

## Council of Governors

Thursday 14 January 2021

via Microsoft Teams

### Minutes of the Meeting held in Public

Dennis Dunn (DD)	Chair
Katherine Birch (KB)	Lead Governor and Public Governor (Vale Royal)
Tim Ashcroft (TA)	Public Governor (Vale Royal)
Gary McCourty (GM)	Public Governor (Vale Royal)
Glynda Alasadi (GA)	Public Governor (Crewe and Nantwich)
Barbara Beadle (BB)	Public Governor (Crewe and Nantwich)
Dr Bob Pugh (BP)	Public Governor (Crewe and Nantwich)
Janet Roach (JR)	Public Governor (Crewe and Nantwich)
Judy Wright (JW)	Public Governor (Congleton)
Janet Ollier (JO)	Public Governor (Congleton)
Pat Psaila (PP)	Patient and Carer Governor
Valerie Pickford (VP)	Patient and Carer Governor
John Pritchard (JP)	Patient and Carer Governor
Helen Piddock- Jones (HPJ)	Staff Volunteer Governor
Nick Boyce-Cam (NBC)	Staff Governor (Medical and Dental Practitioners)
Jenny Newman (JN)	Staff Governor (Nursing & Midwifery Staff)
Caroline Birch (CB)	Staff Governor (Rep. of Trade Unions and Staff Organisations)
Rob Platt (RP)	Staff Governor (Non-Clinical Support Staff)
Cllr Gina Lewis (GL)	Partnership Governor (Cheshire West & Chester Council)
Cllr Hazel Faddes (HF)	Partnership Governor (Cheshire East Council)
Erica Morriss (EM)	Partnership Governor, Voluntary and Healthwatch Sector
Madeleine Abbey (MA)	Partnership Governor (Chambers of Commerce)

### In attendance

Heather Barnett (HB)	Director of Workforce and OD ( <i>to item 17</i> )
Oliver Bennett (OB)	Chief Operating Officer ( <i>to item 17</i> )
Trevor Brocklebank (TB)	Non-Executive Director ( <i>to item 17</i> )
Lorraine Butcher (LB)	Non-Executive Director ( <i>to item 17</i> )
John Church (JC)	Non-Executive Director ( <i>to item 17</i> )
Russ Favager (RF)	Deputy Chief Executive and Director of Finance
Amy Freeman (AF)	Chief Information Officer ( <i>to item 17</i> )
Caroline Keating (CK)	Company Secretary
Murray Luckas (ML)	Medical Director ( <i>to item 17</i> )
Lesley Massey (LM)	Non-Executive Director
Les Philpott (LP)	Non-Executive Director ( <i>to item 17</i> )
Julie Tunney (JT)	Director of Nursing & Quality ( <i>to item 17</i> )
James Sumner (JS)	Chief Executive ( <i>to item 17</i> )
Andy Vernon (AV)	Non-Executive Director ( <i>to item 17</i> )
Katharine Dowson (KD)	Head of Corporate Governance
Anna Acda (AA)	Critical Care Outreach Nurse ( <i>item 3 only</i> )
Rebecca Bather (RB)	Workforce Business Partner, Equality, Diversity & Inclusion ( <i>item 4 only</i> )

### Apologies

Lynn Evans	Staff Governor (Clinical Support Staff)
Yvonne Banks	Public Governor (Vale Royal)
Maureen Leverington	Patient and Carer Governor
Mitchell Long	Patient and Carer Governor

No	Item
<b>1</b>	<b>Apologies for Absence</b>  As noted above.
<b>2</b>	<b>Interests to Declare</b>  No interests were declared.
<b>3</b>	<b>Patient Story</b>
3.1	AA, Critical Care Outreach Nurse presented a story about a member of staff who was admitted to Leighton Hospital with Covid-19 and required a nine day stay on the Critical Care Unit (CCU). AA had continued to provide support for some time due to the long-term consequences of their stay on CCU. There is a long-term recovery clinic in place to support patients in a similar situation combined with support available from the ICU Steps charity. More investment in follow up has been required due to Covid.
3.2	In response to a question from DD, AA advised that the clinics are generally virtual and it is positive to see patients back in their home setting. Relatives have also missed out on support during Covid as they have not had the interaction with staff due to limited visiting. KB commented that this story provided insight into the long-term impact of Covid from both a physical and psychological aspect. KB asked if there was any research being done on the long-term impact of Covid. AA advised that the Trust had just been accepted on to a study on this.
3.3	DD asked if the CCU team were being supported sufficiently and AA replied that they were a good team who were pulling together as cases increased. AA had delivered a session with staff about the outcomes of patients from the first wave as staff are interested in knowing how patients are progressing. DD thanked AA and all the CCU team on behalf of the Council for the work they are doing for patients and the Trust.
<b>5</b>	<b>Minutes of the last Meetings</b>
5.1	The minutes of the last meetings held on Thursday 29 October 2020 and Monday 21 December 2020 (Extra ordinary) were approved.
5.2	DD thanked Governors for their invitation to extend his term by two years which followed discussion with the Board of Directors and stakeholders and this decision had been supported by all.
<b>6</b>	<b>Matters Arising and Action Log</b>  DD advised that the first action (299) was pending, with no dates in place due to the disruption to transformation plans during Covid-19. Risk Management training for Governors (action 300) had been scheduled for 1 March. An invitation to Governors would

follow shortly.

No	Item
<b>7</b>	<b>Chairman's Report</b>
7.1	DD advised that he had met with several Governors on 2 November for an informal 'Chat with the Chairman'. Governors had also met with Non-Executive Directors (NED) on 11 December, where discussions had included Covid and vaccinations, estate matters and complaints reporting as well as an update from each of the NED chairs of Board Committees.
7.2	DD reported that, when JC finishes his term of office on 30 April 2021, LM would become Deputy Chair and LB would take on the role of Senior Independent Director; AV would become Chair of the Trustees Sub Committee for the Mid Cheshire Hospitals Charity. DD noted that JC had many other portfolio interests and roles including the NED Freedom to Speak up Champion and Communications Lead and these roles would be redistributed, following the recruitment of the new NED.
<b>8</b>	<b>Non-Executive Director Recruitment</b>
	DD outlined the process of NED recruitment, which was being led by the Nominations & Remuneration (N&R) Committee with Gatenby Sanderson in support. DD advised that the preferred candidate would have a degree of Board-level experience and either a primary care or mental health background. The advert had been placed before Christmas and the deadline was 29 January. N&R would be shortlisting candidates and Governors would be making this appointment.
<b>9</b>	<b>Trust Constitution - Constituency Changes</b>
9.1	DD introduced the paper which was necessitated by the Trust proposal to increase the diversity of the candidate pool by allowing applications from outside of Cheshire. This had been supported by the Nominations and Remuneration Committee. As NEDs have to be members of the Trust, there is an inevitable implication on other elements of the Constitution, namely the membership constituencies by which Governors are elected. DD advised that this paper was here for consultation to gain the views of members, not for approval as stated in the paper.
9.2	KD presented the paper outlining the impact of widening the constituency borders to include the counties of Shropshire and Staffordshire as well as Greater Manchester, Liverpool City Region and the Wirral. KD advised that this would not affect the way that Governors interacted with members but it would change the make-up of the constituencies. KD explained that Crewe & Nantwich would remain the same; Vale Royal would become smaller as the Cheshire West & Chester electoral wards would be joined to Congleton to create a Cheshire Borders constituency along with the new county and city areas.
9.3	KD added that it was also proposed to remove the patient and carer constituency and link all Governors to a geographical constituency. This would remove the artificial barrier between different 'types' of public Governors which had proved confusing for members

and potential Governors in the past. KD clarified that the changes would only apply to publicly elected Governors, not to staff or partnership Governors, and would apply from 1 April 2021 - this would allow the current NED recruitment programme to source candidates from further afield. No Governors would be asked to change constituency until the natural cycle of elections which would mean the Council would be moved over to the new constituencies by March 2023.

- 9.4 BB expressed her concern as Chair of the Membership and Communications Committee that this would make Governors less locally accountable and, by including a much wider population, it would make it more challenging to engage and recruit members in these new areas. In her view, residents of these new areas might be less likely to be as passionate about the hospital as those who live nearby. BB suggested that, with a rapidly growing local population, diversity might widen naturally. JO asked if there was a simpler way to make this change as it appeared to require a lot of effort to increase the area from which NEDs could be recruited.
- 9.5 KB commented that the change to the patient carer constituency seemed to be sensible and Governors agreed. KB added that, if the Governors role was to represent the membership, the new Cheshire Borders constituency would be very large for two Governors only to represent. KD replied that it was not the role of Governors to represent all people in their constituency but to represent a cross-section of members interests which was subtly different. There was no expectation that a Governor could represent the views of all members.
- 9.6 TA asked if the new constituencies would overlap with other Trusts if Liverpool and Manchester were included; CK confirmed that it has always been the case that constituencies overlap between trusts and cited, by way of example, Aintree Hospital NHS Foundation Trust which had constituencies that included the Isle of Man and Cumbria as well as Liverpool. This did not affect how Governors represented members, although naturally most efforts tended to be centred around the hospitals where there was the most interest from the community.
- 9.7 JN commented that she saw this as a positive opportunity and advised she had previously nearly applied to be a NHS governor in Trafford when she worked there - caring about a community and a Trust is not restricted to those people who live locally. Also, the Trust has patients from Wales and MCHFT patients go to Liverpool and Manchester. Governors can represent anyone who approaches them and do not have to represent a particular area. RP agreed that this was a very positive step as it widened the representation of views from further afield where some Trust patients come from. This comes at a time when the Trust is widening its profile and it is good for the organisation to be refreshed and build its profile. RP added that this was about preparing the Trust for the future direction of travel and was strategically sensible.
- 9.8 DD advised that N&R had noted in their minutes the intention to bring this forward and, therefore, Gatenby Sanderson had been instructed to include those candidates who live in the proposed extended areas in these proposals. Based on current interest, about 50% of the potential candidate list would need to be excluded if these changes did not take place. EM commented that she felt that this was a positive move, the Trust should be trying to get the best candidates it could. HPJ replied that she understood the reason why this was being proposed, but still felt that membership is of primary interest to local residents.

- 9.9 KB asked if there was another option for extending the NED talent pool while not disrupting the constituencies so significantly as the Governors recognised the benefit of bringing more talent into the Trust. CK confirmed that it is a requirement that a NED must be a member and must live in one of the constituencies. Many Trusts have constituencies that cover all of England but the Trust had considered this and decided that this was not necessary and this proposal was considered to be a good compromise.
- 9.10 CK acknowledged that the Trust needed to consider how it would engage with a wider membership and this was something that would be considered within the context of the current consultation on revised infrastructure models for the NHS which might also impact on Members and Governors. BB commented that it was essential that the Trust could effectively communicate with a wider constituency. KB commented that it should be considered whether the Trust was going too far in order to facilitate board recruitment.
- 9.11 DD summarised that this had been a wide debate and further work was required to respond to the comments made. He reminded Governors that any constitutional changes must have Governor approval and must be ratified at the Annual Members Meeting

## **10 Lead Governor Report**

KB reported on the activity that had taken place since the last Council meeting

## **11 Register of Governor Enquiries**

- 11.1 In response to the enquiry about Board oversight on the details of complaints. JT advised that the new process for the reporting of complaints remained a work in progress but there would continue to be deeper dives into themes as well as recording of progress against key performance indicators. There had been recent investment into the Patient Experience team, weekly complaints meetings and enhanced quality assurance processes. Recent themes for focused work had included Phlebotomy and lost property. The main theme remains communication and this is a focus of work with staff. The Executive Team remain closely sighted on complaints and there was scrutiny in place.
- 11.2 JO replied that she had waited for a while to make the comments articulated in this enquiry as change had been promised for some time. She would be staying close to this matter as would JC who had raised this issue before. JC commented that the new Integrated Performance Report no longer included the detail of complaints and he had raised this as a concern. He had been hoping for a meeting with the Associate Director of Governance to discuss this in December but it had been delayed so that JT and ML could also be included.

## **12 Nominations & Remuneration Committee Draft Minutes**

The minutes of the last meetings held on 5 November and 11 December 2020 were noted

## **13 Chief Executive's Update**

- 13.1 JS gave a further update since the CEO report was written on 6 January. JS explained the

impact the surge of Covid patients was having with the Trust at full occupancy and 43% of patients testing positively for Covid. As a result, the Trust had to make the difficult decision to postpone some cancer surgery that required an overnight stay as there were no beds available. JS reported that this week the cancer surgery ward and one of the paediatric wards had been converted to an adult ward. Cancer day cases (80%) of cases were continuing. There had also been a super-surge this week to increase CCU capacity in the region, with bed numbers increasing from 200 to 300.

- 13.2 JS advised that the Covid vaccination programme was going well and Trust staff were being supported by staff and volunteers from many other organisations..

- 13.3 JS presented the plans for the proposed redevelopment of the Leighton Hospital Site and the new Emergency Department extension works which had recently begun and would impact car parking in the current A&E car park. GL commented that the information about car parking needed to be well communicated to the public.

#### **14 Governors' Question and Answer Session (v)**

GL asked if the Trust was experiencing any issues with oxygen supply as had been reported in the media. JS advised that the levels were monitored daily and this was not an issue.

#### **15 Any Other Business**

There was no further business.

### **Council of Governors Meeting held in Private**

#### **16 Chief Executive's Briefing in Private**

There was no further business.

#### **17 Evaluation of Meeting Effectiveness**

- 17.1 GM commented that this had been an interesting meeting with good debate which had caused the meeting to overrun. All Governors had felt able to speak out and all views had been heard.

#### **18 Date and time of the next meeting**

The next meeting of the Council of Governors will take place on Thursday 8 April 2021 at 5.30pm via Microsoft Teams.