governor</p> <p>JC advised the results of the ballot for the Deputy Lead Governor which had resulted in the appointment of Keith Bland. It was noted that Norman Holding was elected to continue his term as Lead Governor unopposed.</p> <p>The Council of Governors noted update.</p> |
| COG/22/05/30 | <p>Annual Appraisals</p> <p>It was noted that the appraisal for the Chairman would be conducted during the next few weeks and could consist of 360 deg questionnaire. Cliff Richards as Senior Independent Director would lead the process and would include around 30 questions. Upcoming appraisal for the Chair</p> <p>NED appraisals had all been complete and submitted. SMcG explained that objectives were not set as part of the appraisal for NEDs as their role is around assurance and asking the relevant questions in order to gain the appropriate level of assurance.</p> <p>The Council of Governors noted the update.</p> |
| COG/22/05/31 | <p>Governor Training & Development Programme</p> <p>JC advised a session for Governor training and development would be agreed over the next few</p> |

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| | <p>months and would include the future role of governors, which had been requested, along with public engagement, assurance, and finance.</p> <p>SMcG noted Kimberley Salmon-Jamieson (KSJ) had set up leadership observation sessions in the Trust now people were being allowed into the hospital wanted to move them face to face. Training would be helpful in order to understand leadership observation visits and to ensure these were not being duplicated with any of the Governor observation visits but was important to gain a 360 deg view of what was happening. It was vital this was dovetailed to ensure triangulation and KSJ would be asked to be involved with the training sessions when arranged.</p> <p>AR noted this had been discussed in the past, however there was a need to be careful not to get inundated with visits now other programmes were being developed and did not want the governor observations to be an add on.</p> <p>The Council of Governors noted the update.</p> |
| COG/22/05/32 | <p>Chief Executives Report</p> <p>The report was noted as read and SC went on to talk about the number of patients in hospital with Covid, which had been 150 last month, which was in between the peak of Waves 1 and 2 during 2020, not insignificant but added a different pressure on the Trust. The impact on critical care had been negligible with here patients in critical and had consistently been in single figures. It was noted the community Covid rates had been extremely high but were starting to reduce.</p> <p>SMcG encouraged Governors to read the report which included a helpful overview of what was happening in the trust.</p> <p>1. The Council of Governors noted the update. 2. The Dashboard had been omitted from the papers and LW would circulate.</p> |
| COG/22/05/33 | <p>Chairmans Briefing</p> <p>SMcG reported he was continuing with Q&A for Governors, 1:1's and thought it would be helpful to share what had been discussed at the Board Time Out. There were big challenges ahead, however there were a number of opportunities such as the Model Hospital and Getting it Right First Time (GIRFT).</p> <p>SMcG had attended a meeting of the Provider Collaborative and he was leading on the Workforce workstream on behalf of Cheshire & Merseyside collaborative, and it was very much in the forming stage</p> <p>The Council of Governors noted the verbal update.</p> |
| COG/22/05/34 | <p>PPP&I Strategy</p> <p>AA noted there had been a discussion at GEG on 4 May regarding the PPP&I Strategy, it had also been reviewed by various other groups and would continue as part of the review process. The Strategy relates to the 4 pillars which includes co-production in service change and development, accessible information, reducing health inequalities and anchor institution/building social value. The Strategy had been presented for feedback and sense checking during April and May and were asking for Governor feedback today prior to presenting to Trust Board for final approval at the end of May.</p> <p>SMcG added there were problems with the ladder of engagement, with the reality of patients</p> |

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| | <p>coproducing in a hospital setting to undertake; and it was not clear from the document what success would look like. There needed to be a user-friendly narrative against each of the pillars setting out what success would look like. In wanting to talk to the patients and public and getting them involved and to listen to them, there may be areas of constraint, which could inhibit true coproduction. Therefore it was important to be able to articulate what success would look like in order to head off some of the criticism.</p> <p>AA agreed that the wording would be reviewed and take the comments into consideration.</p> <p>1. The Council of Governors noted the strategy. 2. AA would review the wording in relation to the 4 pillars.</p> |
| <p>COG/22/05/35</p> | <p>Engagement Dashboard Q4</p> <p>The report was presented for noting and CoG members were asked to note the new format of the report which included new sections on measures of engagement around google reviews as well as highlighting engagement in the community.</p> <p>SMcG asked about the new app and whether it would be available for Governors to access. AA added it was in the final stages of development and once it was live there was no reason why Governors could not have access. SMcG added it would be useful to understand what the app would be used for.</p> <p>NR acknowledged the quality of some of the information that had been produced.</p> <p>The Council of Governors noted the dashboard.</p> |
| <p>COG/22/05/36</p> | <p>Strategy Programme – Highlight Report</p> <p>SB noted the report as read and noted the report gave the current position in relation to the Strategy Programme for April.</p> <p>SB informed the members on the progress of the new hospital project which would see the reconfiguration of both the Warrington and Halton sites. The expression of interest had been submitted to the National Government New Hospital Programme, and it had been prioritised number 1 in Cheshire and Merseyside. It was a matter of waiting and being asked to submit further information in order to reach the final list of 8. Other avenues and initiatives for estates transformation were being explored to see if there was a way to leverage any of these.</p> <p>Community diagnostics was also being reviewed at pace and there was a national initiative to create a network of outpatient hubs across Cheshire and Merseyside with a bid submitted for c.£15m for the Halton Site. This would be a flagship in this part of the country if it were successful.</p> <p>There was also a bid due to be submitted for £8.5m to improve elective facilities at Halton and the Warrington Town Centre initiative would look at the prevention agenda in order to do more to support the people of Warrington hitting crisis point.</p> <p>It was exciting to drive opportunities for true integrated care.</p> <p>The work on Runcorn Shopping City had commenced and was due to open in September. The programme of work to refresh the clinical strategy had been relaunched and were reaching out to CBUs to think about the future of service regarding patient flow and elective activity.</p> <p>SMcG noted there was a lot of talk about delivering health services in the community but no</p> |

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| | <p>examples where hospital trusts were divesting their services in the community. There would be further discussion at the Board Development day and the Trust were keen to ensure there was little waste if successful in the bids but could mean reconfiguration of what was originally planned.</p> <p>AG added from a radiology perspective a community diagnostic centre would not necessarily mean integration and engagement, and could end up being repeated, which would be wasteful. Currently there were no links through IT for images etc., so it was a positive step for the Trust to be involved in the outcomes for the scheme.</p> <p>The Council of Governors noted the update.</p> |
| <p>COG/22/05/37</p> | <p>Complaints - Learning From Experience (LFE) Report</p> <p>LA presented the highlights from the report and noted a 34% increase in number of complaints in Q4 which reflected an increase in PALS.</p> <p>There had been an Increase in number of complaints relating to surgical specialities, however there were no consistent themes other than reference to treatment with no expected outcome in patient's view. These had been reviewed alongside the incident process.</p> <p>The report also highlighted the complaints upheld, partially upheld, and not upheld, and these figures would reduce as complaints were close. Again, all responded to within the timeframe, dependent on whether it was a 30-to-60-day response time dependent on the type of complaint.</p> <p>The PALS position showed an increase in the number of concerns and these related to admission, transfer, and discharge</p> <p>The Trust received 7 dissatisfied complaints and 3 complaints were reviewed and deemed to require an incident investigation.</p> <p>SMcG noted he chaired monthly quality assurance group meetings and these issues were discussed with various departments and were constantly looking at patients' perspective to improve engagement on way through the hospital system,</p> <p>LM asked why patients were moved around so often. LA responded every attempt was made for patients not to be moved, however due to demands coming into ED, this might be a reason to move a patient as it was about clinical priorities and to ensure patients get the right treatment in the right specialist area. This tended to happen if a patient was coming to the end of their stay in hospital.</p> <p>SC added it was about having a patient in the right place and being looked after by right treatment and there was a difference between care needed in first 24 hours versus the next tranche who might be ready for discharge. Covid had necessitated moves over and above what would normally be seen, but this had been seen across the board, not just at WHH.</p> <p>The Council of Governors noted the update.</p> |
| <p>COG/22/05/38</p> | <p>Trust Operational Plan</p> <p>JH presented the slides circulated and noted the Trust Plan which looked at activity, workforce, and finance. The areas to be highlighted included the national and key messages from the ICS.</p> <p>Income & Expenditure – finished with breakeven position for 2021/22 included a slight surplus.</p> |

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| | <p>Latest budget shows less income relating to the Covid budget which had reduced significantly and a reduction for convergence and system monies during Covid. As a result, shows minus figure/deficit it is therefore necessary to achieve significant CIP and AMcG was working closely with medical teams to look at where efficiencies could be made.</p> <p>The Council of Governors noted the Trust Operational Plan.</p> |
| COG/22/05/39 | <p>Cycle of Business</p> <p>The Cycle of Business was presented for approval.</p> <p>The Council of Governors approved the Cycle of Business.</p> |
| COG/22/05/40 | <p>CoG Effectiveness Survey</p> <p>JC noted a survey would be circulated within the next few weeks and this would compose of around 12/13 questions, and it would be appreciated if as many could complete as possible when it is received.</p> <p>The Council of Governors noted the Effective Survey would be circulated for completion.</p> |
| COG/22/05/41 | <p>Any Other Business</p> <p>NR asked about acronyms, in particular TCR. It would be useful to add to the list of acronyms and regularly circulate to the Governors.</p> <p>SMcG wanted to record his thanks to Dave Marshall for his time supporting the Trust as a Governor and wished him well.</p> |
| <p>Date and time of next meeting is Thursday XX July 2022</p> | |

Signed Date

Chair/Deputy Chair