

# Council of Governors

26 April 2022 | 10.00am | Microsoft Teams

## Agenda

No	Item	Time	Encl.	Purpose	Presenter
1.	Chair and quorum	10.00am	Verbal	Noting	E Adia
2.	Apologies for absence	10.01am	Verbal	Noting	E Adia
3.	Declaration of interests	10.02am	Verbal	Noting	E Adia
4.	Minutes of the previous meeting held on 27 January 2022	10.03am	✓	Approval	E Adia
5.	Matters arising and action log update	10.04am	✓	Noting	E Adia
6.	Chairman and Chief Executive's opening remarks	10.05am	Verbal	Noting	E Adia/ K McGee
7.	Update from Chair of each Subgroup	10.25am	Verbal	Noting	P Akhtar/ J Miller
<b>8.</b>	<b>STRATEGY AND PERFORMANCE</b>				
8.1	Workforce and OD Strategy update	10.40am	Pres	Noting	L Graham
8.2	New Hospitals Programme update	10.55am	Verbal	Discussion	J Hawker
<b>9.</b>	<b>GOVERNANCE AND COMPLIANCE</b>				
9.1	Lead Governor appointment	11.10am	✓	Noting	K Swindley
9.2	Nominations Committee appointments	11.20am	✓	Noting	K Swindley
9.3	Non-Executive Directors' Champion Roles	11.30am	✓	Noting	K Swindley
9.4	Update on Council and Subgroup virtual meetings	11.35am	Verbal	Noting	K Swindley
9.5	Council Development Plan update	11.40am	✓	Noting	K Swindley
<b>10.</b>	<b>ITEMS FOR INFORMATION (taken as read)</b>				
10.1	2022 Governor Elections		✓		

No	Item	Time	Encl.	Purpose	Presenter
10.2	Governor opportunities and activities summary		✓		
10.3	Governor issues report		✓		
10.4	<b>Minutes of Governor Subgroups:</b> (a) Care and Safety Subgroup – 17 January 2022 (b) Membership Subgroup – 7 February 2022 (c) Chairs, Deputy Chairs and Lead Governor – 10 January 2022		✓		
10.5	Date, time and venue of next meeting: <i>28 July 2022, 1.00pm, venue to be confirmed</i>	11.45am	Verbal	Noting	E Adia
<b>11. REVIEW OF MEETING PERFORMANCE</b>					
11.1	Discussion on how the meeting in public has been conducted	11.46pm	Verbal	Discussion	All
<b>12. RESOLUTION TO REMOVE PRESS AND PUBLIC</b>					
12.1	Resolution to exclude members of the press and public	11.50pm	Verbal	Approval	E Adia

# Council of Governors

## Public Meeting

27 January 2022 | 1.00pm | Microsoft Teams

PRESENT	DESIGNATION	29/4/21	29/7/21	26/10/21	27/1/22
<b>CHAIRMAN AND GOVERNORS</b>					
Professor E Adia (Chair)	Chairman	P	A	A	P
Professor P O'Neill	Non-Executive Director	-	Chair	-	P
Tim Watkinson	Non-Executive Director	P	-	Chair	-
Dr Keith Ackers	Public Governor	P	P	A	P
Will Adams	Appointed Governor (Local Authority)		A	P	P
Pav Akhtar	Public Governor	P	P	P	P
Takhsin Akhtar	Public Governor	P	P	P	P
Rebecca Allcock	Staff Governor	P	P	P	A
Peter Askew	Public Governor	A	P	P	P
Sean Barnes	Public Governor	DNA	DNA	DNA	P
Alistair Bradley	Appointed Governor (Local Authority)	P	P	A	P
Paul Brooks	Public Governor	A	P	A	P
Anneen Carlisle	Staff Governor	A	P	A	A
David Cook	Public Governor	P	P	P	P
Dr Margaret France	Public Governor	P	A	P	P
Hazel Hammond	Public Governor	A	P	A	A
Steve Heywood	Public Governor	P	P	P	P
Trudi Kay	Public Governor	P	P	P	P
Waqas Khan	Staff Governor	P	A	A	A
Lynne Lynch	Public Governor	P	P	P	P
Janet Miller	Public Governor	P	P	P	P
Shirley Murray	Appointed Governor (Volunteers)	P	P	P	P
Jacinta Nwachukwu	Appointed Governor (Universities)	A	A	A	A
Janet Oats	Public Governor	P	P	A	A
Eddie Pope	Appointed Governor (Local Authority)	A	A	A	A
Frank Robinson	Public Governor	P	P	P	P
Suleman Sarwar	Appointed Governor (Local Authority)		P	P	P
Anne Simpson	Public Governor	P	P	P	A
Mike Simpson	Public Governor	P	P	P	P
Piotr Spadlo	Staff Governor	P	P	A	P
David Watson	Public Governor	P	P	P	P
Peter Wilson	Deputy for Local Authority Governor			D	P
<b>IN ATTENDANCE</b>					
Catherine Arrand-Green	Membership Manager	P	-		
Karen Brewin ( <i>minutes</i> )	Committee Secretary	P	P	P	P
Ailsa Brotherton	Director of Continuous Improvement	-	-	-	-
Faith Button	Chief Operating Officer	P	-	P	-
Victoria Crokken	Non-Executive Director				P
Sarah Cullen	Director of Nursing, Midwifery & AHPs	P	-	-	-
Stephen Dobson	Chief Information Officer	-	-	-	-
Gary Doherty	Director of Service Development	-	-	-	-
Naomi Duggan	Director of Communications	P	P	P	-
Kevin McGee	Chief Executive ( <i>wef 1 September 2021</i> )			P	P
Karen Partington	Chief Executive ( <i>up to 31 August 2021</i> )	P	P		
Ann Pennell	Non-Executive Director	-	P	-	P

Geoff Rossington	Non-Executive Director	P	-		
Adam Sharples	Marketing Manager				D
Catherine Silcock	Deputy Director of NMAHP	-	-	D	-
Dr Gerry Skales	Medical Director	-	-	-	P
Kate Smyth	Non-Executive Director	P	P	P	-
Karen Swindley	Strategy, Workforce, Education Director	P	P	P	P
Jim Whitaker	Non-Executive Director	-	P	-	P
Tricia Whiteside	Non-Executive Director	P	-	-	P
Jonathan Wood	Deputy Chief Executive/Finance Director	-	-	-	-
<p>P – present   A – apologies   D – Deputy   DNA – did not attend (personal circumstances)  <b>Quorum:</b> 9 members must be present of which at least 1 must be a Public Governor; 1 must be a Staff Governor; and 1 must be an Appointed Governor</p>					

PRESENTERS IN ATTENDANCE	
Minute 10/22	Jerry Hawker, Executive Director – New Hospitals Programme

## 1/22 Chair and quorum

Professor E Adia noted that due notice of the meeting had been given to each member and that a quorum was present. Accordingly the Chair declared the meeting duly convened and constituted and extended a warm welcome to all those present.

## 2/22 Apologies for absence

Apologies for absence were received and recorded in the attendance matrix at the front of the minutes.

## 3/22 Declaration of interests

There were no conflicts of interest declared by the Governors in respect of the business to be transacted during the meeting.

## 4/22 Minutes of the previous meeting

The minutes of the meeting held on 26 October 2021 were approved as a true and accurate record, subject to amendment to the attendance matrix. It was noted that Javid Iqbal (Appointed Governor – Local Authority) had not been a Governor for over 12 months therefore it was agreed he would be removed.

## 5/22 Matters arising and action log

A copy of the action log had been circulated with the agenda and it was noted that all actions had been completed to time. In respect of the one remaining action (37/21, Nursing, Midwifery, AHPs and Care Givers Strategy) it was noted that this action would be picked up when a level of normality had been achieved following easing of the pandemic.

A Pennell referred to the potential to introduce a Governor Maternity Champion to work alongside her as Non-Executive Director Champion for Maternity Services and act as a critical friend. K Swindley advised there was a need to understand what would be required of a Governor Maternity Champion and agreed to meet with A Pennell following which a draft outline of the role would be circulated to Governors for consideration and expression of interest.

**Action:**

- **K Swindley to meet with A Pennell to discuss the role outline for a Governor Maternity Champion following which a draft outline of the role would be circulated to Governors for consideration and expression of interest.**

**6/22 Chairman's opening remarks**

The Chairman extended a warm welcome to Victoria Crokken, newly appointed Non-Executive Director, who was attending her first Council meeting. Victoria confirmed she was delighted to have joined the Trust and provided a brief overview of her previous experience including 26 years working for Lancashire Constabulary and her current role with the Co-operative Group.

The Chairman also welcomed Sean Barnes (Public Governor) and Suleman Sarwar (Appointed Governor – Local Authority) who were attending their first Council meeting.

The Chairman was pleased to announce the appointment of a substantive Company Secretary (Jennifer Foote) and noted that a start date was currently being negotiated.

Finally, the Chairman referred to the interviews taking place tomorrow to appoint a Director of Strategy and Planning and confirmed it was expected an appointment would be made as there was a strong field of candidates.

**7/22 Update from Chair of each Subgroup**

The Deputy Chair and Chair of the respective Membership and Care and Safety Subgroups provided an overview of the topics discussed at recent meetings and the following points were noted:

**(a) *Membership Subgroup – P Spadlo***

- The minutes of the previous meetings held on 20 September and 8 November 2021 had been included in the meeting bundle for information. It was noted the next meeting would be held on 7 February 2022.
- The majority of the November meeting was dedicated to discussing and finalising the Membership Management and Engagement Strategy which had been included in the meeting bundle for approval by the Council.
- Discussion was also held in November regarding the Subgroup effectiveness review and time would be allocated at the February meeting to review the questionnaire, finesse the terms of reference, and agree the frequency, attendance and duration of future Subgroup meetings.

**(b) *Care and Safety Subgroup (CaSS) – J Miller***

- The Subgroup had two positive meetings on 29 November 2021 and 17 January 2022.
- In November, presentations were received on Patient Digitisation, QuadraMed and Evolve (Janet Young); and an update on the Always Safety First surveillance system (Ailsa Brotherton and Nicholas John).

- In January, an update was provided on the CURE smoking cessation service (Gemma Wright). A detailed discussion was also held on the outpatient booking service (Karen Hatch and Angela Lewthwaite) which provided a helpful opportunity for Governors to receive clarification around patient letters and highlight issues raised by patients with regard to letters and messages they received in relation to their hospital appointment.
- Both meetings received Estates and Facilities and Patient Experience updates as standing agenda items and an overview of the topics covered was provided for information.
- The Patient Experience Strategy was due to expire in 2022 and Governors were assisting with crafting the new three-year Strategy which would emphasise the need to ensure the basics and fundamentals of good care were sound. It was noted the refreshed Strategy was due to go live in April 2022.
- Some issues were raised regarding the blood clinic telephone lines and the Associate Director of Quality, Experience and Engagement (Christmas Musonza) confirmed at the January meeting that work was ongoing and an update would be provided at the March Subgroup meeting.

K Ackers referred to recent text messages received from Royal Preston Hospital which had provided clearer, easily understood information which was positive and a significant improvement when compared to previous practices.

*K McGee joined the meeting at this point.*

## **8/22 Non-Executive Director update: Finance and Performance Committee Chair**

T Whiteside delivered a presentation on her role and responsibilities as a Non-Executive Director and Chair of the Finance and Performance Committee, including an introduction of her role and remit; an outline view on the role of the Non-Executive Director; the work of the Finance and Performance Committee; and reflections on what was felt important at the moment as both a Non-Executive Director and Committee Chair. A copy of the slide presentation would be circulated to Governors following the meeting.

S Heywood felt the presentation would be a useful document for new Governors and it was agreed that the slides would be forwarded to K Swindley for including in new Governor induction packs.

In terms of the workforce, S Heywood asked how many staff were potentially at risk of losing their positions with the Trust owing to the requirement to be fully vaccinated by 1 April 2022. In addition, a question was raised regarding how many fully qualified nurses, medical and clinical staff were employed by the Trust in non-care delivery roles. K McGee felt it would be unhelpful at this point to confirm numbers as work was continuing to analyse the data and one-to-one conversations were being held with affected staff to encourage uptake of the Covid-19 vaccination. Discussions had been held with national and regional colleagues regarding the implications however it was recognised that NHS policy had not changed, i.e. if staff were not fully vaccinated they would not be able to work in frontline, patient-facing areas and dismissal processes would need to be enacted. Those potentially affected included clinical and non-clinical staff and the largest impact at the moment would be in respect of health care assistants who could find alternative employment in other sectors/industry so that was the main risk being faced by the Trust although the Trust would attempt to keep the loss of jobs to a minimum as far as possible.

A further risk existed in that if a cohort of staff from a small department (e.g. two or three individuals) were not vaccinated and would need to be dismissed then this could eradicate an entire service. Work was ongoing with colleagues across the system to determine whether there would be any support or mutual aid in such circumstances although other Trusts may be facing similar challenges. It was noted that organisations such as NHS Providers and the NHS Confederation were lobbying in the background to see if there was potential for any national or political movement on policy but at the moment this was not apparent. In summary, the Trust was doing everything it could to mitigate the risks and at the moment there would be some definite dismissals.

K Ackers referred to the waiting list noting the information included in text messages to patients confirmed that last year there were 57,087 patients who did not attend their hospital appointment which was a significant number and asked how this impacted on Trust services. K McGee explained there were a number of legitimate reasons why patients did not attend appointments and the Trust had follow-up processes in place to contact patients by text and/or telephone to remind them of their appointment. Waiting list rules confirmed those people who did not attend their appointment could not be removed from the waiting list and discussions were being held at a national level regarding how this could be managed with national guidance expected to be published at a future date. In respect of 104-week waiters, it was noted that some related to people who were difficult to reach or were seldom heard, people who had postponed or had simply not turned up for their appointment. T Whiteside confirmed that the waiting list backlog had been discussed at length during the Finance and Performance Committee meeting earlier this week regarding how the Trust would start to accelerate and process the waiting list in a safe and secure manner and understand the root cause about why people did not attend their appointments so the right actions were being targeted. G Skales added that the Trust was conscious of the long time people were waiting and their circumstances may have changed so the team was looking at proactive messages about whether the patient needed to remain on the waiting list or whether their condition had improved so there was an opportunity to review their care and/or remove them from the waiting list.

D Cook referred to the service provided by Blood Bike volunteers and asked whether the rules around Covid-19 vaccination applied to emergency workers. K McGee confirmed the rules applied to anyone in a registered profession working in health care. K Swindley added that there were some technical definitions around the rules therefore it was difficult to provide a direct response. For example, whether medical secretaries were in or out of scope would depend on the location at which they worked and whether they came into direct contact with patients. If Blood Bike volunteers were delivering direct to Pathology the courier may not be in scope unless they visited a ward area. However, it was emphasised the rules around vaccination would apply to volunteers and agency workers.

In response to a question from P Akhtar regarding health inequalities, T Whiteside confirmed that as part of the waiting list discussions at the Finance and Performance Committee it was acknowledged certain people would be disadvantaged as they could not take up their health needs. The Trust was looking at issues such as including metrics specific to health inequalities to inform its decisions, including ethical decisions. T Whiteside confirmed she spent time within social media groups listening to the views of people in need who were waiting for health, social and economic support and confirmed that reducing health inequalities was high on the Trust's agenda.

## **Actions:**

- **The slide presentation to be circulated to Council members following the meeting.**
- **T Whiteside to forward the slide presentation to K Swindley for inclusion in new Governor induction packs.**

9/22

## **Chief Executive's opening remarks**

K McGee noted it was important to touch on some operational points, the position in the hospital and the impact of Omicron over the past few weeks. Nationally, there was lifting of most of the current restrictions as there was a national sense that areas had moved out of the current infection wave and into the recovery phase. Unfortunately, it had always been predicted the North West would be the last area to move out of the restrictions with Lancashire being identified as the final area to move out of the Omicron strain. Therefore, from a London power-base perspective, full business as usual was being reintroduced although the North West was still dealing with the significant impact of Omicron. It was recognised infection rates had fallen although overall they remained very high and whilst the Omicron strain was less virulent the infection was still very much affecting communities. As at today, there were 107 beds within the Trust's hospitals occupied with patients diagnosed as Covid-19-positive therefore a large capacity of the bed estate was taken up and pathways would need to be managed from an infection prevention and control perspective. There was a need to be clear the North West remained in pandemic, particularly Lancashire, which was impacting on hospitals and staff. It was noted that staff sickness absence rates were higher than the same time in previous years and this was negatively impacting on service delivery. It was expected that infection numbers would reduce slowly and there would be a long tail in the North West which should reduce going into spring although Covid-19 would remain endemic in the local population.

The Trust was one of eight organisations nationally supported to set up a Nightingale Surge Hub which had been erected opposite the Emergency Department on the Royal Preston Hospital site. K McGee paid tribute to staff and teams who had converted car park B in only three weeks to site an operational ward, working around the clock to ensure the Nightingale facility was in place. The facility was not yet fully operationalised as there was a need to ensure correct registration with the Care Quality Commission and relevant testing was carried out, however it was expected that 15-55 beds would be ready later this week which would reduce some of the pressures being seen within the hospital. Owing to pressures during the last 18 months there had been a need to extend out of the current bed base into surgical and other areas to accommodate patients, therefore flow through the hospital had not been optimised. The Trust would be trying to recalibrate the bed base and use the Nightingale facility to decompress the organisation to use staff more efficiently and progress the restoration programme.

Over the next weeks and months there would be significant focus on recovery and a national plan was expected regarding elective recovery, setting out requirements for all providers to reduce their waiting lists to pre-pandemic levels over the next three years through investing in capacity and working differently. The Council was reminded of the work undertaken at Chorley on additional theatre and ward capacity which would support the recovery programme. Some additional capital would also be made available and bids would be submitted as an organisation and a system. It was particularly



important that system bids were put forward as this would support issues such as health inequalities. The services managed by the Trust had a number of 104-week waiters and the vast majority appeared on the Trust's waiting list which would take a significant amount of time to manage in isolation therefore working as a cohort of Trusts would assist with managing the overall waiting list for all populations to remove long waits as quickly as possible across the system. It was recognised there would be challenges with this approach and there was a significant amount of work to complete in terms of validation although all organisations recognised the need to adopt this way of working. It was noted that over the next 12 months and moving out of Omicron, there would be focus on the recovery programme and energy directed to elective activity and cancer recovery.

There was also a need for traction in terms of the Emergency Department and Medical Assessment Unit as both areas were not fit for purpose in terms of size and condition of the environment, although K McGee emphasised the services provided by the teams were first rate. It was noted that work was ongoing in the background to develop a business case to obtain capital to improve the front end of Royal Preston Hospital to expand space and capacity in both the Emergency Department and Medical Assessment Unit.

K McGee recognised the pressures staff continued to experience which had been relentless for nearly two years. Looking to the future it was recognised the pressures would not diminish due to what needed to be delivered around restoration and recovery therefore the next 12 months would be just as tough as the previous two years. The Trust was doing everything it could to support and look after staff, particularly their mental health, noting the workforce was the Trust's most important commodity. It was noted that additional work was being undertaken to further enhance the support offered to staff over the next 12 months.

P Akhtar asked, given Covid-19 numbers at present, whether there was an expectation that people would use the Nightingale Surge Hub and how long people would remain in the facility. In addition, was there a timeline for how long the facility would remain on the Royal Preston Hospital site as comments and concerns were being received from people outside the hospital and staff could also not use their parking permits as spaces were not available. In respect of usage of the Nightingale Hub, K McGee confirmed the maximum capacity was 55 beds and it was hoped that the facility would not be required, however, this would depend on how Omicron developed in the next few days and weeks. There were a significant number of patients occupying hospital beds who were medically fit for discharge although there was not the social and/or community support to allow people to return home with support or to a residential/care setting. The issues about pressures on car parking were fully recognised however a judgement had been required to balance car parking spaces with pressures around flow and the Emergency Department as patients could not be moved through the hospital, therefore it was important to look at additional bed capacity. In terms of how long the facility would remain on site, that was difficult to determine. However, it would be positive to retain the facility for at least three months to decompress the organisation from escalated beds and move to recovery. The Trust was unsure how long it would be able to retain the facility as the specifications/contracts were released nationally therefore there could be a call to close the facility at the discretion of the national team. It was expected the facility would be in place for a minimum of three months to assist with decompressing the hospitals which would be a good use of the facility.

M Simpson referred to the earlier comment about needing to make a judgement and acknowledged it was a brave decision considering the ongoing challenges being experienced with space, the environment and staffing pressures. On balance, M Simpson felt it was the right decision and there would be benefits realised in the long term. M Simpson was pleased to see the Chief Executive's recent Monday Message regarding the Car Parking Group to address long-standing issues and asked what the remit of the Group would be and how much 'blue sky' thinking the Group would be able to do; and whether patients could be represented by Governors on the Group. K McGee confirmed he welcomed the suggestion about Governor representation on the Group. In terms of 'blue sky' thinking, there would not be any particular restrictions placed on the Group as there was an intention that those involved would think as imaginatively as possible so no boundaries would be imposed and practical solutions for car parking could be explored further. K Swindley confirmed she was currently chairing the Car Parking Group which comprised Staff Side representatives, a nurse representative, and members of the parking team. There was a need to keep the Group relatively small to ensure it was manageable and the proposal for a Governor representative to be involved was welcomed. It was agreed that Governors would email K Swindley expressing an interest in joining the Car Parking Group and depending on the number of Governors wishing to be involved there may be a need to draw a name from those Governors expressing an interest.

F Robinson referred to nosocomial infections and whilst recognising infection was not straightforward asked whether hospital-acquired infections were as low as they could possibly be. K McGee confirmed nosocomial infections were taken incredibly seriously and the Trust's processes and segregation arrangements were strong which was testament to the attention paid by the infection prevention and control teams and S Cullen in terms of management of infection. It was recognised there would always be some infection outbreaks, particularly through this current period of Omicron as the strain was highly transmissible. It was noted that debate was being held across the NHS in terms of looking at the current variant which, whilst highly transmissible, did not impact as seriously as previous waves of infection. However, the same level of infection prevention and control was being retained and consideration was being given to whether there was a balance to be struck in lessening infection prevention and control processes which would mean more nosocomial infection being seen which could be managed whilst moving organisations to normality. It was noted the debate was continuing and no agreement had been reached to date as further discussion was required with Public Health and infection control specialists. Discussions were also ongoing about learning to live with Covid-19 as it was now becoming more endemic rather than pandemic.

*K McGee left the meeting at this point.*

#### **10/22 New Hospitals Programme update (Jerry Hawker)**

A paper had been circulated with the agenda providing an update on the New Hospitals Programme (NHP) and J Hawker joined the meeting to provide an overview of the contents. It was noted the NHP team was working to finalise the business case in 2024 for building work to commence in 2025. The Council was reminded that in June 2021 the Case for Change was published setting out the compelling case for investment in hospital facilities. It was noted the programme was more than hospitals and related to issues such as the care provided; the patient experience; and the ability of staff to deliver that care, all of which were impacted by the development of hospital facilities.

As part of the overall government programme, consideration was being given to hospital builds on new sites; an extensive rebuild on current hospital sites; and refurbishment of current estate, and a longlist of 10 options had been published which covered the range of the spectrum described. There had been a major engagement programme with members of the public, staff, senior stakeholders (including local Councillors and MPs) and particularly hard to reach groups and those seldom heard. All engagement to date was bringing the team to the point of a formal process where the longlist of options would be reduced to a shortlist of options and that was due to happen in February 2022. The shortlist would be based on a list of critical success factors, including patient experience in hospital; clinical outcomes; experience of staff; how the NHP would help to improve operational performance and the financial position; support people to live well and healthy; and how the options could contribute to wider socio-economic considerations and social values. Consideration would also be given to working with University partners, voluntary and third sector organisations, and research and education facilities. It was emphasised that thinking would evolve on what healthcare would look like from 2030 and beyond, for example how technology would impact, modern technologies, etc. and how it impacted on care in hospital and community. It was recognised staff had come through two very challenging years and the workforce was commended for contributing their thoughts and views to the Programme. Council members were asked how they felt they could support the Programme, what more the Programme could do to support Governors, and whether Governors would be willing to step forward as Ambassadors for the NHP. Finally, J Hawker stressed the importance of everyone sharing their ambitions and contributing their views on this fantastic opportunity for Lancashire Teaching Hospitals and Morecambe Bay.

S Heywood asked what key themes had emerged from engagement on the longlist and whether there had been any surprises. J Hawker confirmed there had been overwhelming support from all areas for investment in new hospitals in Lancashire and South Cumbria. Inevitably, different groups put forward different views and preferences on the options and what was important to them. Travel and access were consistent themes along with questions about how hospitals would interact and be part of communities. There was wide debate and interest in whether there would be one or two hospitals and concerns raised around the potential to move to a single hospital site particularly around criteria relating to access. Conversely, some staff had recognised the value of bringing people together across hospitals which linked to the wider strategy, i.e. a hub and spoke way of delivering clinical services.

J Miller asked whether a further update was available regarding the potential land available across the patch. J Hawker advised there was nothing specific although confirmed the NHP team was in the final stages of procuring land agents. However, any discussion about potential site options would be part of the consultation process and not the current stage of engagement.

W Adams asked what consultation would take place on the shortlist and whether the process would be similar to that adopted for the longlist in terms of involving local Councils and residents. J Hawker confirmed the shortlist would determine what happened next. It was important to recognise that if an option was to look at new sites then discussions would be held with the appropriate Councils and Health Scrutiny Committees about the need for consultation. If the option was building on existing sites then this may not require consultation. However, for whichever options were determined a high level of engagement on any/all of the options would need to be maintained.

K Ackers asked whether the NHP would lead to the loss of cottage or community hospitals leaving only larger hospitals providing care and treatment. J Hawker advised that there was a need for strong, well-functioning, effective community hospitals/hubs as great facilities in communities enabled good hospital infrastructure and the NHP sat within those wider ambitions. A new hospital build would be significant although would only be successful with investment in communities.

S Heywood asked whether more education on future healthcare models was required to help Governors think more strategically. J Hawker explained that the NHS was looking forward in terms of what new clinical care approaches were on the horizon, e.g. digital and information technology. There was a central national team looking at what future health care could look like in 20-30 years' time and that learning would be brought into the NHP moving forward.

P Akhtar referred to health inequalities and a number of GP practices in the Preston area who had merged and integrated into a larger building causing access issues for disadvantaged people who did not have the economic resources to attend the centralised hub/medical centre. P Akhtar asked how many people the Programme had engaged with as distance travelled would be an important consideration for those groups of people. J Hawker explained that if the intention was to make a major impact on the health, wellbeing and quality of life of people in Lancashire and South Cumbria, the NHP was a smaller part of a much broader programme, including investment in population health with GPs as the prime people in communities. Underpinning that was that best care took place as close to people's homes as possible with people having access to great hospital care showing the positive impact on life conditions. This meant there was a requirement for great services to be delivered in the community close to where people lived. It was noted the NHP was not about competition as there was a need for both hospital and community services.

In response to a comment from W Adams regarding timely engagement with local Councils and Health Scrutiny Committees before decisions were made, J Hawker emphasised and provided absolute assurance that no decisions had been taken at this stage. The NHP team was attempting to engage with Councils at the moment and J Hawker confirmed he would be happy to attend Council meetings to talk further about the NHP.

K Ackers asked how private hospitals would be involved or included in the NHP. J Hawker explained the NHP in and of itself was specifically about Lancashire Teaching Hospitals and Morecambe Bay and their facilities, not about private sector hospitals or other hospitals outside that remit. In terms of elective care, the NHP team was looking at the Lancashire and South Cumbria hospital system and the ability to provide access to treatment for patients as soon as possible. For clarity, the NHP was about investment in NHS hospitals.

Reference was made to a query posted in the chat function regarding Chorley and South Ribble Hospital which had not been referenced in the paper although Furness General Hospital had been acknowledged. J Hawker confirmed that Chorley was very much in the NHP plans although the estate was in better condition than Royal Preston Hospital. It was noted that significant investment was going into Chorley, such as the recent Lancashire Eye Centre development and new theatres, and the hospital remained a significant asset for the local community.

The Chair thanked J Hawker for attending the meeting and responding to the questions posed by Council members.

## **11/22 Membership Management and Engagement Strategy 2022-25**

A report had been circulated with the agenda presenting the three-year Membership Management and Engagement Strategy 2022-25 for approval by the Council.

K Swindley confirmed the Strategy had been produced in consultation with the Governor Membership Subgroup, the Chairman and Board Members, and had been circulated to Governors for comment. The Strategy focused on new opportunities to broaden and engage with a more diverse membership and described what the commitments were and how success would be measured. It was planned to discuss the Strategy further at the next Membership Subgroup on 7 February 2022 to determine the actions that need to be taken to achieve the outcomes and would be backed up by a clear plan for delivery.

It was noted that page 5 needed to contain the current membership total and this would be included prior to publication of the approved Strategy.

### **Resolution and action:**

- **The Council received and approved the Membership Management and Engagement Strategy 2022-25 subject to amendment to page 5 to include the current membership total.**

## **12/22 Update on Council and Subgroup Virtual Meetings**

K Swindley reminded Council members of the report taken through the Board and Council in August and October respectively confirming meetings would continue to be held virtually and arrangements would be reviewed at the January Council meeting. Since that agreement, the Omicron variant had emerged therefore at the present time it was felt the virtual arrangements should remain and be reconsidered at the April Council meeting. It was recognised that restrictions were being lifted in some public areas with effect from today although NHS organisations were required to continue to operate under restrictions (wearing face masks, socially distancing and adhering to good hand-washing practices).

The intention was to discuss at the April Council meeting the appropriateness of what activity could be brought back on site. As part of the discussion and if it was agreed to retain Council and Subgroup meetings using Microsoft Teams then there was a need to develop governance rules around virtual attendance and meeting the quoracy requirement.

### **Resolution:**

- **Council members supported and agreed to maintain the status quo in terms of holding virtual meetings until the next meeting and schedule a further discussion on the April Council agenda.**

## **13/22 Company Secretary and Corporate Affairs Team update**

A report had been circulated with the agenda providing an update on progress with arrangements for the Office of the Company Secretary and Corporate Affairs Team and K Swindley provided a summary of the contents for information.

It was noted that three Corporate Affairs Officers had recently commenced and were currently being inducted into their roles. Work was being undertaken to align specific responsibilities across the team although the model introduced would provide sustainability and cross-cover in the team.

In addition, some Governors had been involved in the recruitment process for the new Company Secretary (Jennifer Foote) who was considered an excellent appointment and positive feedback had been received following the Governor focus groups. K Swindley would be meeting with the new Company Secretary on 17 February 2022 and hoped to be in a position in the near future to agree a start date. However, it was noted that the notice period to be provided could be up to six months and attempts would be made to shorten the notice period if at all possible.

### **Resolution:**

- **The Council received the update report and noted the contents.**

## **14/22 Governor Elections 2022 update**

A report had been circulated with the agenda providing the Council with a high level update on progress with arrangements for the 2022 Governor Election and K Swindley provided an overview of the contents for information. It was noted the Election would include seven Governor seats and the report outlined the timetable for election. A pre-Election Workshop had been arranged for 8 February 2022 and an overview was provided in terms of promoting the Election.

K Swindley confirmed that a further report would be presented to the Council mid-year on the Constitution which would include a fundamental change in the Election process in terms of the way in which equality and diversity was managed. It was noted that the current Constitution asked for photographs and names of potential Governor candidates and organisations were moving to anonymous Elections based solely on candidate statements which mitigated any potential bias or discrimination.

J Miller noted the report confirmed information about the 2022 Governor Election would be published in Trust Matters although this did not appear to have been published. In addition, bearing in mind there was a requirement for volunteers to be vaccinated, was it intended to publicise this to potential candidates as Governors were also volunteers. In terms of Governors needing to be fully vaccinated, K Swindley explained this was an interesting point as there may be ways in which Governors/volunteers would not require full vaccination. At the moment, the priority was for frontline staff to receive the vaccination although the point was relevant and would be picked up. With regard to the Trust Matters magazine, K Swindley was unsure why this had not yet been published and this would be followed-up after the meeting.

J Miller referred to a Q&A session attended earlier today with staff who were hesitant about receiving the vaccination and the Associate Workforce Director (Rachel O'Brien) had confirmed that communications had already been issued to volunteers regarding Covid-19 vaccinations. K Swindley confirmed that volunteers were recorded on the electronic staff record therefore would have been notified about vaccinations although Governors were not recorded in the same way. However, K Swindley reiterated that contact would be made with the Associate Workforce Director to obtain clarification regarding Governors and vaccinations.

## **15/22 Governor Issues Procedure and Process Map**

A report had been circulated with the agenda providing the Council with a proposed process which identified how Governors should raise issues within the organisation to ensure they were directed and responded to appropriately. The Governor Issues procedure and process map also ensured that all issues Governors raised could be captured and presented to the Council in a formal report.

K Swindley explained the process had been in place for a number of years although had been reviewed and updated with the support of Governors to ensure it was current and fit for purpose and all Governors had the opportunity to comment on the contents. The process map outlined what issues should be raised, the principles to follow, where Governors should be directed, how issues would be monitored and how Governors obtained a response.

K Ackers referred to the box on the process map in respect of IT problems noting several issues had been reported although responses had not been provided. K Swindley confirmed she was aware of the issues Governors experienced with receiving responses to IT problems and had asked for a single point of contact in the IT team and the process map would be updated to confirm the name of the contact once the point of contact had been identified.

J Miller asked for clarification on the process for emailing the Senior Executive Assistant to the Chair and Chief Executive (Natalie Gauld) with any issues considered urgent and the requirement to not include patient information in the email. Discussion was held regarding the need to obtain consent from the patient or person raising the issue for the Governor to release personal information and the need to adhere to GDPR regulations. It was emphasised that if an issue was considered urgent then email may not be the most appropriate communication method and a telephone call may be more suitable rather than reliance on email. K Swindley agreed to include a statement around this in the final version of the Governor Issues procedure.

J Miller asked whether a copy of the Trust's confidentiality policy could be circulated to all Governors and it was agreed the Governor Issues procedure and process map, once finalised, along with the confidentiality policy would be circulated to all Governors.

### **Resolution and action:**

- **The Council received and approved the revised Governor Issues procedure and process map subject to inclusion of a statement around urgent matters.**
- **The Governor Issues procedure and process map and a copy of the confidentiality policy would be circulated to all Governors.**

## **16/22 Council Development Plan update**

A report had been circulated with the agenda providing the Council with an update on the Council Development Plan approved at the Council meeting on 26 October 2021. K Swindley reminded Council members of the agreement to revisit the action log at each Council meeting to ensure progress was being made on the actions. It was noted a range of actions had been delivered (green RAG rated) and two further actions had been completed today, i.e. approval of the Membership Management and Engagement Strategy and Governor Issues procedure and process map.

In terms of outstanding actions, it was noted the Constitution review had commenced and a Governor Workshop had been held in person during November. It was noted that a range of actions were red RAG rated and it may not be possible to deliver some of the actions for another 12 months.

### **Resolution:**

- **The Council received the report and noted the up-to-date position in terms of delivering the actions on the Council Development Plan.**
- **K Swindley would provide a further update at the April Council meeting on the status of actions.**

## **17/22 Items for information**

The following reports were circulated with the agenda and the contents noted for information:

- (i) Half-two planning update
- (ii) Corporate and Governors Calendar 2022/23
- (iii) Governor opportunities and activities summary
- (iv) Minutes of Governor Subgroups:
  - (a) Care and Safety Subgroup – 20 September and 29 November 2021
  - (b) Membership Subgroup – 20 September and 8 November 2021
  - (c) Chairs, Deputy Chairs and Lead Governor – 8 October 2021

## **18/22 Date, time and venue of next meeting**

The next meeting of the Council of Governors will be held on Tuesday, 26 April 2022 at 10.00am using MS Teams.

## **19/22 Reflections on how the meeting had been conducted**

There were no reflections put forward on how the Council meeting had been conducted.

## **20/22 Resolution to exclude press and public**

The Council resolved to exclude press and public from the meeting.



## Action log: Council of Governors (part I) – 27 January 2022

No	Min. ref.	Meeting date	Action and narrative	Owner	Deadline	Update
1.	37/21	29 Apr 2021	<i>Nursing, Midwifery, AHPs and Care Givers' Strategy</i> – a further update to be provided in six months.	S Cullen	To be confirmed	<b>Update for 26 October 2021</b> – reporting on the strategy stood down due to the pandemic.

**COMPLETED ACTIONS (for information)**

№	Min. ref.	Meeting date	Action and narrative	Owner	Deadline	Update
1.	5/22	27 Jan 2022	<i>Governor Maternity Champion</i> – role to be discussed with A Pennell and an outline for a Governor Maternity Champion to be drafted and circulated to Governors for consideration and expression of interest.	K Swindley	26 Apr 2022	<b>Completed</b> <b>Update for 26 April 2022</b> – there are a number of national changes being proposed to patient involvement within maternity services which may impact on this proposal and, therefore, it is suggested that this conversation is delayed until the national proposals are clear.
2.	8/22	27 Jan 2022	<i>Non-Executive Director and Finance and Performance Committee Chair update:</i> (a) Slide presentation to be circulated to Council members. (b) Slides to be forwarded to K Swindley for inclusion in new Governor induction packs.	K Brewin/ K Swindley	26 Apr 2022	<b>Completed</b> <b>Update for 26 April 2022</b> – slide presentation forwarded to Council members on 15 February 2022 and to K Swindley for new Governor induction packs.
3.	11/22	27 Jan 2022	<i>Membership Management and Engagement Strategy 2022-25</i> – amendment to be made to page 5 to include the current membership total.	K Swindley	26 Apr 2022	<b>Completed</b> <b>Update for 26 April 2022</b> – data included in the Strategy immediately following the meeting and the Strategy has been published on the Trust's website.
4.	12/22	27 Jan 2022	<i>Council and Subgroup virtual meetings</i> – a further discussion to be scheduled on the April Council agenda.	K Brewin	26 Apr 2022	<b>Completed</b> <b>Update for 26 April 2022</b> – item included on the agenda.
5.	15/22	27 Jan 2022	<i>Governor Issues procedure and process map:</i> (a) A statement to be included in the procedure regarding the most appropriate way in which to raise urgent matters. (b) The Governor Issues procedure and process map along with a copy of the confidentiality policy to be circulated to all Governors.	K Swindley/ K Brewin	26 Apr 2022	<b>Completed</b> <b>Update for 26 April 2022</b> – Governor issues procedure and process map updated and circulated to Governors by email on 16 February along with a copy of the Trust's confidentiality policy.
6.	16/22	27 Jan 2022	<i>Council Development Plan</i> – a further update to be provided at the April Council meeting on the status of the actions.	K Swindley	26 Apr 2022	<b>Completed</b> <b>Update for 26 April 2022</b> – item included on the agenda.



# Council of Governors Report

## Appointment of Lead Governor

<b>Report to:</b>	Council of Governors	<b>Date:</b>	26 April 2022
<b>Report of:</b>	Workforce and Education Director	<b>Prepared by:</b>	K Brewin
<b>Part I</b>	✓	<b>Part II</b>	

### Purpose of Report

<b>For approval</b>	<input checked="" type="checkbox"/>	<b>For noting</b>	<input checked="" type="checkbox"/>	<b>For discussion</b>	<input type="checkbox"/>	<b>For information</b>	<input type="checkbox"/>
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## Executive Summary:

In line with the NHS Foundation Trust Code of Governance, Councils of Governors are recommended to appoint a Governor to act as a Lead Governor. The purpose of this report is to formally confirm the results of the recent virtual ballot for the Lead Governor role for the 12-month period up to and including 31 March 2023.

The term of office of the Lead Governor expired on 31 March 2022 and to ensure the annual appointment was made as soon as possible following the 2022 Governor Election, Governors supported the proposal to hold a virtual ballot which commenced on 1 April 2022 and closed on 18 April 2022. The process adopted mirrored that undertaken in previous years, whereby Governors with 12-months in office were invited to express an interest in the Lead Governor role and provide a personal statement in support of their candidature. Further information on the process is contained within the report.

I am pleased to announce that Janet Miller received the most votes for the Lead Governor and took up the role with immediate effect.

I am sure the Council will join me in thanking Steve Heywood for his support and dedication as Lead Governor during the past 12 months.

The Council of Governors is asked to note the results of the 2022 ballot and the appointment of Janet Miller as Lead Governor for the next 12 months up to and including 31 March 2023.

## Trust Strategic Aims and Ambitions supported by this Paper:

<b>Aims</b>	<b>Ambitions</b>	
To provide outstanding and sustainable healthcare to our local communities	<input checked="" type="checkbox"/>	Consistently Deliver Excellent Care <input checked="" type="checkbox"/>
To offer a range of high quality specialised services to patients in Lancashire and South Cumbria	<input checked="" type="checkbox"/>	Great Place To Work <input checked="" type="checkbox"/>
To drive health innovation through world class	<input checked="" type="checkbox"/>	Deliver Value for Money <input checked="" type="checkbox"/>

education, teaching and research	Fit For The Future	<input checked="" type="checkbox"/>
<b>Previous consideration</b>		
Not applicable		

## 1. Introduction

In line with the NHS Foundation Trust Code of Governance, Councils of Governors are recommended to appoint a Governor to act as a Lead Governor. The purpose of this report is to formally confirm the results of the recent virtual ballot for the Lead Governor role for the 12-month period up to and including 31 March 2023.

The term of office of the Lead Governor expired on 31 March 2022 and to ensure the annual appointment was made as soon as possible following the 2022 Governor Election, Governors supported the proposal to hold a virtual ballot which commenced on 1 April 2022 and closed on 18 April 2022. The process adopted mirrored that undertaken in previous years, whereby Governors with 12-months in office were invited to express an interest in the Lead Governor role and provide a personal statement in support of their candidature.

## 2. Process

At the Council of Governors' meeting on 28 January 2021 it was agreed that the ballot for the Lead Governor role would be deferred until after the annual Governor Election to allow all eligible Governors (including any re-elected Governors) to have the opportunity to express an interest in the Lead Governor role. As the Trust does not have a virtual balloting tool, a proposal was put to Governors about streamlining the process this year so the results were available for the Council meeting on 26 April 2022.

The proposal was intended to ensure the Lead Governor role was filled as soon as possible as the post would be vacated on 31 March 2022. On 14 March 2022 the following proposal was circulated to, and supported by, all serving Governors:

Date	Action	Deadline for response	Comments
1 April 2022	Email to Governors inviting expressions of interest by 8 April in the Lead Governor role.	8 April 2022 (4pm)	<ul style="list-style-type: none"> <li>Only those Governors with over 12 months in office would be able to express an interest.</li> <li>An overview of the requirements of the Lead Governor role would be included in the email.</li> <li>A personal statement would be required from Governors to support their expression of interest which would be circulated to all Governors on 8 April.</li> </ul>
8 April 2022	Email to Governors (including personal statements) identifying who has expressed an interest and requesting Governors submit their vote.	18 April 2022 (4pm)	<ul style="list-style-type: none"> <li>Governors will be asked to email their vote on their preferred candidate to Karen Brewin by 4pm on 18 April.</li> <li>Governors will be notified of the results as soon as possible following the ballot.</li> <li>A report confirming the results will be produced for the Council meeting on 26 April.</li> </ul>

### **3. Nomination statements**

The results of the 2022 Governor Election were published on 25 March 2022 and all eligible Governors were invited to self-nominate if they considered they had the required skills and qualities to fulfil the role of Lead Governor. Two nominations were received and their nomination statements are reproduced below:

#### **3.1 Steve Heywood's nomination statement**

In my last three year term as Public Governor I would be privileged to continue to represent the Council of Governors as Lead Governor albeit in the limited number of circumstances where the role may be required.

For the benefit of new governors it is worth re-iterating the title 'Lead' Governor can be misleading. The regulatory title 'Lead' could be interpreted to create some sort of hierarchical or leadership role and whilst in other Trusts the role is much wider within LTHTR this is not the case. It is limited to those exceptional circumstances where contact or escalation to the regulator would be required. The term 'Link Governor' would perhaps better describe the regulatory link with NHSI (Monitor).

In terms of my ability to properly carry out the role if and when required I hope I have demonstrated during my time as a governor the ability to be objective, constructive and supportive but also challenging in my relationships with the Board, Non-Executive directors and fellow governors. From my career background my strengths are in problem solving and the ability to assess issues from multiple perspectives whilst maintaining an appropriate level of independence. I also have many years experience of chairing senior level management meetings in Baesystems and have been involved directly with formal investigations during my time as a public governor.

Thank you for all your support in previous years.

#### **3.2 Janet Miller's nomination statement**

I am an experienced Governor with a background in teaching health and social care. Many of the students I taught are currently working as professionals in the NHS for which I have great affinity.

The responsibility of Lead Governor is solely as a point of contact between the regulator and our Council should a need arise. I'm a diligent and active member of Council. I always act with integrity in accordance with the Nolan Principles, abiding by Trust values, and the Governor's Code of Conduct.

Throughout my service as a Governor, I've demonstrated my absolute dedication to improving the patient experience. I am the elected Chair of the Care and Safety Subgroup. I support our staff ambassador forums and various patient and carers forums along with our dementia strategy work stream. From the outset I have been involved with the NHP and was selected by our Trust Chair to attend monthly NHP update meetings with Jerry Hawker and Board members.

Informed interaction between our Council of Governors and the Board of Directors is vital. This partnership requires transparency and trust. It also requires Governors to understand how Board assures itself on quality and performance matters. To this end, I regularly attend Board meetings and have used appropriate mechanisms to seek assurance from our NEDs on current issues. Most recently asking assurance of the procurement process for outsourcing our patient appointment letters.

#### 4. Result of the ballot for Lead Governor

27 Governors were eligible to vote in the ballot and 17 votes were cast which represents a turnout of 62% of the governing body.

Candidates	Number of votes cast	Percentage
Steve Heywood	7	42%
Janet Miller	10	58%

I am pleased to announce that Janet Miller received the most votes for the Lead Governor and took up the role with immediate effect. An email was circulated to all Governors on 21 April 2022 confirming the result of the ballot for Lead Governor.

I am sure the Council will join me in thanking Steve Heywood for his support and dedication as Lead Governor during the past 12 months.

#### 5. Financial implications

There are no financial implications associated with this report.

#### 6. Legal implications

There are no legal implications associated with this report.

#### 7. Risks

There are no risks implications associated with this report.

#### 8. Impact on stakeholders

There are no stakeholder implications associated with this report.

#### 9. Recommendations

The Council of Governors is asked to note the results of the 2022 ballot and the appointment of Janet Miller as Lead Governor for the next 12 months up to and including 31 March 2023.



# Council of Governors Report

## Appointment of Nominations Committee

<b>Report to:</b>	Council of Governors	<b>Date:</b>	26 April 2022
<b>Report of:</b>	Workforce and Education Director	<b>Prepared by:</b>	K Brewin
<b>Part I</b>	✓	<b>Part II</b>	

### Purpose of Report

<b>For approval</b>	<input type="checkbox"/>	<b>For noting</b>	<input checked="" type="checkbox"/>	<b>For discussion</b>	<input type="checkbox"/>	<b>For information</b>	<input type="checkbox"/>
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### Executive Summary:

The Nominations Committee plays a key role in the recruitment, selection and appointment of the Chair and the Non-Executive Directors, and the appraisals of the Chair and Non-Executive Directors.

The Committee membership comprises the Chairman or Vice-Chair (in the Chair); three elected Governors (comprising two public and one staff Governor); and one appointed Governor. Details of the duties of the Committee are set out in the terms of reference attached (appendix 1).

It was agreed at the Council of Governors meeting in October 2019 that Governors would be appointed to the Committee for a two-year term of office. One appointed and one elected Governor is also elected to act as substitutes in the event any of the substantive members of the Committee are not available when required. To ensure equity and allow all eligible Governors to have the opportunity to stand for election to the Nominations Committee, the Council decided in January 2021 to request expressions of interest following the annual Governor Election which was completed on 25 March 2022.

The term of membership for two Governors (one public and one staff) came to an end on 31 March 2022. The Council will recall there was a tied vote in the ballot undertaken in April 2021 and the membership of the Nominations Committee was flexed to allow an additional elected Governor to be a member, therefore the Committee during 2021/22 comprised four elected Governors. The end of the term of membership of one public Governor on 31 March 2022 has brought the membership in balance for the forthcoming year (i.e. two elected Governors as per the terms of reference). Therefore, vacancies on the Nominations Committee were confirmed in the following constituencies:

- Staff Governor
- Substitute Elected Governor
- Substitute Appointed Governor

On 1 April 2022, Governors were asked to express an interest in standing for membership of the Nominations Committee in their relevant constituency.

Following expressions of interest, arrangements were made for a virtual ballot which was held between 8 and 18 April 2022. The process for the ballot is contained in the main body of the report.

It is recommended the Council of Governors note the result of the ballot and the appointment of the following to the Nominations Committee for the two-year period 1 April 2022 to 31 March 2024:

- Rebecca Allcock (Staff Governor)
- Pav Akhtar (Substitute Elected Governor)
- Suleman Sarwar (Substitute Appointed Governor)

### Trust Strategic Aims and Ambitions supported by this Paper:

Aims	Ambitions		
To provide outstanding and sustainable healthcare to our local communities	<input checked="" type="checkbox"/>	Consistently Deliver Excellent Care	<input checked="" type="checkbox"/>
To offer a range of high quality specialised services to patients in Lancashire and South Cumbria	<input checked="" type="checkbox"/>	Great Place To Work	<input checked="" type="checkbox"/>
To drive health innovation through world class education, teaching and research	<input checked="" type="checkbox"/>	Deliver Value for Money	<input checked="" type="checkbox"/>
		Fit For The Future	<input checked="" type="checkbox"/>

### Previous consideration

Not applicable

## 1. Background

The Nominations Committee plays a key role in the recruitment, selection and appointment of the Chair and the Non-Executive Directors, and the appraisals of the Chair and Non-Executive Directors.

The Committee membership comprises the Chairman or Vice-Chair (in the Chair); three elected Governors (comprising two public and one staff Governor); and one appointed Governor. Details of the duties of the Committee are set out in the terms of reference attached (appendix 1).

It was agreed at the Council of Governors meeting in October 2019 that Governors would be appointed to the Committee for a two-year term of office. One appointed and one elected Governor is also elected to act as substitutes in the event any of the substantive members of the Committee are not available when required. To ensure equity and allow all eligible Governors to have the opportunity to stand for election to the Nominations Committee, the Council decided in January 2021 to request expressions of interest following the annual Governor Election which was completed on 25 March 2022.

The term of membership for two Governors (one public and one staff) came to an end on 31 March 2022. The Council will recall there was a tied vote in the ballot undertaken in April 2021 and the membership of the Nominations Committee was flexed to allow an additional elected Governor to be a member, therefore the Committee during 2021/22 comprised four elected Governors. The end of the term of membership of one public Governor on 31 March 2022 has brought the membership in balance for the forthcoming year (i.e. two elected Governors as per the terms of reference). Therefore, vacancies on the Nominations Committee were confirmed in the following constituencies:



- Staff Governor
- Substitute Elected Governor
- Substitute Appointed Governor

## 2. Process

At the Council of Governors' meeting on 28 January 2021 it was agreed that the ballot for membership of the Nominations Committee would be deferred until after the annual Governor Election to allow all Governors (including any re-elected Governors) to have the opportunity to express an interest in the vacant seats. As the Trust does not have a virtual balloting tool, a proposal was put to Governors about streamlining the process this year so the results were available for the Council meeting on 26 April 2022.

The proposal was intended to ensure any vacancies on the Nominations Committee were filled as soon as possible particularly as the Trust was entering a crucial stage in terms of the appointment of a replacement Chairman and the intention to ensure there was no delay in the process. On 14 March 2022 the following proposal was circulated to, and supported by, all serving Governors:

Date	Action	Deadline for response	Comments
1 April 2022	Email to Governors inviting expressions of interest by 8 April in the constituencies where there are vacancies (will not be clear until after the Election).	8 April 2022 (4pm)	<ul style="list-style-type: none"> <li>• All Governors are eligible to express an interest in joining the Nominations Committee.</li> <li>• A copy of the terms of reference will be circulated with the email.</li> </ul>
8 April 2022	Email to Governors identifying who has expressed an interest and requesting Governors submit their vote.	18 April 2022 (4pm)	<ul style="list-style-type: none"> <li>• Governors will be asked to email their vote on their preferred candidates in each constituency to Karen Brewin by 4pm on 18 April.</li> <li>• Governors will be notified of the results as soon as possible following the ballot.</li> <li>• A report confirming the results will be produced for the Council meeting on 26 April.</li> </ul>

## 3. Ballot for election to the Nominations Committee

The following Governors comprised membership of the Nominations Committee up to 31 March 2022:

Elected Governors	Appointed Governor
Rebecca Allcock (term ends 31 March 2022) Steve Heywood (term ends 31 March 2022) Janet Miller (term ends 31 March 2023) Michael Simpson (term ends 31 March 2023)  Substitute: Pav Akhtar	Alistair Bradley (term ends 31 March 2023)    Substitute: Eddie Pope

On 1 April 2022, Governors were asked to express an interest in standing for membership of the Nominations Committee in their relevant constituency.

Following expressions of interest, arrangements were made for a virtual ballot which was held between 8 and 18 April 2022.

Constituency	Governor Candidates
Staff (substantive member)	<ul style="list-style-type: none"> <li>Rebecca Allcock</li> <li>Piotr Spadlo</li> </ul>
Elected (substitute)	<ul style="list-style-type: none"> <li>Pav Akhtar</li> <li>Kristinna Counsell</li> <li>Steve Heywood</li> </ul>
Appointed (substitute)	Suleman Sarwar **

*\*\* Originally there were no expressions of interest in the Substitute Appointed Governor role. As this was not contested and no further expressions of interest were received from Appointed Governors, it was confirmed it was appropriate to appoint Suleman Sarwar as the Substitute Appointed Governor.*

#### 4. Result of the ballot for membership of the Nominations Committee

27 Governors were eligible to vote in the ballot and 11 votes were cast which represents a turnout of 41% of the governing body.

Constituency	Candidates	Number of votes cast	Percentage
<b>Staff</b>	Rebecca Allcock	6	55%
	Piotr Spadlo	5	45%
<b>Substitute Elected</b>	Pav Akhtar	6	55%
	Kristinna Counsell	0	0%
	Steve Heywood	5	45%
<b>Substitute Appointed</b>	Suleman Sarwar	Uncontested	----

I am pleased to announce the following Governors received the most votes for their respective constituency and have taken up their roles with immediate effect:

- Rebecca Allcock (Staff Governor)
- Pav Akhtar (Substitute Elected Governor)
- Suleman Sarwar (Substitute Appointed Governor)

An email was circulated to all Governors on 21 April 2022 confirming the result of the ballot for membership of the Nominations Committee.

I am sure the Council will join me in thanking Steve Heywood for his support and dedication as a member of the Nominations Committee during the past two years.

## **5. Financial implications**

There are no financial implications associated with this report.

## **6. Legal implications**

There are no legal implications associated with this report.

## **7. Risks**

There are no risks implications associated with this report.

## **8. Impact on stakeholders**

There are no stakeholder implications associated with this report.

## **9. Recommendations**

It is recommended the Council of Governors note the result of the ballot and the appointment of the following to the Nominations Committee for the two-year period 1 April 2022 to 31 March 2024:

- Rebecca Allcock (Staff Governor)
- Pav Akhtar (Substitute Elected Governor)
- Suleman Sarwar (Substitute Appointed Governor)

Attachment 1: Nominations Committee terms of reference



# Council of Governors Report

## Non-Executive Director Champion Roles and Committee Quoracy

<b>Report to:</b>	Council of Governors	<b>Date:</b>	26 April 2022
<b>Report of:</b>	Workforce and Education Director	<b>Prepared by:</b>	K Swindley
<b>Part I</b>	✓	<b>Part II</b>	

### Purpose of Report

<b>For approval</b>	<input type="checkbox"/>	<b>For noting</b>	<input checked="" type="checkbox"/>	<b>For discussion</b>	<input type="checkbox"/>	<b>For information</b>	<input type="checkbox"/>
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### Executive Summary:

NHS England and NHS Improvement (NHSE/I) have issued guidance which sets out a new approach to ensuring Board oversight of important issues, making it more manageable for Non-Executive Directors (NEDs) to discharge their responsibilities.

The guidance suggests that some of the activities and responsibilities previously undertaken by NEDs in Champion roles should be discharged through Committee structures. It does, however, identify some Champion roles that should be retained.

The matrix attached at appendix 1 provides an assessment of those roles in the guidance that should be retained and those that can be subsumed into Committee structures and confirms how the guidance is being complied with within the Trust.

As part of the 2020/21 effectiveness review, the Board discussed proposals to amend the quorum of the Audit Committee and reduce the membership of two of the Committees to bring them in line with other Committees of the Board, i.e.:

- Audit Committee – increase the quorum from 2 to 3 NEDs
- Finance and Performance Committee – reduce representation from 4 to 3 NEDs
- Safety and Quality Committee – reduce representation from 4 to 3 NEDs

A further discussion has been held with NEDs since publication of the NHSE/I guidance and the appointment of the replacement Non-Executive Director earlier in the year and the attached table (appendix 2) shows the up-to-date position in terms of Committee responsibilities. The Board of Directors approved the changes to quoracy and membership arrangements at its public meeting on 7 April 2022.

Other sponsored roles undertaken by the NEDs (appendix 3) have been included for completeness.

It is recommended that the Council:

- I. Note the content of the report for information and assurance that the refreshed national guidance is being met.
- II. Note the changes to quoracy and membership arrangements as outlined in the executive summary and subsequent amendments to those Committee terms of reference.

### Trust Strategic Aims and Ambitions supported by this Paper:

Aims	Ambitions		
To provide outstanding and sustainable healthcare to our local communities	<input checked="" type="checkbox"/>	Consistently Deliver Excellent Care	<input checked="" type="checkbox"/>
To offer a range of high quality specialised services to patients in Lancashire and South Cumbria	<input type="checkbox"/>	Great Place To Work	<input checked="" type="checkbox"/>
To drive health innovation through world class education, teaching and research	<input type="checkbox"/>	Deliver Value for Money	<input checked="" type="checkbox"/>
		Fit For The Future	<input type="checkbox"/>

### Previous consideration

Not applicable

## 1. Introduction

NHS England and NHS Improvement (NHSE/I) have issued guidance which sets out a new approach to ensuring Board oversight of important issues.

There are a range of issues which, at various times, have required additional Board-level focus to respond to and learn from high-profile failings in care or leadership. This resulted in several reviews and reports identifying a requirement for Trust Boards to designate Non-Executive Director (NED) Champions for specific issues to provide oversight and deliver change. It is recognised that this has led to an increasing number of roles for NEDs which has become burdensome and has made it difficult for Trusts to discharge them all effectively. It has also been recognised that some of these roles have been in place for some time without review.

As a result, NHSE/I have reviewed the issues the roles were originally established to address, to consider the most effective way of providing assurance going forward.

This has involved identifying a small number of Champion roles that are considered statutory requirements and therefore still require an individual to drive change or fulfil a functional role. In these instances, the principle of the unitary Trust Board – with joint responsibility and decision making – remains. However, there are many issues that NHSE/I now consider could best be monitored through existing Trust Committees rather than through individual NED Champion roles.

The matrix attached at appendix 1, provides an assessment of those roles in the guidance that should be retained and those that can be subsumed into Committee structures and confirms how the guidance is being complied with within the Trust.

As part of the 2020/21 effectiveness review, the Board discussed proposals to amend the quorum of the Audit Committee and reduce the membership of two of the Committees to bring them in line with other Committees of the Board, i.e.:

- Audit Committee – increase the quorum from 2 to 3 NEDs
- Finance and Performance Committee – reduce representation from 4 to 3 NEDs
- Safety and Quality Committee – reduce representation from 4 to 3 NEDs

A further discussion has been held with NEDs since publication of the NHSE/I guidance and the appointment of the replacement Non-Executive Director earlier in the year and the attached table (appendix 2) shows the up-to-date position in terms of Committee responsibilities. The Board of Directors approved the changes to quoracy and membership arrangements at its public meeting on 7 April 2022.

For completeness, an overview of other sponsored roles undertaken by the NEDs is attached at appendix 3.

## **2. Financial implications**

There are no financial implications associated with this report.

## **3. Legal implications**

There are no legal implications associated with this report.

## **4. Risks**

There are no risks associated with this report.

## **5. Impact on stakeholders**

The implementation of the new guidance will reduce the burden on NED colleagues.

## **6. Recommendations**

It is recommended that the Council:

- I. Note the content of the report for information and assurance that the refreshed national guidance is being met.
- II. Note the changes to quoracy and membership arrangements as outlined in the executive summary and subsequent amendments to those Committee terms of reference.

Appendix 1: Assessment of NED Champion Roles

Appendix 2: Committees of the Board – Current Composition and Quorum

Appendix 3: Other Sponsored Roles

## ASSESSMENT OF NED CHAMPION ROLES

Statutory Role	Who
Chair	Ebrahim Adia
Vice Chair	Tim Watkinson
Senior Independent Director	Paul O'Neill

Retained NED Role	Status	In Place	Who
Ockenden Board Safety Champion	All Trusts providing maternity services Legal basis – recommended	Yes	Ann Pennell
Well-Being Champion	Recommended ( <i>NB: guidance states this should be a Board Director does not specify NED</i> )	Yes	Faith Button
Freedom to Speak Up Champion	Recommended	Yes	Tim Watkinson
Doctors' Disciplinary NED Champion	Advisory for Foundation Trusts	Yes	Identified per Maintaining High Professional Standards case
Security Management Champion	Excluded for Foundation Trusts	No	Not applicable

Roles now to be overseen by Committees	Topics	Confirmation of monitoring via Committee
Safety and Quality Committee	Hip fractures, falls and dementia	Falls monitoring Dementia strategy
	Palliative and end of life care	End of life and mortality chairs report received STAR incorporates end of life standards
	Resuscitation	Recent resuscitation deep dive Addition of cardiac arrest monitoring data to SQC dashboard Mortality data monitored
	Learning from deaths	Mortality reports on cycle of business including LEDER Quarterly serious incident report and learning report on cycle of business
	Safeguarding	Chairs report received monthly Annual safeguarding report on cycle of business
	Safety and risk – well led	Risk reports produced monthly provide an overview of operational risks scoring 15 or more that are aligned to the strategic risk overseen by the committee
	Lead for children and young people	Staffing reports for children disaggregated from adults to ensure strengthened oversight of children, received monthly on cycle of business ED dashboard disaggregates children from adults for additional oversight

Finance and Performance Committee	Health and safety	Health and safety reports Subgroup reports
	Emergency preparedness	Chairs report received quarterly.
	Procurement	Regular updates on cycle of business for procurement with Director in attendance to present
	Cyber security	Bi-monthly report presented in May and November.
Audit Committee	Counter fraud	Regular updates on cycle of business with Counter Fraud Specialist in attendance to present
Workforce Committee	Violence and aggression	Regular updates on cycle of business Contained in performance report to each committee Violence and aggression reduction standard monitored through Workforce Committee



**COMMITTEES OF THE BOARD – CURRENT COMPOSITION AND QUORUM (2021/22)**

Non-Executive Directors	Executive Directors	Quorum
<b>Appointments, Remuneration and Terms of Employment (ARTE) Committee</b> (2 per annum or as required)		
All Non-Executive Directors	<i>In attendance as required:</i> - Chief Executive - Workforce and Education Director	Chairman and 2 Non-Executive Directors
<b>Audit Committee</b> (4 per annum, May meeting dedicated to approval of Annual Report and Accounts)		
T Watkinson (Chair) A Pennell J Whitaker T Whiteside	<i>In attendance only:</i> - Nursing, Midwifery and AHP Director - Finance Director/Deputy Chief Executive	3 Non-Executive Directors
<b>Charitable Funds Committee</b> (4 per annum – quarterly)		
K Smyth (Chair) V Crocken T Whiteside	Nursing, Midwifery and AHP Director Medical Director Finance Director/Deputy Chief Executive	3 members including at least 1 Non-Executive Director and the Finance Director (or nominated deputy)
<b>Education, Training and Research Committee</b> (5 per annum)		
P O'Neill (Chair) V Crocken K Smyth	Director of Continuous Improvement Nursing, Midwifery and AHP Director Workforce and Education Director	4 members including at least 1 Non-Executive Director
<b>Finance and Performance Committee</b> (12 per annum, monthly)		
T Whiteside (Chair) T Watkinson J Whitaker	Chief Operating Officer Finance Director/Deputy Chief Executive Workforce and Education Director 50:50 split between Medical Director <b>or</b> Nursing, Midwifery and AHP Director	4 members including at least 2 Non-Executive Directors and 2 Executive Directors
<b>Safety and Quality Committee</b> (11 per annum, no December meeting)		
A Pennell (Chair) P O'Neill K Smyth	Director of Continuous Improvement Chief Operating Officer Nursing, Midwifery and AHP Director Medical Director	4 members including at least 2 Non-Executive Directors and 2 Executive Directors
<b>Workforce Committee</b> (6 per annum, bi-monthly)		
J Whitaker (Chair) V Crocken K Smyth	Director of Continuous Improvement Chief Operating Officer Nursing, Midwifery and AHP Director Workforce and Education Director	4 members including at least 1 Non-Executive Director

## OTHER SPONSORED ROLES

Non-Executive Director	Internal	External
E Adia	Associate Non-Executive Director Champion Chair of BAME Ambassador Forum Shadow Board Chair	ICS Board (substitute for Trust Chair member) ICP Board Member Chair of ICS People Board New Hospitals Programme (NHP) SOG Provider Collaboration Board Member
V Crorken	Lancashire Hospitals Services (Pharmacy) Ltd	
P O'Neill	ICP Ethics Committee Chair Mortality lead Health and Wellbeing lead Getting It Right First Time (GIRFT) lead	
A Pennell	Safeguarding Champion Children and Young People's Services Champion Maternity, Perinatal and Neonatal Champion	Chair of the Lancashire and South Cumbria Local Maternity System Assurance Panel
K Smyth	Member of ICP Ethics Committee Chair of the Ethics Committee Patient Reference Group Member of Patient Experience and Involvement Group Member of Living with Disability Ambassador Forum A book in the Living Library Patient Experience Champion (including complaints) Pressure Ulcers lead Equality, Diversity and Inclusion Champion Anchor Institutions and Social Value lead Governor Care and Safety Subgroup	Member of ICP Public, Patient, Carers Voice Group Co-chair of National Disabled NHS Directors' Network Member of ICP Anchor Institutions and Social Value Group Member of Preston Model Project Group Member of ICP Determinants of Health Board
T Watkinson	Freedom to Speak Up Non-Executive Director Lead Member of Raising Concerns Group Internal and External Audit lead Trust Board member on the Management Committee of the Rosemere Charity Foundation Patient flow lead	
J Whitaker	Lancashire Hospitals Services (Pharmacy) Ltd Risk lead IM&T Strategy Board	

T Whiteside	IM&T Strategy Board NHP Trust Engagement Group Pathology Non-Executive Director Engagement meeting Communication and Engagement Champion NHP Champion Pathology Champion Place Champion Governor Membership Subgroup	ICS Communication and Engagement Review Group Pathology Partnership Board NHP SOG NHP Governance Advisory Group
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# Council of Governors Report

## Council Development Plan Update

<b>Report to:</b>	Council of Governors	<b>Date:</b>	26 April 2022
<b>Report of:</b>	Workforce and Education Director	<b>Prepared by:</b>	K Swindley
<b>Part I</b>	✓	<b>Part II</b>	

### Purpose of Report

<b>For approval</b>	<input type="checkbox"/>	<b>For noting</b>	<input checked="" type="checkbox"/>	<b>For discussion</b>	<input type="checkbox"/>	<b>For information</b>	<input type="checkbox"/>
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### Executive Summary:

The purpose of this report is to provide the Council of Governors with an update on the Council Development Plan approved at the Council meeting on 26 October 2021.

It should be noted the Council recognised there were elements of the development plan which could not be progressed until a Company Secretary was in post. However, there were also actions identified that could potentially be delivered and the Council requested an update at each Council of Governors' meeting on progress with actions. The Council has received an update at each meeting since the plan was approved and appendix 1 provides a further update in the RAG-rated column on the status of some of the outstanding actions as at 19 April 2022.

It is recommended that the Council of Governors receive the report and note the contents for information.

### Trust Strategic Aims and Ambitions supported by this Paper:

<b>Aims</b>	<b>Ambitions</b>	
To provide outstanding and sustainable healthcare to our local communities	<input type="checkbox"/>	Consistently Deliver Excellent Care <input type="checkbox"/>
To offer a range of high quality specialised services to patients in Lancashire and South Cumbria	<input type="checkbox"/>	Great Place To Work <input type="checkbox"/>
To drive health innovation through world class education, teaching and research	<input type="checkbox"/>	Deliver Value for Money <input type="checkbox"/>
		Fit For The Future <input type="checkbox"/>

### Previous consideration

Not applicable

## **1. Financial implications**

There are no financial implications associated with the recommendations in this report.

## **2. Legal implications**

There are no legal implications associated with the recommendations in this report.

## **3. Risks**

There are no risk implications associated with the recommendations in this report.

## **4. Impact on stakeholders**

The effective operation of the Council of Governors is a significant component of the Trust's assurance arrangements and the development plan will further enhance working relationships between Governors.

## **5. Recommendations**

It is recommended that the Council of Governors receive the report and note the contents for information.

Appendix 1: Council Development Plan

COUNCIL OF GOVERNORS DEVELOPMENT PLAN

**Appendix 1**

THEME	ISSUES	ACTIONS	RESPONSIBLE/LEAD	STATUS
MEMBERSHIP	Lack of diversity amongst membership with some groups under-represented	Review and update of membership strategy. Workshop planned 13 <sup>th</sup> October 2021 to develop strategy.	Karen Swindley	
		Ideas to be written into refreshed strategy	Karen Swindley	
		Strategy to be signed off by Council of Governors	Pav Akhtar	
	Engaging with members has been difficult during covid and acknowledgement that engagement methods may need to change.	Engagement approach to be considered as part of the review of the membership strategy	Karen Swindley	
		Governor engagement plan developed to be approved by Council of Governors	Karen Swindley	
	Recognise that to attract diversity amongst governors, level of commitment and ability to attend events must be balanced and facilitated	Explore use of hybrid meetings in the future	Company Secretary	
	Longstanding issues of governor vacancies for some constituencies	Review of Constitution	Hempsons	Awaiting revised Constitution from Hempsons
		Approval of revised constitution by council of governors	Karen Swindley	Plan to take to July Council
ORGANISATION	Difficulty in accessing core information, eg, constitution	Information Management system to be sourced and implemented	Stephen Dobson/Karen Brewin	Paused until new Company Secretary commences in post
	Need to improve the level of administrative support available to governor groups	Review of Corporate Affairs Office to build in appropriate levels of support for governor groups	Karen Swindley	

	Lack of workshops over the last 18 months	Recruitment to new roles	Karen Brewin	
		Allocation of responsibilities	Karen Brewin	
		Workshops dates to be agreed and incorporated into corporate calendar for 2022	Karen Brewin	
	Response to governor queries	Governors to agree workshop content to allow for appropriate facilitators to be identified and secured to avoid cancellation of events	Governors	To be discussed at the Council Development Session on 12 May 2022
		Revisit governor process map	Karen Swindley	
		Agree process map	Governors	
		Re-issue process map	Karen Swindley	
GOVERNOR CONTRIBUTION	Differing views of the role and expectations of the governors	Debate and agree minimum contribution to ensure appropriate – COG workshop	Karen Swindley	
		Ensure commitment is clearly laid out to governor candidates	Company secretary	
		Ensure commitment is clear in induction	Company secretary	
		Undertake annual assessment of whether governors are meeting minimum requirements for annual report to council of governors	Company secretary	
		Governor workshop on contributing with confidence	Karen Swindley	
		Implement the governor engagement plan	Karen Brewin	Ongoing within limitations
		360 degree training for governors to contribute to NED appraisals in Q1 2022/23	Karen Swindley	Training arranged for 24 May 2022
	Governors would like to get to know one another better and	Board workshop focused on relationship building	Karen Swindley	

	develop relationships	Recovery roadmap for return to face to face meetings	Karen Swindley	
		Include pen portraits of governors on the new internet site	Naomi Duggan	
		Ensure governor photo boards are maintained up to date	Governor volunteers	
COUNCIL MEETINGS	Insufficient engagement in council meetings and too much focus on information giving	Review process for getting items on the agenda to ensure governors have greater influence on the items discussed	Company Secretary	
		Revisit format of the COG meeting to time agendas to allow for debate	Company Secretary	
		Use COG to garner views on forward looking issues	Company Secretary	
		Include governor queries report on the COG agenda	Company Secretary	
		Standing item on COG agenda for key issues and priorities for the next quarter	Company Secretary	
		Develop a separate corporate calendar for governor events	Company Secretary	





# Council of Governors Report

## Governor Elections 2022

<b>Report to:</b>	Council of Governors	<b>Date:</b>	26 April 2022
<b>Report of:</b>	Strategy, Workforce and Education Director	<b>Prepared by:</b>	K Brewin
<b>Part I</b>	✓	<b>Part II</b>	

### Purpose of Report

<b>For approval</b>	<input type="checkbox"/>	<b>For noting</b>	<input type="checkbox"/>	<b>For discussion</b>	<input type="checkbox"/>	<b>For information</b>	<input checked="" type="checkbox"/>
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## Executive Summary:

The purpose of this report is to confirm the results of the 2022 election to the Council of Governors which were announced on 25 March 2022. The election was conducted by Electoral Reform Services who acted as Returning Officer on behalf of the Trust and the Report of Voting is attached, listing the candidates elected to the seven vacant seats and a breakdown of voting.

The three new Governors will be attending their first meeting of the Council of Governors on 26 April 2022 and have been undergoing induction into their new roles over the preceding weeks.

It is recommended that the Council of Governors receive the report and note the results of the 2022 Governor election for information.

## Trust Strategic Aims and Ambitions supported by this Paper:

<b>Aims</b>	<b>Ambitions</b>	
To provide outstanding and sustainable healthcare to our local communities	<input checked="" type="checkbox"/>	Consistently Deliver Excellent Care <input checked="" type="checkbox"/>
To offer a range of high quality specialised services to patients in Lancashire and South Cumbria	<input checked="" type="checkbox"/>	Great Place To Work <input checked="" type="checkbox"/>
To drive health innovation through world class education, teaching and research	<input checked="" type="checkbox"/>	Deliver Value for Money <input checked="" type="checkbox"/>
		Fit For The Future <input checked="" type="checkbox"/>

## Previous consideration

Not applicable

## **1. 2022 Election to the Council of Governors**

- 1.1 The 2022 election has now been held for the seven Public Governor seats to be vacated on 31 March 2022. The election was conducted by Electoral Reform Services who acted as Returning Officer on behalf of the Trust and a copy of the Report of Voting is attached, listing the candidates elected to the seven vacant seats and a breakdown of voting. Those successful candidates were contacted on 25 March 2022 by both the Trust and Electoral Reform Services to communicate the outcome of the election.
- 1.2 The three new Governors will be attending their first meeting of the Council of Governors on 26 April 2022 and have been undergoing induction into their new roles over the preceding weeks.
- 1.3 The Chairman will be undertaking exit interviews with those Governors who have stepped down from their role or decided not to stand for re-election. I am sure Council Members will wish to thank those Governors who have loyally served their constituents and the Trust during their terms of office and wish them well for the future.

## **2. Outcome of the 2022 Election to the Council of Governors**

The outcome of the 2022 Governor election is confirmed as follows:

### **CONTEST: PUBLIC**

The election was conducted using the single transferable vote electoral system and the following candidates were selected (in order of election):

### **ELECTED:**

Peter Askew (re-elected)  
Sheila Brennan  
Takhsin Akhtar (re-elected)  
Kristinna Counsell  
Paul Wharton-Hardman  
Stephen Heywood (re-elected)  
Michael Simpson (re-elected)

## **3. Financial implications**

There are no financial implications associated with the recommendations in this report.

## **4. Legal implications**

There are no legal implications associated with the recommendations in this report.

## **5. Risks**

There are no risks associated with the recommendations in this report.

## **6. Impact on stakeholders**

There is no impact on stakeholders associated with the recommendations in this report.

## **7. Recommendation**

It is recommended that the Council of Governors receive the report and note the results of the 2022 Governor election for information.

Attachment 1: Report of Voting

## LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST

### ELECTION TO THE COUNCIL OF GOVERNORS

CLOSE OF VOTING: 5PM ON 24 MARCH 2022

#### CONTEST: Public

*The election was conducted using the single transferable vote electoral system.  
The following candidates were elected (in order of election):*

ELECTED		
Peter Askew		
Sheila Brennan		
Takhsin Akhtar		
Kristinna Counsell		
Paul Wharton-Hardman		
Stephen Heywood		
Michael Simpson		

Number of eligible voters		9,858
Votes cast by post:	499	
Votes cast online:	367	
Total number of votes cast:		866
Turnout:		8.8%
Number of votes found to be invalid:		12
Total number of valid votes to be counted:		854

The result sheet for the election forms the Appendix to this report. It details:-

- the quota required for election
- each candidate's voting figures, and
- the stage at which the successful candidates were elected.

Civica Election Services can confirm that, as far as reasonably practicable, every person whose name appeared on the electoral roll supplied to us for the purpose of the election:-

- a) was sent the details of the election and
- b) if they chose to participate in the election, had their vote fairly and accurately recorded

The elections were conducted in accordance with the rules and constitutional arrangements as set out previously by the Trust, and CES is satisfied that these were in accordance with accepted good electoral practice.

All voting material will be stored for 12 months.

**Ciara Hutchinson**  
**Returning Officer**  
**On behalf of Lancashire Teaching Hospitals NHS Foundation Trust**



# Council of Governors Report

## Governor Opportunities and Activities – February 2022 – April 2022

<b>Report to:</b>	Council of Governors	<b>Date:</b>	26 April 2022
<b>Report of:</b>	Governors	<b>Prepared by:</b>	J Leeming
<b>Part I</b>	✓	<b>Part II</b>	
<b>For approval</b>	<input type="checkbox"/>	<b>For noting</b>	<input type="checkbox"/>
		<b>For discussion</b>	<input type="checkbox"/>
			<b>For information</b>
			<input type="checkbox"/>

### Executive Summary:

The purpose of this report is to update the Council of Governors on the opportunities, events and activities Governors have been involved in during February 2022 to April 2022.

The Governor role is to represent the interests of Foundation Trust members, the public and the organisations Appointed Governors represent. The events and engagement opportunities that Governors have been involved in are recorded in the report and attached as appendix 1.

It should also be noted that several of our Governors also undertake voluntary roles across both our hospital sites.

It is recommended that the Council of Governors receive the report and note the contents for information.

### Trust Strategic Aims and Ambitions supported by this Paper:

Aims	Ambitions	
To offer excellent health care and treatment to our local communities	<input type="checkbox"/>	Consistently Deliver Excellent Care <span style="float: right;"><input type="checkbox"/></span>
To provide a range of the highest standard of specialised services to patients in Lancashire and South Cumbria	<input type="checkbox"/>	Great Place To Work <span style="float: right;"><input type="checkbox"/></span>
To drive innovation through world-class education, teaching and research	<input type="checkbox"/>	Deliver Value for Money <span style="float: right;"><input type="checkbox"/></span>
		Fit For The Future <span style="float: right;"><input type="checkbox"/></span>

### Previous consideration

None

## **1. Background**

Governors have an important part to play by listening to the views of the Trust's members, the public and other stakeholders, and representing their interests in the Trust. This means, for example, gathering information about people's experiences to help inform the way the Trust designs, reviews or improves services effectively. Governors also have a role in communicating information from the Trust to members and to the public, such as information about the Trust's plans and performance. Successful engagement calls for an ongoing working relationship between a Foundation Trust and its members and the public, with patients and service users at the heart of this. Governors are supported in their work by other groups of people at the Trust including Executive and Non-Executive Directors and the Corporate Affairs Office.

## **2. Financial implications**

There are no financial implications associated with the recommendations in this report.

## **3. Legal implications**

There are no legal implications associated with the recommendations in this report.

## **4. Risks**

There are no risk implications associated with the recommendations in this report.

## **5. Impact on stakeholders**

Positive engagement with membership is a critical role for the Governors.

## **6. Recommendations**

It is recommended that the Council of Governors receive the report and note the contents for information.

There are a number of regular activities which Governors could be involved in including:

#### **Fabulous Feedback Friday**

Held monthly and virtually throughout the Covid-19 pandemic, teams provide an overview of their service at the Trust. Governors are provided with the opportunity to explore, receive insights and have a deeper understanding of the service being presented. The events have a broad reach and include invitations to Governors, Board Members, and a range of senior leaders throughout the Trust.

#### **STAR celebration events**

Held three times per year and virtually throughout the Covid-19 pandemic, teams present the peer support activity in which they have been involved as part of the STAR accreditation framework as well as celebrating achievements.

#### **PLACE (Patient Led Assessment of the Care Environment)**

The national programme usually takes place annually at each of our hospital sites (Chorley and South Ribble and Royal Preston Hospital). It is an opportunity for Governors to engage with patients and training is provided by the Trust. The programme is being reviewed nationally and further information on the changes is awaited.

#### **Strategic Operating Group (SOG) Debrief**

Every Friday between 10am and 12noon a Strategic Operations Group meeting is held during which leaders from across the Trust review existing pressures and make important decisions about our hospitals' current and future operational challenges. Governors along with staff can attend the debrief every Friday afternoon between 2pm and 2.15pm.

The list below does not include Governors' scheduled meetings and workshops.  
All activities were held using virtual platforms unless indicated otherwise.

<b>EVENT: excluding scheduled meetings and workshops</b>	<b>DATE: Feb - April 2022</b>
Staff Ambassador Forum	3 February 2022
Meeting to consider Patient Lost Property	7 February 2022
Governor pre-election workshop	8 February 2022
Governor pre-election workshop	8 February 2022
NHP Engagement meeting	11 February 2022
Constitution review meeting	15 February 2022
Q&A with Faith Button and Naomi Duggan	16 February 2022
NHP Workshop	17 February 2022

Membership Strategy Operationalising Meeting	21 February 2022
Deaf Blind awareness training	21 February 2022
Patient experience involvement group	22 February 2022
Carers Forum meeting	23 February 2022
Car Parking meeting	24 February 2022
Dementia Strategy Workstream meeting	28 February 2022
Patient Experience Improvement Group	1 March 2022
Planning discussion with Governors	8 March 2022
Leyland PCN Social Prescribing Day Engagement	10 March 2022
NHP Engagement meeting	10 March 2022
Training Needs Analysis for Governors	14 March 2022
Governor Workshops	15 March 2022
New Hospitals program presentation	15 March 2022
Lancashire Carers Service Engagement	16 March 2022
Membership strategy action plan	17 March 2022
Gold star event	22 March 2022
Constitution Review	23 March 2022
Car Parking meeting	24 March 2022



NHP meeting to compose a Blog for the NHP website	28 March 2022
Patient experience improvement group	29 March 2022
Staff Ambassador Forum	29 March 2022
The Outlook for the Public Sector	31 March 2022
MIAA event	31 March 2022
Chairs, Deputy Chairs, Lead Gov meeting	4 April 2022
Membership Subgroup meeting	4 April 2022
Governors Coffee Catch up	6 April 2022
Catch Up with Comms. re new Trust website	6 April 2022
Board of Directors Meeting	7 April 2022
Staff Ambassador Forum	7 April 2022
NHP Engagement	7 April 2022
Governor Induction Session	8 April 2022
Communication -Big Plan	27 April 2022



# Council of Governors Report

## Governor Issues Report

<b>Report to:</b>	Council of Governors	<b>Date:</b>	26 April 2022
<b>Report of:</b>	Workforce and Education Director	<b>Prepared by:</b>	N Gauld
<b>Part I</b>	✓	<b>Part II</b>	

### Purpose of Report

<b>For approval</b>	<input type="checkbox"/>	<b>For noting</b>	<input type="checkbox"/>	<b>For discussion</b>	<input type="checkbox"/>	<b>For information</b>	<input checked="" type="checkbox"/>
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## Executive Summary:

The purpose of this report is to provide visibility of the issues and concerns raised by Governors for information.

The agreed process for Governors to raise issues and concerns is through the Senior Executive Assistant ([Natalie.gauld@lthtr.nhs.uk](mailto:Natalie.gauld@lthtr.nhs.uk)). These are then passed to the appropriate manager for investigation and response. A response is then provided to the Governor who raised the issue.

The attached report contains a summary of the issues raised since the last report to the Council and covers the period between January 2022 to date along with details of the responses provided.

**It is recommended that the Council receives the report and notes the contents for information.**

## Trust Strategic Aims and Ambitions supported by this Paper:

<b>Aims</b>	<b>Ambitions</b>	
To provide outstanding and sustainable healthcare to our local communities	<input checked="" type="checkbox"/>	Consistently Deliver Excellent Care <input checked="" type="checkbox"/>
To offer a range of high quality specialised services to patients in Lancashire and South Cumbria	<input checked="" type="checkbox"/>	Great Place To Work <input checked="" type="checkbox"/>
To drive health innovation through world class education, teaching and research	<input type="checkbox"/>	Deliver Value for Money <input checked="" type="checkbox"/>
		Fit For The Future <input checked="" type="checkbox"/>

## Previous consideration

Not applicable

## 1. Introduction

The purpose of this report is to provide visibility of the issues and concerns raised by Governors for information.

The agreed process for Governors to raise issues and concerns is through the Senior Executive Assistant ([Natalie.gauld@lthtr.nhs.uk](mailto:Natalie.gauld@lthtr.nhs.uk)). These are then passed to the appropriate manager for investigation and response. A response is then provided to the Governor who raised the issue.

The report contains a summary of the issues raised since the last report to the Council and covers the period between January 2022 to date along with details of the responses provided.

## 2. Activity report

During the reporting period, 9 concerns/issues were raised through the governor process map.

Of these, 8 have been closed (within timescales for response) and 1 remains outstanding.

4 different governors raised concerns.

A summary of the issues raised is provided below:

- 2 concerns were raised regarding patients and visitors not being challenged with regard to required infection prevention measures. A response was provided highlighting the arrangements in place, particularly in relation to checks being undertaken prior to entry to ward and clinical areas
- 1 concern was raised following the Board of Directors Meeting with regards to the deterioration in the family and friends Test results and an increase in complaints. It was acknowledged that the impact COVID has had on patients and their families has been significant and results in a reduction in satisfaction levels as discussed at the board meeting.
- 1 concern was raised regarding the engagement of security staff and a security incident on the Chorley site. A response was provided outlining the need for additional staff and the controls in place with regard to the use of external agencies.
- 1 question was raised with regard to the opening of the eye centre at CDH asking for assurance that fire, safety and evacuation procedures were in place and staff were fully trained. A response was sent outlining the induction arrangements put in place to ensure these issues were addressed.
- 1 concern was raised regarding a theft at CDH and assurances sought regarding security staffing numbers and CCTV arrangements – the response to this remains outstanding.
- 1 question was asked regarding the Trust's approach to infection control to reduce hospital acquired COVID infections. A response outlining the multi-faceted nature of the actions being taken was provided.
- 1 concern was raised regarding a discussion held at the Strategic Commissioning Committee with regard to RPH being an outlier on a performance report in respect of patient experience. A response was provided outlining the reasons for the current level of performance.
- 1 concern was raised regarding staffing levels in maternity. This was addressed to the NED maternity champion. A response was sent acknowledging the concerns and identifying the current position with regard to staffing and recruitment.

## 3. Financial implications

There are no financial implications associated with this report.

4. **Legal implications**

There are no legal implications associated with this report.

5. **Risks**

There are no risks associated with this report.

6. **Impact on stakeholders**

There is no impact on stakeholders associated with this report.

7. **Recommendation**

It is recommended that the Council receives the report and notes the contents of this report for information.

# Care and Safety Subgroup

17 January 2022 | 10.00am | Microsoft Teams

PRESENT	DESIGNATION	17/05	15/07	20/09	29/11	17/01	24/03
Janet Miller	Public Governor ( <i>Chair</i> )	P	P	P	P	P	
Keith Ackers	Public Governor	P	P	P	A	P	
Pav Akhtar	Public Governor	A	A	A	A		
Takhsin Akhtar	Public Governor	A	A	A	A		
Rebecca Allcock	Staff Governor	A	P	P	P	A	
Peter Askew	Public Governor	A	A	P	A	P	
Paul Brooks	Public Governor	P	A	A	P	P	
Anneen Carlisle	Staff Governor	A	A	A	A		
David Cook	Public Governor	P	P	A	P	P	
Margaret France	Public Governor	P	P	P	P	P	
Hazel Hammond	Public Governor	A	P	P	A		
Steve Heywood	Public Governor	A	P	P	A	P	
Trudi Kay	Public Governor ( <i>Deputy Chair</i> )	P	P	P	P	P	
Lynne Lynch	Public Governor	P	P	P	P	P	
Shirley Murray	Appointed Governor	A	A	A	P	P	
Janet Oats	Public Governor	P	A	A	A		
Frank Robinson	Public Governor	P	P	P	P	P	
Ann Simpson	Public Governor	P	P	P	P	P	
Mike Simpson	Public Governor	P	P	P	A	P	
Piotr Spadlo	Staff Governor	P	P	A	P	A	
David Watson	Public Governor	P	P	P	P	P	
<b>IN ATTENDANCE</b>							
Catherine Arrand-Green	Membership Manager	A	P				
Karen Brewin	Committee Secretary			P	P	P	
Alison Cookson	Patient Experience and Involvement	P	P	A	P	P	
David Hounslea	Director of Facilities and Services	P	P	A	P	A	
Christmas Musonza	Associate Director of Patient Quality, Experience and Engagement			P	P	P	
Geoff Rossington	Non-Executive Director	P	A	P			
Kate Smyth	Non-Executive Director	P	P	P	P	P	
Karen Swindley	Strategy, Workforce and Education Director	P	P	P	A		
Joanne Wiseman	Corporate Affairs Officer (minutes)					P	
P – present   A – apologies							
<b>Quorum:</b> 50% of the Subgroup's total membership at the time of the meeting							

**Presenters:** Gemma Wright, Service Improvement Facilitator (*for item 6*)  
Karen Hatch, Clinical Business Manager (*for item 9*)  
Angela Lewthwaite, Speciality Business Manager (*for item 9*)

## 1. Chair and quorum

J Miller noted that due notice of the meeting had been given to each member and that a quorum was present. Accordingly the Chair declared the meeting duly convened and constituted.

## 2. Apologies for absence

Apologies for absence were received and recorded in the attendance matrix at the front of the minutes.

3. **Declarations of interest**

There were no declarations made by Subgroup members in respect of the business to be transacted during the meeting.

4. **Minutes of the previous meeting**

The minutes of the previous meeting held on 29 November 2021 were approved as an accurate record subject to amendments to minute 11, Patient Experience and Improvement Strategy (2018-21):

- Page 7, fifth paragraph, second sentence – Education Centre 2 amended to Education Centre 3.

5. **Matters arising and action log**

A copy of the action log had been circulated with the agenda and it was noted the majority of actions had been completed to time. C Musonza provided an update on the following outstanding action:

Action 1: C Musonza informed that he is still awaiting feedback from North West Ambulance Service as the contract is being reviewed for the taxi drivers. A Cookson relayed the information to Debra Gallagher. C Musonza read out the email response from North West Ambulance Service to inform that the feedback provided by Lancashire Teaching Hospitals has been shared with the Management of Patient Transport Service. North West Ambulance Service welcomes any further concerns to be shared again so they can continue to monitor to ensure that discussions take place with third party providers. The Chair stated that this response was evasive and didn't address the actual question raised regarding the contract they have with the taxi company transporting the Trust's patients and not following the Trust's infection control protocol by not wearing face masks or using hand sanitiser. M France suggested contacting the licensing department at Chorley Council. The Chair asked C Musonza to obtain more information from North West Ambulance Service and provide the full information at the next meeting on 24 March.

The Chair noted that all other actions had been completed apart from action 7 related to NWAS regarding patient transport available at weekends now that a 7 day service for outpatients is operating. C Musonza informed that until North West Ambulance Service finalise the contract for the taxi provider then no affirmative answer will be available. A Cookson will investigate who manages the contract side of the relationship to ask if there will be weekend transport provision to support the 7-day service for outpatients.

6. **Smoking cessation service (CURE) update**

G Wright attended the meeting to provide an update. G Wright informed that this update is following on from her previous presentation to the group two months earlier to introduce the projects that are now ongoing. This is for any patient admitted to the hospital and who is provided with treatment whilst an inpatient and hopefully this increases the number of people in the community who then go on the stop smoking

within 12 weeks. Dr Syed Mehdi is now the clinical lead and was hoping to join the meeting today but has clinical duties on a Monday. There is also a lead nurse in place and recruitment is underway for two additional nurses and three band 3 advisors who will see the patients on the wards to provide them with their treatment plan. The lead Pharmacist is reviewing the pathways to ensure the offerings are correct and are available to support patients experiencing any cravings. The e-cigarette policy is also being reviewed following national changes. There are some big drivers for education in the workforce and there will soon be eLearning modules. This will be for all staff at the hospital with an introduction of tobacco dependency, why it's important to stop and some statistics from the local areas. It will also provide staff with information to brief patients and explain what to prescribe. This will reinforce that the Trust is a smoke free site. The specialist level of this module is for the doctors to give information on what to prescribe and advice on how to respond to frequently asked questions that patients may have. G Wright advised that they are also trying to establish staff champions for each of the wards who can help with prescribing so that all inpatients are covered for support. The lead Pharmacist is also looking at the patients who come in through the emergency pathway to support them during long waiting times.

G Wright added that they are also going to be working very closely with Blackpool Victoria Hospital as they are also hoping to go live with the smoking cessation service around the same time as the Trust. This will ensure that patients receive the same level of support regardless of where they live. There is work being carried out on system integration so if the patient is happy to go into the community and follow up with the community quit team, they will have all the information readily available. The project team are also working with the I.T. department to produce reports for monitoring progress, and this will also be at ward level to compare individual ward performance so the specialist nurses can visit the wards that aren't working as well and target their education. The team is looking to improve communications and there will be a page on the Trust website. The clinical leads have now received the leaflets to ask if they would like any additional information included. G Wright is also looking to collate patient stories to help spread the word to other patients. The patient leaflets will contain helpful information such as how to chew the gum. G Wright will provide another update to the group meeting in two months and if anyone has any questions, please email her or A Cookson.

The Chair asked if the patient letters will include the Trust's information regarding smoking. C Wright advised that the letters from pre-op should include the information regarding being a smoke-free site and they may soon include the information regarding the available support once the clinical leads approve. A Cookson added that patients will be reviewed at the pre-op assessment along with patients on the waiting list because stopping smoking before coming into hospital for surgery will help their recovery.

M France commented that it would be wonderful to include family members to support patients going home to a smoke free atmosphere otherwise it could trigger the patient to start smoking again. G Wright responded that this is something the community team are looking to discuss with patients and relatives. G Wright confirmed that Public Health England is funding this project for the first five years and then it will be funded from the base line funding.

F Robinson thanked G Wright for the work involved with the project and how well it is progressing. F Robinson still has some concerns that there is a weakness in the link back into the community and would welcome the update in two months around the

progress. The Chair asked if any links have been made with Lancashire Care in terms of the units that are at Chorley Hospital where patients do smoke on site which sometimes causes issues. G Wright informed that she hasn't been involved directly, however the work is being undertaken in another project and she is going to the Tobacco Free Lancashire meeting and this will be addressed. The Chair thanked C Wright for presenting the updates and advised that an invite to the next meeting in two months will be sent to her.

## 7. **Estates and facilities update**

The Chair informed that D Hounslea unfortunately cannot attend today and asked if there were any questions from reading the report.

M Simpson asked about the Nightingale costs and if these are being met from outside the hospitals budget. C Musonza advised that this will be from the ICS Covid budget. The Chair advised that the car parking should not be affected for visitors as advised by Faith Button because there are fewer visitors coming on site. M Simpson added that having a reduced amount of patient parking does seem to be something that will impact on a patient's experience.

S Murray informed of a patient's experience of attending the Lancashire Eye Centre at Chorley Hospital. The temporary paper signage is not immediately visible and does not assist our patients. The Chair agreed this is poor for the new ophthalmology facility and the matter had been raised at PEIG and would be raised again at the next meeting. F Robinson advised that this has been improved as there are signs displayed and it seems to be working better. F Robinson advised that one of his concerns is around people trying to park close to the Lancashire Eye Centre as there is no entrance for patients to directly access the unit from outside, so it is causing some confusion as patients then have to walk back to the main entrance.

S Murray also informed of another example of poor signage at Royal Preston Hospital where the medical escalation unit permanent signage is near X-ray however the medical escalation unit is now situated on ward 20. S Murray indicated there are other examples of typed paper signage being used in the Trust. The Chair agreed that these are valid points that need to be addressed to improve the patient experience. Another point to be addressed is the content of our ophthalmology appointment letters regarding what they actually state in terms of directions to the location and advise on the best car park to use.

## 8. **Patient experience and improvement update**

A Cookson informed that there have been some updates and the paper has been circulated with the agenda. Since the last report at the end of November the Patient Information Group has had their AGM and discussed the progress throughout the year. A brief summary was given during the AGM about the new leaflets that had been approved. They also had a discussion around the costs incurred from printers S F Taylors for the Trust's annual expenditure. It was agreed that the reports would now be broken down to show monthly figures and sent to the group detailing the leaflets that are ordered. A Cookson added that it may be beneficial to print in house with regards to the costs but could lead to bad imaging being produced. During the AGM actions were agreed relating to the monthly Trust global email being shared within the group email



accounts, as not all members have access to a trust email so not everyone will have seen the communications.

The next Deaf Blind awareness training session for front line staff will take place on Monday 24th January. This is a 1.5-hour session and looks at the different conditions and how this impacts people who live with this daily. The presenter covers the screen with different types of filters so that attendees can experience what patients contend with. This provides staff with a better understanding of the patient experience. A Cookson informed that their work also continues with NCompass and they will be continuing the Deaf training awareness programmes, which include basic BSL and information around Deaf culture, this starts again in March. The Carer's forum is going to be held on Wednesday 26<sup>th</sup> January at 2.00pm so there is no update for this month.

A Cookson informed that with regards to the Languages and BSL Interpreters, a communication was released with instructions on how to access the interpreters and she also emailed the ward managers with this information. The report circulated with the agenda also provides the details of the service providers. The report also provides information on the Patient Contribution to Case Notes (PCCN) and the ongoing project with Blended Learning and Co-Sign to produce an online video which will be accessible to all. Dr Tarek Hany is assisting with the video dialogue.

The Chair asked if the terms of reference for the Patient Experience and Involvement Group are complete and if patients have had any input to the terms. A Cookson responded to inform that she hasn't received confirmation yet but she will share the finalised copy at the next meeting.

The Chair commented that at the last PEIG meeting an attendee had raised a point regarding Asian ladies who cannot communicate in English. Apparently Trust appointment letters, when received, are being left unopened due to these ladies not being able to read English. The attendee had asked if there was any way to support the ladies. The Chair believes the criticism was aimed at the Trust rather than at the GPs who make the referrals and who should identify the additional needs of these ladies. A Cookson is going to a community centre to meet with the Asian Ladies Forum on the 25<sup>th</sup> January 2022 to discuss the issues and confirmed that the Trust should be providing letters in different languages when advised of patient requirements. A Cookson informed that when the GP refers the patient, they need to provide the patient's needs. A Cookson will discuss with the group when they meet next week and will report back to this meeting. K Hatch and A Lewthwaite who are attending this meeting later may be able to provide some more information.

The Chair asked if there would be any value for the volunteers who work on the information desks at the hospitals in attending the Deaf Blind training and Deaf Awareness Programme. A Cookson agreed that it would be beneficial and there is another training session in February for Deaf Blind. A session in March is planned, which she hopes will be funded from the EDI budget for front of house staff who speak to a lot of patients. T Kay advised that she had done the stage 1 sign language training and it was really very good. F Robinson advised that it should be something that is incorporated into the volunteer training schedule. He advised that he does not have sign language skills but can lip-read, as do partially hearing people. S Murray added that any training offers of this nature should be accepted and involving the volunteers is excellent. A Cookson confirmed that she has shared the information with S Turner to then pass on to the volunteers who can contact her directly.

## 9. **Outpatient Booking Services**

K Hatch and A Lewthwaite attended to provide information regarding the outpatients booking services in their area. K Hatch explained that she has previously met with A Cookson and C Musonza and there are further scheduled meetings in their diaries. The Chair explained that the patient letters and text messages do not always appear to contain all the relevant information for patients to find their way to appointments. The Chair asked if any members of the Subgroup would like to present their queries for K Hatch and A Lewthwaite to respond to.

L Lynch advised of her recent experience when attending her Physiotherapy appointment which, on arrival, was informed that the appointment had been cancelled. L Lynch advised that she had been sent a text but had not opened it due to being a digital portal text message. The receptionist informed that they could see she had received the message and not opened it so L Lynch asked why the Physiotherapy department had not called her to inform that her appointment was cancelled especially as they could see she hadn't read the text message. K Hatch informed that the text messaging service works on analogue phones as well as smart phones and when a patient provides their mobile number it is anticipated that they agree to receive text messages. There are around 90% of patients who receive and read the messages that are issued. K Hatch advised that it is probably now over 90% of patients who read messages and therefore from an error rate, this is an excellent statistic for the Trust. If a patient receives a link to the portal and then chooses not to access the portal, a letter will then be sent out as a default mechanism. Text messages are sent because if the Trust needed to employ staff to ring all patients regarding appointments, it would be unachievable due to the number of staff required to provide this service. Appointments also get changed and therefore text messages are sent, due to the number of communications that are required. L Lynch informed that she did receive a hard copy but as the appointment was cancelled the day before, it wasn't received in time. A Lewthwaite added that short notice cancellations are done as a last resort as this has a negative impact on the Trust and the patient. Physiotherapy sits outside of core outpatients so A Lewthwaite could not advise on their process. A Lewthwaite's team within core outpatients would normally ring the patients if the cancellation is within 48 hours and also follow this up with a text and letter. The clinical teams are asked not to cancel clinics at short notice due to the amount of work involved as well as the impact to patients, but on the occasion that they are cancelled at short notice, the specific department also help to make phone calls to notify patients. The text and letters are still sent as not all patients can be reached. A Lewthwaite will check with Physiotherapy to see what process they are following and see if a similar process can be adopted however there will be patients who miss texts due to having changed their mobile number.

F Robinson informed that the issue highlighted by L Lynch is not just a one off scenario as he works on the information desk at Chorley Hospital and regularly sees patients who have had appointments cancelled or are struggling to find the location of a clinic. K Hatch responded to say that there are clinics moved at short notice which is not ideal but if there are only 1 or 2 patients having to ask for support, whilst not being a perfect situation, it is quite a low number. K Hatch is aware that other Trusts have far worse error rates compared to Lancashire Teaching Hospitals. F Robinson advised that if a patient has travelled a long distance, to then find their appointment has been cancelled, it is a very poor patient experience. K Hatch agreed but informed that the number of

changes to clinics being implemented is unavoidable but reiterated that the number of patients affected is very low.

F Robinson also asked if there could be consistency in the text messages and letters being issued. Some name the doctors or locations and others do not provide that information. Patients seem to receive the reminder letter and then attend the hospital with that copy and show this to the information desk when looking for support. The letter does not contain the same information as the first letter. A Lewthwaite advised that the letters across all services are going to be standardised and this is an ongoing piece of work for the Trust. With regards to the text reminders, up until a couple of years ago, only one text message was sent around a week before for each appointment. This message is still sent out with all the details included that the patient will require. If the patient appears with the basic reminder text message, staff can ask the patient to scroll back to the earlier message with all the information included. F Robinson commented that it is all about communications and it would be good to be kept up to date with information and changes.

K Ackers added that he had received a text message for Chorley Hospital and checked the link and the letter was there. The next day he tried to print the letter off but did not have access. A Lewthwaite believes that the text message link does not have an expiry date but will check and feedback to the members of the Subgroup. K Ackers replied to the received text message to see if it can be sent again but still could not open it. S Murray suggested adding some information in the patient pack that sits on the information desk. F Robinson advised that there is no formal pack and if it requires updating then S Turner may be able to help.

A Cookson informed that at the last PEIG meeting, the Asian Ladies Forum attended to raise the issue that some Asian ladies are not reading the letters as they are in English. A Cookson informed that she is attending their meeting next week and would like to provide them with some information. A Cookson asked if there is anything in the pathway advising GP's to inform of the patient's needs at the point of referral. A Lewthwaite informed that there is a place on the referral form for the GP to complete and advise of any additional patient requirements. English not being the first language is one on the options. The booking team would then access this report and convert it to an appointment. If the appointment is sent on an eReferral form into the QuadraMed system, which, unfortunately still requires some work in capturing this requirement. There is still some work to be done from capturing this information that is then sent to the letter provider that the Trust uses. A Cookson will provide this feedback at the next PEIG to inform that the Trust is working on this and eventually will be able to provide the required format. A Lewthwaite also advised that she works through the advice and guidance requests to register some patients and if the patient informs that English is not their first language, but then does not tick the box to say they require an interpreter one will not be provided. A Lewthwaite believes there is work to be done educating the GP population.

F Robinson noted that K Hatch had said they are only responsible for 80% of outpatient letters and there is other work in the Trust ongoing to standardise the letters and as a Governor he would like to have some input. K Hatch informed that she does not have the remit for this but A Cookson and C Musonza have. A Cookson informed of the process that she is aware of and that the work is being done for these letters. A Lewthwaite informed they are currently reviewing the video appointment letters and they have been forwarded to the departments that do their own letters as well as the core

outpatients departments. The letter has also gone to the Outpatients Steering Board for a clinical review. Once the clinical and wider Trust review is completed the letter can then be taken to the patient groups who can comment, which has probably been missed previously, especially during the pandemic where the letters were changed quickly to accommodate the necessary changes and the signing off process was expedited. A Lewthwaite advised that she is collating the changes for the letters and F Robinson asked if she requires more support. A Lewthwaite informed that the central point of this sits with her as part of her role is that of the Outpatients Transformation Lead. A Lewthwaite provided the example of a change agreed at Outpatients Steering Board meeting last Friday and was then issued to every department in the Trust. K Hatch advised that there are still services in the Trust who generate their own letters and they sit outside of the remit of digital letters as they are outside of core outpatients. Whilst A Lewthwaite can request they make these changes to the letters they are not able to mandate this change but suggested that C Musonza and A Cookson may be able to help with that. C Musonza asked if he could pick this up in a meeting later this week as it may be more suitable as there is no clear solution with those involved in this meeting. A Hatch reiterated that it is a very small proportion of patients who will be affected as 80% of the patient letters are issued from core outpatients.

L Lynch thanked K Hatch and A Lewthwaite for attending the meeting and for providing the detailed explanation as this is very helpful for the Governors to have this insight of the processes. K Hatch and A Lewthwaite are happy to come back in four months and if there are any further questions to please contact them on email. A Lewthwaite added that she is extremely passionate about Outpatients providing the best patient experience therefore is happy to attend anytime to be able to provide updates and listen to suggestions to make improvements to the service.

K Ackers also thanked A Lewthwaite and K Hatch for providing the Subgroup with the information. K Ackers has been advised by patients that they would rather attend Chorley Hospital rather than RPH. The Chair added that the letters do not always have the AccessAble website printed on them. A colleague has mentioned to her that the CQC will be reviewing AIS (accessible information standard) in future inspections. The Chair advised that it would be a good idea for all of the letters to be reviewed for this requirement. A Lewthwaite informed that the letters have been changed by the outsourced communications company and this should take effect next week.

**Actions:**

- **The Chair thanked A Lewthwaite and K Hatch for providing the information and the assurance this has given to the Subgroup.**
- **A Lewthwaite will check the process in Physiotherapy for notifying patients when appointments are cancelled and provide the information to J Miller.**
- **A Lewthwaite will check if the text message link has an expiry date and feedback to the group.**
- **C Musonza agreed to discuss finding a solution for all departments to use a standardised letter.**

10. **Patient Experience and Improvement Strategy (2022-25)**

C Musonza informed that they had their first meeting and there were minutes taken which will be circulated. Tomorrow there is a second focus group but C Musonza has concerns around the small number of people attending and asked if members could join

tomorrow's meeting at 1pm. A Cookson informed that the link will go out to staff and she will also send on to the Chair. Both sets of minutes will be circulated by C Musonza and he is hoping that the finalised strategy will be ratified so they can go live from the 1<sup>st</sup> April 2022.

K Ackers informed that he has attended the hospital as an outpatient on three occasions. K Ackers received a text message about how to find his location for the appointment and intended to print this off the following day however he was then locked out as the message appeared to have expired. The next message invited him to attend on the same day and was given the directions over the telephone. When he attended the hospital the sign posts did not indicate where he needed to go and no one seemed to know where the department was, until someone eventually pointed him in the right direction. K Ackers believes the patients should be given clearer instructions on how to find the department for the appointment. A Cookson agreed that there is an issue with signage and this has been worse due to wards and departments having to move. A Cookson agreed that they should highlight this again with D Hounslea to see what could be done ahead of departments moving and signage being added in a timely manner. K Ackers will send more information on his findings to A Cookson so she can send on to D Hounslea. A Cookson advised there is a patient letters meeting that C Musonza will Chair and there is a hope that the letters will improve along with the appointments system.

**Actions:**

- **A Cookson will email D Hounslea with the signage concerns when she receives them from K Ackers.**

11. **Non-Executive Director update**

K Smyth provided an overview of key highlights and advised that the main updates are around Covid. There are regular briefings for the Non-Executive Directors to ensure they are kept fully informed.

- The decisions are made from the centre and the Non-Executive Directors are unable to influence them. The Trust is at Level 4 status and Chief Executive Kevin McGee has provided the update before Christmas. F Button, G Skales and S Cullen have provided an update on 7 Jan 2022. Assuming the surge of Covid patients does happen, weekly meetings for updates will be implemented.
- Spaces are being allocated on site to convert areas in case there is a surge. Other Trusts are also being asked to find more bed spaces. The Royal Preston site has been selected for the Nightingale provision and the number of beds that will provide has changed from 100 to 54.
- There are staffing issues however the Nightingale should be staffed from mutual aid. There was a detailed report from Workforce last week and there is a large number of staff who are off sick or isolating. The vaccine mandate may also have an impact to the staff numbers. The first vaccination needs to be done by Feb 3<sup>rd</sup> for the vaccines to be done in time as this becomes law in April. This is a concern for the number of staff that may chose not to have the vaccines.
- At the last Safety and Quality meeting when the performance statistics were discussed, there were concerns raised around the patient experience and the deteriorating figures relating to friends and family submissions. K Smyth had

agreed that she would discuss this here to see if this could be a topic at the next meeting on 24 March 2022.

- The IPC meeting took place before Christmas and next is on 1 Feb 2022. The meeting is making good progress and will be held bi-monthly with the Finance Director Jonathan Wood as the Chair. The meeting has strong support from local authorities, other trusts and housing associations.
- At the Workforce Committee meeting last week the Committee discussed a report on social responsibilities and demonstrated the good work being undertaken by the Trust.
- Last week K Smyth attended her first meeting for Determinants of Health ICP Group and found it very interesting. K Smyth has been asked to join the Health and Equalities Action Plan Group and will provide updates as things progress.
- In terms of the North West Ambulance Service, the information is being received on a regular basis and K Swindley will be sharing that information.
- With regards to the national work K Smyth does, it has been very busy due to the national disability history month from mid-November to mid-December and has attended national and regional webinars. There was a disability masterclass held at the end of November and have been involved in discussions to review the NHS EDI team. They are arranging a workshop and a head-hunters workshop and the website is now available using a logo designed by students in North Lincolnshire.
- Both K Smyth and her Co-Chair of the National Network of Disabled Directors were interviewed by a journalist from the HSJ magazine for the health service. The interview was around the work of the Workforce Disabilities Equalities Standards team and how this area may improve. There are no editing rights and therefore they were very nervous about providing the correct information but apparently this reads well. The main emphasis was on the need for a NHS national disability strategy and the need for the CQC to review the workforce equality standards.

The Chair asked if being an anchor institution and having a social responsibility in our area could this lead to the patient letters being taken back in house rather than outsourcing to Healthcare Communications who are the current provider. K Smyth agreed that this would probably fall under this category. K Smyth will look into this and will provide the Subgroup with an update as she has a meeting next week with Sharon Robson who is the Head of Procurement.

The Chair informed that last year J Wood has advised that the Trust would be buying all fresh produce from our local area of Lancashire. K Smyth advised that she has been informed that the produce is now sourced locally.

K Ackers asked if the HSJ publication can be accessed – The Chair informed that you can but there is a subscription. The Chair will ask Comms if K Smyth's article can be shared.

The Chair asked whether K Smyth was aware if NWAS had awarded a contract to a local taxi firm to transport patients to outpatient appointments. C Musonza confirmed that he would pick up the issue with NWAS to confirm its accuracy as it would be expected any contractors would follow appropriate Trust guidelines.

## **Actions:**

- **The Chair will ask N Duggan if K Smyth's article can be shared.**
- **K Smyth will ask if the patient letters that are currently outsourced to Healthcare Communications should be brought back in house.**

### 12. Reflections on the meeting

L Lynch advised that the meeting was extremely informative with the presenters attending and if K Hatch and A Lewthwaite could attend in four months' time and asked if this could be added to the calendar.

### 13. **Request for future meeting topics**

- The Chair noted that Ms F Button was unable to attend today but will invite to the 24 March meeting.
- K Hatch and A Lewthwaite will attend the meeting again in four months.
- There will be another update from G Wright regarding the CURE project in the next meeting on the 24 March.
- L Lynch suggested inviting PALS to provide information on the most frequent theme of complaint they receive and discuss this with the members.
- The deteriorating figures relating to friends and family submissions requested by K Smyth.

### 14. **Any other business**

D Cook informed that he had previously asked about the telephone lines for the blood clinic and was informed to contact the CCG but they informed him that they cannot investigate a complaint that has already been investigated. The telephone lines are provided by Lancashire Teaching Hospitals and the CCG has contacted them to ask them to add an additional telephone line. D Cook believes there needs to be a queuing system on the telephone line and would like to know who to contact to have this installed. The blood clinic telephone line is always engaged. C Musonza advised that the some patients are going via main switchboard and therefore a few measures are being implemented as there was a meeting in December regarding this situation. Having a queuing system was discussed and as it will not resolve the issue, they have made changes. C Musonza asked if the members could allow some time for improvements. C Musonza advised it may also involve having staffing issues however D Cook disagreed and believes that the queuing system will provide the patient with an option to wait. F Robinson also asked if the patients making the calls to the blood clinic can also be advised of where to attend. C Musonza was asked to allow two weeks to see if every call has been met and to assess if there are required improvements. There is a mechanism to measure the loss of calls. D Cook believes there is no improvement as he has been making daily phone calls.

#### **Action:**

- **C Musonza will ask for the report for the telephone performance on the blood clinic telephone line and update the Subgroup at the next meeting 24 March 2022.**

### 15. **Date, time and venue of next meeting**

The next meeting of the Care and Safety Subgroup will be held on 24 March 2022 at 10.00am using Microsoft Teams.



# Membership Subgroup

7 February 2022 | 2.00pm | Microsoft Teams

PRESENT	DESIGNATION	10/05	19/07	20/09	08/11	07/02
Pav Akhtar	Public Governor ( <i>Chair</i> )	P	A	P	A	P
Takhsin Akhtar	Public Governor	A	A	A		A
Rebecca Allcock	Staff Governor	P	A	A	P	A
Sean Barnes	Public Governor					A
David Cook	Public Governor	P	P	P		
Margaret France	Public Governor	P	P	P	A	P
Hazel Hammond	Public Governor	A	A	A		
Steve Heywood	Public Governor	P	P	P	P	P
Trudi Kay	Public Governor	P	P	A	A	A
Lynne Lynch	Public Governor					A
Janet Miller	Public Governor	P	P	P	P	P
Eddie Pope	Appointed Governor	A	A	A	A	
Frank Robinson	Public Governor	P	P	P	P	P
Suleman Sarwar	Appointed Governor		P	A		
Mike Simpson	Public Governor	P	A	A	P	P
Piotr Spadlo	Staff Governor ( <i>Deputy Chair</i> )	P	P	A	P	P
David Watson	Public Governor	P	A	P		
<b>IN ATTENDANCE</b>						
Naomi Duggan	Director of Communications and Engagement	P	P	P		P
Adam Sharples	Marketing Manager		P		P	
Karen Swindley	Strategy, Workforce and Education Director		P	P	P	A
Tricia Whiteside	Non-Executive Director	P	P	P	A	P
<p>P – present   A – apologies  <b>Quorum:</b> 50% of the Subgroup's total membership at the time of the meeting</p>						

## 1. Chair and quorum

The Chair noted that due notice of the meeting had been given to each member and that a quorum was present. However, due to IT issues, some members were unable to attend the meeting today. Accordingly, the Chair declared the meeting duly convened and constituted.

## 2. Apologies for absence

Apologies for absence were received and recorded in the attendance matrix at the front of the minutes.

## 3. Declarations of interest

There were no declarations made by Subgroup members in respect of the business to be transacted during the meeting.

## 4. Minutes of the previous meeting held on 8 November 2021

J Miller noted that on page 4, last paragraph, 4<sup>th</sup> line down it should read “when Members missed three consecutive meetings, they would be emailed annually by the **Chair and**

**Deputy** to ask if they would like to continue as part of the Membership or prefer to stand down.”

**5. Matters arising and action log**

J Miller had asked at the last meeting how many people attended the annual members meeting and wanted to note that when it was face to face it was better attended. N Duggan added that, although the number of attendees on the day was lower, more people watched the recording back.

**6. Developing actions to support the delivery of the Membership Strategy**

The Chair noted that this item was expected to be led by K Swindley and asked for any contributions in her absence. P Spadlo stated that the new strategy has been published and all the Governors have access. Today was meant to be about how the strategy will be supported and P Spadlo has been discussing matters such as press coverage and doing a TikTok video. N Duggan advised that her team is here to help to facilitate with communications, but a yearlong plan needs to be developed with the involvement of the Corporate Affairs team. P Spadlo noted we need dates to look at when we will be implementing the elements of the strategy and N Duggan can look at areas where her team can help with this. J Miller noted there was a meeting with Jackie Higham, Head of Widening Participation & Apprenticeships, regarding the TikTok video but has not heard how this work has been progressed and suggested N Duggan gets in touch with her.

S Heywood suggested it would be good to create owners for individual actions, however, some may be dependent on when they can happen or when we are permitted to do things face to face again.

T Whiteside noted it would be good to agree some priorities from a Governor perspective to help the Exec/Corporate Affairs team to achieve some quick wins at this stage.

F Robinson stated that we need to pull together an implementation plan to deliver the entire strategy over the next three years.

**Actions:**

- **J Leeming to arrange a one-off planning meeting for members to pull together an action plan to bring back to the next Membership Subgroup meeting on 4 April.**
- **N Duggan to contact Jackie Higham regarding the TikTok video.**

**7. Subgroup Effectiveness Review including terms of reference**

To be deferred to the next meeting due to the absence of K Swindley.

**8. Governor elections update**

S Heywood noted that there was an update at the Board last week. One issue is that the online system for the 250-word submission times out after 20 minutes and people need to be aware of this. The deadline for submissions is 14 February and the Governor Pre-election Workshop is taking place on 8 February 3 – 6pm on Microsoft Teams.

J Miller advised that a notice of the elections should be published but there is no static notice at the Chorley site. P Spadlo stated the screens at Chorley are now showing this on rotation. P Spadlo also noted he has not seen any posters around the hospitals.

**Actions:**

- **N Duggan to follow up regarding the notice of Governor elections at Chorley hospital.**

**9. Dates for coffee catchups**

Dates have been circulated for the virtual coffee catchups and we have tried to vary the days and times throughout the course of the year to accommodate all. The Chair noted that he and P Spadlo will attend all of these but understands that not everyone can attend everything.

**10. Reflections of the meeting**

Not discussed.

**11. Requests for future meeting topics**

S Heywood noted that a few members are involved in the constitution review and questioned whether the outcome should go through this group to see if it will have any impact on the action plan from the strategy.

Mrs T Whiteside suggested covering something around the baselining of the democratic as we embark on the action plan for the future. Also, in the strategy there are elements on how patients/residents are engaging so it would be good to look at whether we have the right touch points and elements to help us.

**12. Any other business**

J Miller asked what the position is with regards to holding meetings back on site. N Duggan stated that there was a discussion at Board where it was agreed that larger meetings will be kept off site, but this is under continual review. Smaller groups should be OK to meet on site. The Chair queried this with J Leeming who advised that all meetings are taking place on Teams until April but then this will be reviewed again.

S Heywood noted that this group meeting has suffered due to Covid and as soon as we can get the strategy launched it will revitalise this meeting.

M Simpson queried looking at the revised terms of reference, but the Chair noted the idea was that this would be looked at as part of the subgroup effectiveness review at the next meeting.

J Miller advised she was sent an email from a potential new Governor who seemed to have trouble in getting information from the Foundation Trust email address.

J Miller stated that the group agreed it would do something in tandem with the new hospitals programme in terms of membership and there has been a lot of information

about Governors signing up to be new hospital ambassadors. N Duggan will find out the level of interest and circulate this information.

F Robinson noted that he is not aware of having seen anything coming through inviting him to apply for membership. N Duggan advised it was sent via internal bulletins but will send all information directly to the Governors.

The Chair noted that there should be a reminder for the new hospitals executive team to keep the Governors informed on developments. M France noted there is a New Hospitals Programme Colleague Summit on 15 March 12 – 1.30pm taking place on Eventbrite.

J Miller queried whether the Chair and M France received information to their councillor email addresses, as she provided them to Louise Barker at the end of last year, but they advised they had not. N Duggan advised she will feed back on this to Louise.

J Miller has been in touch with Dan Moore at the CCG around giving out leaflets to discharged patients on the new hospitals programme but has not heard back.

**Actions:**

- **N Duggan to follow up with Karen Brewin on monitoring the Foundation Trust inbox.**
- **N Duggan to follow up on the level of interest around Governors signing up to be hospital ambassadors and circulate this information.**
- **N Duggan to look into communications being sent to Governors on developments regarding the new hospitals programme.**
- **N Duggan to feed back to Louise Barker regarding information being emailed to councillor email addresses.**
- **N Duggan to contact Dan Moore at the CCG about leaflets for discharged patients on the new hospitals programme.**

**13. Date, time and venue of next meeting**

The next meeting of the Membership Subgroup will be held on 4 April 2022 at 2.00pm using Microsoft Teams.

# Chairs, Deputy Chairs and Lead Governor with the Chairman and Chief Executive

10 January 2022 | 10.00am | Microsoft Teams

PRESENT	DESIGNATION	09/04/21	09/07/21	08/10/21	10/01/22
Professor E Adia (Chair)	Chairman	A	P	P	P
Pav Akhtar	Chair of Membership Subgroup	A	A	A	p
Steve Heywood	Lead Governor	P	P	P	P
Trudi Kay	Deputy Chair, Care and Safety Subgroup	P	P	P	P
Kevin McGee	Chief Executive			P	P
Janet Miller	Chair, Care and Safety Subgroup	P	P	P	P
Karen Partington	Chief Executive	P	P		
Piotr Spadlo	Deputy Chair, Membership Subgroup		P	P	P
Tim Watkinson	Vice Chair/Non-Executive Director	Chair			
IN ATTENDANCE					
Catherine Arrand-Green	Membership Manager	P	A		
Karen Brewin ( <i>minutes</i> )	Committee Secretary		P	P	
Karen Swindley	Strategy, Workforce and Education Director	P	A	P	P
P – present   A – apologies					

## 1. Apologies for absence

Apologies for absence were received and recorded in the attendance matrix at the front of the minutes.

## 2. Minutes of the previous meeting

The minutes of the meeting held on 8 October 2021 were agreed as a true and accurate record subject to amendments to minute:

7.0 (a) Care and Safety Subgroup to read as Car parking – a ‘You Said, We Did’ document was received regarding car parking with positive feedback on the one walkie-talkie that was secured for the volunteers to be able to contact Security so they could attend and assist patients who were experiencing problems with the parking payment machine.

7.0 (c) Lead Governor Update - first paragraph, last sentence, to read as - People who visited the stall that was set up at Asda Supermarket at Clayton Brook were asking about the Chorley emergency department and where that aligned in the plan and it was felt the responses were inadequate.

## 3. Matters arising and action log

The action log had been circulated with the agenda and the following comments were noted on specific actions:

- (a) *Chief Executive's update: system working* – The Chair asked K McGee if a Governor Workshop with Directors could be arranged to focus on an in depth discussion as to where the Trust is heading in system reform or if it would be better to wait, due to the Omicron situation. K McGee suggested that this could be arranged now for February 2022. K Swindley added that the Corporate Calendar is being finalised so this could be added in as the first Governor Workshop.
- (b) *Lead Governor Update: New Hospitals Programme* – The Chair informed that this action was for him to discuss with G Skales around the broader issue of engagement for the New Hospitals Programme and support provided by Health Watch in particular. The Chair informed that there is no update but will raise this with G Skales. P Akhtar informed that A Cookson may be able to help as she is liaising with Health Watch.

In terms of the actions marked completed, J Miller referred to item 5 in regard to the patient letters and that there were two meetings that G Skales was referring to in the completed action. The first meeting was attended by Angela Lewthwaite and the second meeting was attended by Karen Hatch. J Miller feels strongly that the Patient Engagement Team seems to think there are no problems with the way that the Trust communicates with patients. Despite this, J Miller is grateful to Christmas Musonza for pursuing this matter and he has set up three meetings in January, February and March 2022. J Miller also advised that she had felt there was resistance towards the setting up of those meetings. J Miller added there were concerns regarding other letters that are issued by the Trust's Waiting List Team and the outsourced provider Health Comms. K McGee noted that there is still improvement to be made in this regard and this will continue to be reviewed. J Miller has collated and continues to gather evidence of poorly written correspondence as requested by Karen Hatch. J Miller has also been contacted by patients who have arrived at appointments to be informed that the appointment was cancelled and that a text with the link to the portal has been sent to the patient. J Miller advised that the patient had not been comfortable opening the link and therefore that should have triggered the system to issue a letter to the patient however the letter was received the day after the appointment.

The action log would be updated and, where appropriate, actions marked completed and removed from the active action log.

**Action:**

- **K Swindley to check if there is a Council Workshop in February and if so to use this to provide an update on system reform.**
- **K Swindley will speak to S Cullen to discuss the governance around the content of patient letters and reminder text messages that are issued from booking services and the outsourced provider Health Comms for equality and quality perspectives.**

**4. Chairman and Chief Executive update on key issues**

K McGee informed that the operational issues and pressures currently publicised in the press and on the television nationally and locally, reflect the immense pressure that Lancashire Teaching Hospitals are facing. The number of G&A beds being occupied by Covid patients is increasing and is around 120 at the moment. This is having an impact

generally, but at the moment the impact on ICU is significantly lower than previous waves and at the end of last week, they had 16 patients in with Covid with the vast majority being unvaccinated. The numbers of infections across the community are still increasing with the North West and North East regions having the highest cases in the country and it is expected that cases will translate into hospital admissions over the next few weeks. This bed based pressure is coupled with the normal pressures of January with respiratory illnesses and the Emergency Department is extremely busy. This additional pressure along with the current 10% staff sickness level, leads to an overall much pressured situation.

K McGee added that there are a number of things to look at; one being that the Trust is working well with system partners to discharge patients home safely and as quickly as possible. Additional beds are also being reviewed and every possible capacity is being scrutinised and a surge capacity has been identified. The Nightingale surge hub is now situated at the front of Royal Preston Hospital and it is expected to hold less than 100 beds but will still have a significant capacity. Work is also ongoing within the main restaurant Charters, for additional capacity in that area. K McGee advised that we are planning for the worst and hoping for the best, but it is important to have this additional capacity to help in keeping the community safe should there be a surge. The big issue will be around staffing the additional capacity therefore staffing models are being reviewed.

The virtual wards are also being developed and these are for patients who stay safely in their own residences and have support from the community staff, primary care staff and hospital outreaching staff. If these patients deteriorate, they are then brought safely and quickly into hospital. This type of care is likely to be seen much more in the coming weeks and months. The Nightingale surge hub is the only one in the North West and one of eight in the country. The hub will support patients across Lancashire with staff from other areas helping to staff the hub to care for their patients. K McGee informed that the elective programme is continuing and is important to do so to reduce the backlog. Hopefully with no surge, the elective work will continue.

K McGee expects the next significant interest from the media will be around staff and the vaccinations and the issues of staff not being vaccinated. Following a review of the staffing numbers it will potentially affect between 400-500 staff members for the Trust. This issue will require managing in a compassionate and sensitive manner however the national policy will ultimately be followed. This is likely to attract local and national publicity over the next coming weeks.

K McGee noted that this is a very difficult period and he has been immensely proud of the way staff have performed under the pressures in a professional and dedicated manner. K McGee expects the Covid numbers to increase initially and hopefully start to decline in around 3 weeks with a better start to February. If the number of Omicron patients in hospital continues with the higher number being in the North West region, then it will become more difficult for staff pressure and the recovery of elective work.

P Akhtar thanked K McGee for the update and asked if the public car park has been lost to the Nightingale hub and asked if the staffing of the Nightingale hub will also come from other Trusts in the region. K McGee responded to add that the hub has been erected on the public car park situated at the front of the Emergency Department, during a time when visitors are restricted, due to infection control during Omicron and hopefully the hub will only be there for a short time. The carpark will then be restored back to the

public carpark it was before the hub was erected. In terms of staffing the hub, the staffing model is under review and partners have been informed that they will need to provide staff for patients who are admitted from their area.

S Heywood shared his view that with the reduced visitor and patient parking due to the hub, this could increase the risk of parking eye issues and asked if parking eye are on board with potential issues. K McGee responded to inform that parking eye have been informed of the hub however illegal parking will not be permitted and also added that he had checked other public parking on the site and there had been spaces available. This will continue to be monitored and visitor restrictions will remain in place for the time being due to the Omicron variant which is so much more transmissible. It is important to avoid large outbreaks within the hospital.

Despite the operational pressures K McGee advised that focus remains on future services, the New Hospitals Programme and the overall strategy. He agreed it would be helpful to have the workshop in February and be able to brief the Governors on the new ICB's and what is happening with the Provider Collaboration Board. K McGee added that there are some opportunities from the pandemic in terms of developing the virtual wards and the New Hospitals Programme and he is pushing strongly for some initial capital for the redevelopment of the front door of the Trust, as the size and configuration is not fit for purpose given the pressures the Trust is under. K McGee confirmed that he would not rule out utilising help from the armed forces when he was asked by S Heywood.

K McGee confirmed that staff are being managed very compassionately around the mandating of vaccinations and Managers are having one to one conversations with those who are unvaccinated to offer as much support as possible. Where appropriate, staff will be redeployed but unfortunately, the reality is that there will be a number of unvaccinated staff members who will be dismissed. K Swindley reiterated the importance on the approach to managing staff in this position and confirmed that the data to show staff vaccination status has been circulated to Managers. There is support from the Psychology service to support with needle phobias, support from the Iman's to support staff from a religious perspective, there are clinicians having appointments with staff to talk through any concerns they have and hopefully provide staff with information to make an informed decision. K Swindley added that the Trust is still awaiting guidance around medical exemptions but working together across the ICS to have a consistent approach. The 3 February 2022 is the cut off point for the first vaccination to ensure the second vaccination can be done by the 1 April 2022.

P Spadlo asked how many medics and nurses would be required for the Nightingale hub and K McGee responded to advise that there is a national staffing model for the surge units. The patients who will be cared for in the hub will be patients who will be discharged within a few days so they will still require an acute bed, but not intensive nursing. The staffing model would include a mixture of medical, nursing and allied health professionals and will have a light medical cover from doctors. All patients would be risked assessed before being moved to the hub.

T Kay asked if during any new recruitment whether the compulsory vaccination is taken into account and K Swindley informed that new employees are required to have the Covid vaccination. The recruitment process has been impacted by the necessary checks that need to take place as part of the pre-employment checks. People who were part



way through the checks have been contacted to advise that the contract offer will be withdrawn unless they are fully vaccinated.

## 5. **Draft Council of Governors agendas (part I and part II) – 27 January 2022**

The draft Council of Governors agenda's for part I and part II had been circulated with the agenda.

K Swindley advised of item 8.3 Membership Management and Engagement Strategy 2022-25 and confirmed there has been work undertaken to refresh the strategy through the Membership Subgroup and K Swindley has met with P Spadlo and J Miller to produce the final version which will be presented to the Council for approval. J Miller added that the constitution review is on-going but may impact on the upcoming elections with regards to the consideration of having more staff representation. J Miller advised there is an ideal opportunity this year with having 7 public Governors and feels that it would not be wise to increase that number but to then accommodate new staff Governor roles. However this will not be possible now and K Swindley agreed that a number of meetings, over a few months, would be required to complete the Constitution Review and believes it will be 2023 before any Governor changes could be enacted.

K Swindley informed that also on the agenda for the Council of Governors is the update on virtual Council and Governor Subgroup meetings and she would expect that the meetings will remain in a virtual capacity during the present Covid situation.

She further advised that work has concluded on the Governor Issues procedure and process map, which was circulated to all Governors for comment. The only feedback received was from new Governors who advised that it is beneficial to have this level of clarity.

The Governor Development Plan is returning to provide an update and a number of the items have been completed. The Corporate and Governor calendars for 2022/23 and the Governor activity and opportunities summary are also included on the agenda.

S Heywood suggested that another agenda item would be to raise awareness of what position the Council is in with regards to the election process, as many will be unaware of potential changes for the number of people standing for re-election. K Swindley agreed to add an agenda item for Governor Election updates.

### **Action:**

- **K Swindley to add an additional item, Governor Election Update, to the Council of Governors agenda**

## 6. **Subgroups and Lead Governor updates**

### **(a) *Care and Safety Subgroup (Janet Miller)***

Janet Miller advised since the last Subgroup meeting on 8 October 2021, there has been another Care and Safety Subgroup meeting held on the 29 November 2021 and the membership continues to be with 21 Governors. During the last meeting in November the Subgroup received updates from:

- Janet Young regarding patient digitalisation on QuadraMed and Evolve.
- Ailsa Brotherton and Nicholas John also attended the meeting to provide an update on the Always Safety First Surveillance system.
- David Hounslea provided the Estates and Facilities update and concerns were raised regarding the organisation and arrangements of the delivery of equipment for the new theatres at Chorley Hospital which had impacted on Outpatients. The Subgroup had asked for this to be considered when delivering equipment to the Lancashire Eye Centre. The issue regarding the lack of staff facilities at Chorley Hospital was also raised as this is impacting on staff morale. It has not gone unnoticed that a large amount of funds were allocated to making improvements to the Royal Preston Hospital in the Gordon Hesling building and in Critical Care, compared to one or two picnic benches that were added at Chorley Hospital.
- A Cookson provided the update for the Patient Experience and Improvement, but was unable to answer questions as she had lost her voice therefore colleagues were invited to forward questions to J Miller, who would collate and send on an email to A Cookson.
- Christmas Musonza pointed out that Trust Patient Experience and Improvement strategy expires in March 2022 and is keen to involve both patients and Governors in the new strategy, so he has circulated the old strategy to ask for comments. C Musonza is keen to get the new strategy correct, starting with the basics around communications, a good night's sleep, good food and fundamentals around kindness and care.
- Karen Hatch has provided assurance that she and Angela Lewthwaite will attend the meeting on the 17 January following A Lewthwaite not attending at two previous meetings. A recent patient letter has been included as item 6.1 on today's agenda and J Miller read out the errors on this example. At the recent SOG debrief J Miller advised that a member of staff from Core Therapies, asked for text messages to be sent to outpatients to make them aware of the car parking restrictions due to the Nightingale hub. There were two patients who had arrived the previous day who were upset and angry regarding parking issues. K Hatch had responded to inform that car parking information is on the website. J Miller has also received another comment from a member of staff based at Chorley Hospital advising that during their rounds between 7.30am to 8.30am, they meet a number of patients asking for directions to various departments. A comment was also made that the patient letters for Dermatology do not make it clear, that this service is in a building that is not connected to the main hospital. J Miller has asked who proof reads the patient letters, but has not yet received any response.

K Swindley will speak to S Cullen regarding the concerns of patient letters as per the action recorded earlier in the meeting. K Swindley advised that significantly more work than had been advised in the update had taken place at Chorley and advised that the Junior Doctors room at Chorley has been refurbished in the same way that it has at Royal Preston and that there has been an upgrade to the staff rest room and new changing facilities have also been provided in the former Board room.

J Miller also pointed out that there is no reference to AccessAble at the bottom of the patient letters. The AccessAble website provides patients with important information that they would require for visiting the hospital. Item 6.1 patient letter sample was discussed and it was agreed that it is a poor example. S Heywood advised that the quality of letters was discussed six years ago and he would be interested to know of how many are distributed of this poor standard. K Swindley agreed that there appears to be issues with not only the content but the overall appearance of correspondence. K Swindley

suggested that this work was a potential programme for which a continuous improvement approach could be used to resolve the issues and this will be part of the conversation she has with S Cullen. P Spadlo offered to help with the letters as he can support in producing a simplified version that they currently use in MRI.

(b) **Membership Subgroup** (*Pav Akhtar*)

P Akhtar informed that he had been unable to attend the last Subgroup meeting on the 8 November 2021 but provided an overview of the issues discussed, with highlights including:

- The majority of actions had been closed and a set of new actions had been agreed which had helped with the agenda.
- The Membership strategy is an issue and the structure of the membership in terms of the new Council of Governors and representatives from diverse groups that are very much under represented.
- The subgroup has reviewed the Trust Matters magazine and has invited members to submit content for the magazine.
- There has been virtual coffee catch up meetings with Governors which started well however despite an advert in the Trust Matters magazine and promoting with the use of social media, the message does not appear to be reaching the community for patients and services users to feedback to Governors.

P Spadlo who chaired the last Subgroup meeting also informed of topics that the Subgroup discussed:

- K Swindley provided a draft of the new membership strategy and the Subgroup discussed the revised objectives and how the strategy will be delivered. Everyone was given the opportunity to provide comments. It was agreed to make amendments and J Miller and P Spadlo met with K Swindley on 6 January 2022 to update the strategy document.
- The Subgroup activity review was also discussed along with the terms of reference and ICS Governor Forum.

(c) **Lead Governor update** (*Steve Heywood*)

S Heywood advised that there were no further updates on the Lead Governor but added that he would like to raise an observation and obtain feedback from others. This is based on a small sample from recent experiences from people attending the hospital. It has occurred to S Heywood, from what has been happening during the Covid period, the larger impact has been to relatives of patients rather than patients. Patients have been providing positive feedback and S Heywood has thought about how the families feature during this time and if their negative experience will at some point affect the Trusts reputation.

K Swindley agreed that families have found it extremely difficult during restricted visiting periods and at times, limited to visiting at end of life. K Swindley is able to relate to this scenario having experienced it for her family recently. The wards and other departments have worked hard to provide support where they can, by using iPads for facetimeing and they have worked harder with keeping in touch with families. These alternatives to visiting will never be the same as families being allowed to physically visit their relatives. This is a national experience and not just for Lancashire Teaching Hospitals.

The Chair has also recently experienced this scenario and from his experience was able to advise that from a family's perspective, they can be unaware of the reasoning behind these decisions to restrict visiting. K Swindley added that there are leaflets for families and the information around infection control could be included so will discuss with S Cullen. P Spadlo agreed that information needs to be provided and T Kay added that having worked in the Discharge Lounge and having witnessed family reunions it is very emotional and obviously very difficult for families during this separation. P Akhtar added that there are people in the community to which the Trust serves who are unable to access services and have learning disabilities, people who do not speak English and people with disabilities. There are layers of challenges in isolation that also need to be recognised and the alternative assistance could be communicated to the community.

**Action:**

- **K Swindley to discuss relative and patient leaflet content to include IPC reference and why visiting patients is restricted.**

**7. Any other urgent business**

**(a) The role of Porters/insurance**

J Miller was alerted to an issue at Royal Preston Hospital when at the beginning of the roll out of vaccinations, outpatients were invited to have their vaccination following their outpatient appointment. A gentleman with poor mobility attended his outpatient appointment with his wife and he used one of the hospital wheelchairs. Once the outpatient appointment had finished, the gentleman returned to reception to ask where to go for his vaccination and was informed that he needed to go to the Education Centre. As the gentleman's wife was unable to push the wheelchair that far, the receptionist called for a Porter to attend who informed that they are uninsured to push patients outside in a wheelchair.

There was another incident at Chorley Hospital when a patient attended a Go To Doc facility at Urgent Care with a suspected fractured ankle. Due to the changes within the building there was no internal route to X-ray therefore the patient had to hop around and use the ATC entrance where one of the volunteers was able to assist in getting a wheelchair.

More recently, patients have not been able to access Dermatology at Chorley Hospital and Dermatology is not connected to the main building. J Miller informed that this issue was also raised at a CCG meeting that A Cookson had attended. A Cookson then obtained further information from the Porters who advised that the terrain and route from the main hospital to the Dermatology building is unsafe for wheelchair transportation for patients and also for staff providing that type of assistance. The agreement was for any patient unable to walk across to the Dermatology building would need to contact North West Ambulance Service Patient Transport, as this was agreed after the opening of the Dermatology Centre following incidents with wheelchairs.

J Miller has concerns that insurance is not covering wheelchair assistance outside of the buildings. K Swindley advised that she believes the insurance would cover the Porters pushing the wheelchairs outside to another building, but the issue is that the wheelchairs are not safe for outdoor use. K Swindley added that the Trust needs to be more cognisant in equalities for patients attending appointments in these circumstances. This should be addressed when the equality impact assessment is conducted when these issues should be identified. The Service Managers also need to be aware of the equality issues. This also refers back to communicating that the

building is outside of the main building in the patient letters, so there is a range of things to be done in resolving this issue. The Nightingale Surge Hub will also require specific equipment that is suitable for transporting patients outside. T Kay added that it would be ideal to have a more suitable pick up point to be able to take patients to in a wheelchair and K Swindley noted this great suggestion for if the Trust secures funds for the improvement at the front of the hospital for the Emergency Department.

**(b) Training for Volunteers**

J Miller asked if volunteers are trained in moving and handling for assisting patients in wheelchairs and other skills that they may require in communicating with patients and visitors. A Cookson offered a blind and deaf community training session for patient facing staff on reception which was extended to the volunteers. Unfortunately the volunteers did not attend however J Miller and staff found the training to be valuable. K Swindley confirmed that the standard is that volunteers have mandatory training including moving and handling. Skills training for a particular role are managed by the relevant department and in this case will be Sylvia Turner for the volunteers.

**(c) Arrangements for 2022 Elections**

S Heywood informed that there has now been email communication regarding this and Governors are now more informed.

**(d) Constitution Review update**

S Heywood informed that there has now been email communication regarding this and Governors are now more informed.

S Heywood asked if the new Corporate Affairs Officers are now in post and K Swindley confirmed they are in post from today, 10 January 2022. S Heywood asked if this type of update could be included on the Council agenda meetings in future so that Governors are kept informed. K Swindley advised that the new Corporate Affairs Officers would be allocated to each of the meetings so that the Chair of each meeting will have a point of contact that will provide the agenda's, minutes and attend the meetings. Once the structure of responsibilities is in place this information will be shared. K Swindley informed that the Company Secretary interviews will be held on Friday 14 January 2022.

**8. Date, time and venue of next meeting**

The next meeting will be held on Monday, 4 April 2022 at 10.00am using Microsoft Teams.