

Council of Governors (Part I)

29 April 2021 | 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 28 January 2021	10.03am	✓	Noting	E Adia
5.	Matters arising and action log update	10.10am	✓	Noting	E Adia
6.	Chairman and Chief Executive's opening remarks	10.20am	Verbal	Information	E Adia/ K Partington
7.	Update from Chair of each Subgroup	10.30am	Verbal	Information	P Akhtar/ J Miller
8. SAFETY AND QUALITY?					
8.1	Workforce and OD strategy update	10.40am	Pres	Information	L Graham
8.2	NMAHP strategy update	10.45am	✓	Noting	S Cullen
9. GOVERNANCE AND COMPLIANCE					
9.1	Draft Cycle of Business	11.00am	✓	Approval	K Swindley
9.2	Appointment of Nominations Committee	11.10am	✓	Approval	K Swindley
9.3	Appointment of Lead Governor	11.20am	✓	Approval	K Swindley
9.4	Quality Account - Feedback from Governors for inclusion	11.30am	✓	Discussion	C Morris/ S Emery
9.5	Governor requested item on agenda – Waiting lists and waiting lists recovery	11.40am	Verbal	Information	F Button
10. STRATEGY AND PERFORMANCE: HOLDING NON-EXECUTIVE DIRECTORS TO ACCOUNT					
10.1	Operational Plan	11.50pm	Verbal	Information	F Button

No	Item	Time	Encl.	Purpose	Presenter
10.2	New Hospitals Programme	12.00pm	Pres	Discussion	R Malin
10.3	Integrated Care System (ICS)/ Integrated Care Partnership (ICP) Update	12.10pm	Verbal	Information	K Partington
11. ITEMS FOR INFORMATION (taken as read)					
11.1	Governor activity opportunities summary		✓	Information	
11.2	Governor elections report		✓	Information	
11.3	Minutes of Council Subgroups: (a) Care and Safety Subgroup (4 December 2020 and 18 January 2021) (b) Membership Subgroup (20 July and 2 November 2020)		✓	Approval	
11.4	Date, time and venue of next meeting: 29 July 2021, 1pm on MS Teams	12.20pm	Verbal	Noting	E Adia
12. REVIEW OF MEETING PERFORMANCE					
12.1	Discussion on how the meeting in public has been conducted	12.20pm	Verbal	Discussion	all
13. RESOLUTION TO REMOVE PRESS AND PUBLIC					
13.1	Resolution to exclude members of the press and public	12.30pm	Verbal	Approval	E Adia

Council of Governors

Public Meeting

28 January 2021 | 1.00pm | Microsoft Teams

PRESENT	DESIGNATION	28/1/21	29/4/21	29/7/21	26/10/21	27/1/22
CHAIRMAN AND GOVERNORS						
Professor E Adia (Chair)	Chairman	P				
Dr Keith Ackers	Public Governor	A				
Pav Akhtar	Public Governor	P				
Takhsin Akhtar	Public Governor	A				
Rebecca Allcock	Staff Governor	A				
Peter Askew	Public Governor	P				
Alistair Bradley	Appointed Governor (Local Authority)	P				
Paul Brooks	Public Governor	P				
Anneen Carlisle	Staff Governor	P				
David Cook	Public Governor	P				
Dr Margaret France	Public Governor	P				
Hazel Hammond	Public Governor	A				
Steve Heywood	Public Governor	P				
Javed Iqbal	Appointed Governor (Local Authority)	A				
Susan Jones	Appointed Governor (Local Authority)	A				
Trudi Kay	Public Governor	A				
Lynne Lynch	Public Governor	A				
Janet Miller	Public Governor	P				
Shirley Murray	Appointed Governor (Volunteers)	P				
Jacinta Nwachukwu	Appointed Governor (Universities)	A				
Janet Oats	Public Governor	A				
Eddie Pope	Appointed Governor (Local Authority)	A				
Frank Robinson	Public Governor	P				
Anne Simpson	Public Governor	P				
Mike Simpson	Public Governor	A				
Alison Slater	Staff Governor	P				
Huw Twamley	Staff Governor	A				
David Watson	Public Governor	P				
IN ATTENDANCE						
Catherine Arrand-Green	Membership Manager	P				
Traci Berry	Head of Corporate Affairs	A				
Karen Brewin (<i>minutes</i>)	Committee Secretary	P				
Ailsa Brotherton	Director of Continuous Improvement	P				
Faith Button	Chief Operating Officer	NR				
Sarah Cullen	Director of Nursing, Midwifery & AHPs	P				
Stephen Dobson	Chief Information Officer	NR				
Gary Doherty	Director of Service Development	P				
Naomi Duggan	Director of Communications	P				
Professor P O'Neill	Non-Executive Director	P				
Karen Partington	Chief Executive	P				
Ann Pennell	Non-Executive Director	P				
Dave Pilsbury	Director of Governance	P				
Geoff Rossington	Non-Executive Director	NR				
Dianne Scambler	Deputy Company Secretary	A				
Dr Gerry Skales	Medical Director	NR				

Kate Smyth	Non-Executive Director	P				
Karen Swindley	Strategy, Workforce, Education Director	P				
Tim Watkinson	Non-Executive Director	P				
Jim Whitaker	Non-Executive Director	NR				
Tricia Whiteside	Non-Executive Director	P				
Jonathan Wood	Deputy Chief Executive/Finance Director	NR				
P – present A – apologies NR – not required Quorum: 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						

PRESENTERS IN ATTENDANCE	
Minute 9/21	Janet Cotton, Director of Midwifery and Neonatal Nursing
Minute 12/21	Christine Morris, Associate Director of Governance
Minute 14/21	Jason Pawluk, Delivery Director, NHS Transformation Unit
Minute 15/21	Sarah James, Programme Director for Central Lancashire ICP

1/21 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.

2/21 Apologies for absence

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

3/21 Declaration of interests

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

4/21 Minutes of the previous meeting

The minutes of the meeting held on 22 October 2020 were approved as a true and accurate record, subject to the following amendments:

64/20: Care and Safety Group update, page 3, fourth bullet point should read ‘The use of clear masks to support *hearing impaired* members of our community *who were reliant on lip reading*.’

68/20: Well Led Review – J Miller advised that there was a concern regarding this item which would be related under any other business later in the meeting.

73/20: Our Health Our Care (OHOC) update, page 8 – on a couple of occasions within the minute OHOC had been referred to as ‘campaign’ and this would be amended to ‘programme’.

The Chair noted that a couple of final items were missing from the agenda today, i.e. review of how the meeting in public had been conducted and any other business which would be included in future agendas.

Matters arising and action log

A copy of the action log had been circulated with the agenda and it was noted that a couple of actions had been delivered and marked completed. An update was provided on the remaining outstanding actions as follows:

5/20(ii): Discharge to Longridge Hospital – in respect of the query regarding patients not registered with a Longridge GP being unable to be discharged to Longridge Hospital, K Partington advised that it had been confirmed on a call earlier today with the Clinical Commissioning Groups (CCGs) and GPs that non-registered patients could be discharged to Longridge Hospital. The Chair of Greater Preston CCG confirmed that a range of patients had already been discharged to the hospital.

44/20: OHOC update – it was noted that information requested on the schematic of OHOC, the Integrated Care Partnership (ICP) and Integrated Care System (ICS) had been included in the meeting pack therefore it was agreed that this action would be closed.

In respect of the action to inform Governors of services currently provided on the Chorley site, J Miller confirmed that information had been received and it was agreed that this action would be closed.

52/20: Council structure review – it was noted that a task group would be convened to look at the Council structure and report back at the next meeting. J Miller welcomed confirmation that progress would be made as the action had been open for quite some time. S Heywood advised that the Head of Corporate Affairs had indicated this piece of work was on her radar and would be planned into the work schedule in the next couple of months. The Chair emphasised the importance of the review and the appropriateness of prioritising this work.

J Miller referred to the private Governor Workshop held on 5 November 2020 to discuss the Well Led Review which it was understood was a closed meeting although there was a meeting recording available on Microsoft Teams. It was agreed that the recording would be deleted following today's meeting.

Action:

- **C Arrand-Green to delete the Governor Workshop recording on 5 November 2020 following today's meeting.**

Chairman's and Chief Executive's opening remarks

The Chairman's announced that K Partington had confirmed her intention to retire at the end of December 2021 and expressed the Board's gratitude for the lengthy period of notice to enable planning for the recruitment process to ensure the widest possible interest in the role that was currently being worked through. The Chief Executive would be with the Trust for the next 12 months having given an impressive 40 years of service to the NHS that included 10 years as the Trust's Chief Executive. Formal thanks and acknowledgement would be provided at a later date.

The Chairman noted that the NHS as a whole and the Trust locally continued to experience significant pressures. There were particular challenges with nosocomial (hospital-acquired) infection rates and long stays in the Emergency Department. In response, the Board held a range of part II meetings over the last couple of months to better understand the challenges, extent of the pressures and to seek assurance in terms of the action plans which included enhanced oversight and monitoring arrangements. It was pleasing to confirm the situation had improved and the Chief Executive would provide additional information on the current position in her report. A presentation was also scheduled later on the agenda.

The Chairman referred to the growing imperative to work in collaboration and partnership across the system. The pandemic had shown that there were significant benefits in working together with local partners, such as local authorities, the CCGs and neighbouring Trusts. It was expected the collaborative approach would remain a significant priority moving into the recovery phase to deal with waiting list backlogs and S James from the ICP would be providing an update later in the meeting on the current work of the ICP and ICS.

The Chairman noted that education, training and research were distinctive areas of the Trust's work and ambitions and key to the Trust's identity. Professor Paul O'Neill, Chair of the Education, Training and Research Committee, would be providing a presentation later in the meeting on the impressive work being undertaken in those areas.

Finally, the Council was advised of the retirement of Alison Slater from her role within the Trust and, therefore, the end of her term of office as a Staff Governor at the end of March 2021. On behalf of all Governors, the Chairman thanked A Slater for her commitment and contribution to the Trust over a number of years.

K Partington provided an update on the vaccination programme, Covid-19 position and a range of projects being undertaken, noting the following points:

- *Vaccination programme (national)* – the Council was reminded of the significant amount of media interest in the three approved vaccines and confirmed the Trust was administering the Pfizer and Oxford Astra-Zeneca vaccines. There was a clear mandate from the government that the second dose should not be administered until 10 to 12 weeks following the first dose. There were 10 mass vaccination centres now open and most people would be invited for their first dose via their GP practice. There was a priority order in place, including over 80's; over 70's; people with underlying health conditions that placed them at higher risk; and people from a black, Asian and ethnic minority (BAME) background. However, GP practices could now hold reserve lists which included non-priority patients in the event of cancellations or non-attendance. The messaging on vaccinations was controlled centrally to minimise confusion and the situation was dynamic and continued to evolve. It was noted that a communication toolkit had been produced by the ICS which all partners would start rolling out from tomorrow. It was also noted that the CCGs, on behalf of the system, had already undertaken extensive communications with patients and GPs on the vaccinations programme.
- *Vaccination programme (local)* – the focus for the Trust in the early weeks was to vaccinate outpatients who were over 80; care home staff; people at high risk; and BAME colleagues. The primary care networks had now received the vaccinations and the Trust's focus was on vaccinating health and social care staff. Most Trust colleagues had received a link to book an appointment for their vaccination and work

was ongoing to ensure as many people of possible received the vaccine. A vaccination clinic had been introduced on the Chorley site offering the Oxford Astra-Zeneca vaccine. It was noted that the structure of the programme meant the Trust was not wasting any vaccinations due to the volume of people being vaccinated. As people needed to book their appointment in advance then if slots were not filled the clinic was stood down. It was pleasing to note the Trust had led the way in setting up the vaccination centres, was the first Trust in the North West to vaccinate a patient and the tremendous Trust-wide effort to support the programme was acknowledged. The Trust was working closely with the Chaplaincy Imams and other faith leaders to target messaging to BAME communities to ensure people had the correct information about the vaccine. To date, over 11,000 vaccine doses had been administered and close working with the local community had been exceptional during this period.

- *Covid-19 update* – the largest fall in daily cases since the onset of the pandemic was seen nationally yesterday. Whilst certain regions were seeing an overall decline, some localities were experiencing local peaks at different times. The numbers were increasing in the Trust which was linked with age range and the number of infection rates in the community impacting on the numbers of patients coming into the hospital. Due to the need to open additional care beds from Monday last week, some further electivity work and outpatient clinics had been stood down in order to redeploy staff to support critical care and other services. However, patients were being kept informed and plans to step-up activity were being kept under constant review. The Trust was doing everything possible to protect cancer pathways and the highest priority urgent elective activity. There was good system-wide working to reduce admissions; length of stay; and ensure people were discharged home more quickly and daily focus continued in these areas. There was also close working as a system to provide mutual aid within local Trusts. Patients had been moved around the region and beyond and the Trust had accepted patients from outside the region to ensure the needs of patients were met and work was provided as a single NHS. There was a sense of pride in how everyone was operating to ensure focus on the patient. Reference was made to concerns shared previously with the Council around working with partners, however, tribute was paid today on how the system had stepped up to work together to reduce admissions and get people out of hospital. The significant positive impacts being seen from the ICP were acknowledged which assisted the Trust as well as individual patients. The Manchester Nightingale facility was open and two members of staff had been deployed from the Trust to provide support. The Trust would aim to use the facility, where appropriate, and whilst the numbers may be small it was recognised that every available bed was important. As mentioned earlier by the Chairman, nosocomial rates were steadily reducing and there would continue to be vigilance around this issue during the coming weeks.
- *Chorley news* – the new Birth Centre was now open on the Chorley site providing a fantastic new facility for mothers-to-be and their families. The Trust now offered four locations in which women could give birth. A new mother became the first in the region to have hybrid closed loop insulin treatment at the Chorley Birth Centre through the diabetes pump service using new technology to treat the patient whose pregnancy was complicated by a combination of type 1 diabetes and rheumatoid arthritis. A new Ophthalmology unit was on track for completion to open in autumn this year and the facility was generating positive morale for staff. The Chorley Emergency Department continued to operate from 8.00am to 5.00pm which was receiving around 30 patients per day. It was noted the Trust continued to work towards a 12-hour opening when safe and the Urgent Care Centre continued to operate 24-hours per day. It was explained that the Chorley site had an important role during the pandemic with suitable patients being transferred from Preston which

helped to reduce congestion and improved the patient experience. A system of rapid testing had been introduced at Chorley which helped to further reduce the risk of infection to both staff and patients. Work had also been completed on changing and recreational facilities for staff on the Chorley site.

- *Other news* – the Da Vinci Xi robotic surgical system at Preston had now performed its 1,000th procedure in three years making the Trust one of the country's largest robotic centres. The Avondale Rehabilitation unit at Preston was performing well, providing intensive rehabilitation and therapy for patients, helping to improve outcomes and helping people to get home or to their next place of care as quickly as possible. Congratulations to the Safeguarding team who recently won the prestigious Health Service Journal '*NHS Safeguarding Initiative Award*'. There were now approximately 2,300 recruits to Covid-19 research studies since March 2020 and this was a fantastic achievement for the Research and Innovation team. Phase 4 of the Critical Care development at Preston was well underway and was set for completion towards to end of February 2021. Thanks to a generous donation by the son of a former patient, the Lancashire Hospitals' Charity had funded specialist lift wraps from the UK Sepsis Trust which informed patients, staff and visitors about spotting the signs of sepsis. Finally, congratulations to the Trust's Chest Physician and Interventional Pulmonologist, Dr Mohammed Munavvar, who had been appointed Chair of Interventional Pulmonology at the European Respiratory Society, a well-deserved prestigious award.

M France asked for confirmation on the news that vaccinations allocated to the North West would be diverted to the South of the country. K Swindley confirmed that this was the national position which had recently been confirmed. However, what was not clear was how the reduction in the vaccine would impact on the various organisations and vaccination sites administering the vaccine.

On behalf of the Blood Bikes team, P Brooks thanked the Trust for allowing the outriders to receive early vaccinations. Due to the Trust's reaction, other Trusts had taken the step to vaccinate over 400 members of the team. In response to a question from P Brooks regarding whether any vaccines had been diverted to other areas, K Swindley clarified that any vaccine diverts would be managed at the point of ordering therefore no vaccines received by the Trust had subsequently been diverted.

7/21 Update from Chair of each Subgroup

The Chairs of the 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 Akhtar*

Publication of the 'Trust Matters' magazine had moved from hard to online digital copy and whilst colleagues were aware that not everyone had online access the Group understood why publication of the hard copy version had been stood down. The Group also acknowledged and appreciated the work the Communications team had undertaken to help facilitate Governors' involvement in the publication. It was noted that copies of the magazine continued to be distributed by post to home addresses.

Reference was made to the 2020 Annual Members' Meeting which had been held online with reasonable attendance although members expressed a wish to return to face-to-face activities when safe to do so.

Discussion had also been held on diversity and inclusion particularly around older Foundation Trust members who were not always digitally engaged and consideration would be needed on how to engage and communicate with those members.

Discussions were held regarding some of the outstanding appointed Governor roles and it was noted an item had been included on the agenda for discussion later in today's meeting.

The Group discussed the upcoming Governor Elections and members were looking forward to supporting the process. Reflections were communicated from the new Governors who had a difficult year due to not being able to undertake normal Governor activities in terms of meeting one another and being involved in the buddy system. A good discussion was held regarding how support could be provided to colleagues especially during induction to ensure they got the best out of the Governor role.

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

It was pleasing to confirm there were now 22 CaSS members and the Group had been kept updated regarding issues relating to estates and patient experience with a recent presentation delivered by the Head of Patient Experience and PALS (S Iaconianni) regarding the Trust's complaints process. The Divisional Director of Estates and Facilities (D Hounslea) had provided assurance to the Governors that sufficient oxygen supplies were available with the capacity to flow the appropriate level of oxygen through the hospital pipes and infrastructure to meet patients' needs.

Three members had attended a two-day event to input into the Trust's dementia strategy and those Governors had committed to continue to support the important work on the strategy.

The lead on Patient Involvement (A Cookson) joined the last CaSS meeting to explain the developments being undertaken within the Trust. The multi-faith forum was going from strength to strength and two Governors were now attending the meetings. Governors continued to proof-read patient information leaflets and had been asked to support an audit in the future on patient information leaflets in departments, wards, outpatients and clinical areas: to date there had been 10 volunteers for this task.

Daniel Sisson from the Paediatric Dental team joined the January CaSS meeting to expand on the work of the team, explaining the extraordinary lengths the team went to for a young patient to ensure the patient felt confident to attend for treatment, illustrating real teamwork and excellent person-centred care. J Miller recommended the presentation as a potential story at a future Board of Directors' meeting.

Two members of the CaSS Group had been invited by K Smyth to join the Trust's Ethics Patient Reference Group which held its inaugural meeting on 20 January 2021.

Concerns had been raised that Governors had been informed that the Trust did not purchase from Amazon although it was now apparent that some wards/departments had compiled Amazon wish lists and it appeared that this practice was supported by the Trust's Charity. Concerns had also been expressed by Governors that a Trust fund set up a number of years' ago for the purpose of purchasing Christmas presents for inpatients at Chorley was no longer available.

Actions:

- **S Cullen to discuss with Daniel Sisson the potential for a patient story on the Paediatric Dental service at a future Board of Directors' meeting.**
- **S Cullen to follow-up on the points raised regarding purchases from Amazon using the Hospitals' charitable funds and the status of the fund to purchase Christmas presents for inpatients.**

8/21 Patient experience and involvement strategies update

A report had been circulated with the agenda providing an annual summary of feedback gathered on patient experience and involvement during 2019/20. S Cullen reminded the Council that some corporate reports had been delayed following the onset of the pandemic and delivered a comprehensive presentation of the contents.

S Heywood recognised the 2019/20 report was based on 2018 survey data and requested assurance that the actions taken were because the issues were already known to the Trust and not as a response to the data which was out of date. S Cullen confirmed the report related to the 2019/20 period and the survey data had been obtained from the national Picker surveys which could be undertaken every two years with some undertaken annually. It had been decided that instead of an annual complaints report, a more holistic experience report would be produced for 2019/20 and that was what had been presented. It was acknowledged that data was pulled together on a range of topics and different components although some of the data was older and a lot of the improvement work was well underway as described in the report.

J Miller drew attention to the final bullet point in section 4 (page 18) relating to access to the Patient Experience and PALS Team on the Chorley and South Ribble Hospital site. It was noted that the introduction of the team at Chorley had been welcomed although the facility had been closed and J Miller asked what was in place in the interim. S Cullen explained that the response to Covid had placed focus on how resources were effectively utilised and deployed. It was recognised that telephone contact was the predominant communication method therefore the office had been reassigned and contact with complainants continued through telephone calls and digital solutions. It was, however, expected that face-to-face contact would be reintroduced when safe and appropriate to do so.

J Miller highlighted the Youth Forum referred to in section 6 on page 19 noting there was an original ambition for young inpatients to become involved by attending the meetings although that had not occurred. S Cullen advised that the Youth Forum had met during the pandemic using the Microsoft Teams tool. For genuine reasons, the pandemic had slowed some of the activities which could not be restarted until some of the ongoing pressures abated.

J Miller referred to the Changing Places facility at Preston explaining that it was understood service users would be involved in the development. The Divisional Director of Estates and Facilities noted at the CaSS meeting that the government had provided stringent recommendations in respect of the facility which provided little opportunity for service users to provide input into the design. S Cullen understood the recommendations related to issues such as the size of the facility and type of equipment and, if that was the case, supported the view. However, work had been taking place

with a mother of a patient who shared intelligence about driveway up to the facility door as there could be difficulties for people manoeuvring a wheelchair. It was recognised that overall there would be mandatory requirements alongside issues, for example the external design, to be considered locally to ensure the needs of people and families using the facility were met.

J Miller noted the bullet point on page 14 relating to testing and commencement of implementation of patient-centred case notes (PCCN) within surgery and asked if the Trust was looking at easy read and versions in different languages. S Cullen confirmed that was the intention and an appointment had been made for someone to work alongside the leads for the PCCN initiative.

Resolution:

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

9/21 Ockenden Review update

S Cullen asked the Council to recognise the volume of work associated with the Ockenden agenda which carried a significant amount of risk for the Trust and had a profound impact on how people lived their lives following interaction with the services. The presentation to be delivered by J Cotton would provide an overview from Better Births, a national publication issued in 2016 giving a 5-year forward view, focused on personalised and woman-centred care. There was a significant amount of evidence to support that women who felt comfortable with their midwife were more likely to be honest and tell them if they were suffering from abuse, or if their babies had not moved. As part of Better Births, it was recognised that a complex agenda was developing around childbirth and local communities especially, but not limited to, those deprived communities that had poorer outcomes than others. The influence of mental health and the causes of maternal death associated with mental health were causing concern nationally and that was woven through all things maternity, seeing the woman as a whole person alongside the family. There was a requirement to ensure doctors, midwives, GPs and other health and social care practitioners worked together across the whole system looking after the whole family and the woman. It was noted the payment system for maternity needed to reflect the complexity that was coming through the national numbers. In response to a number of sad national enquiries, for example Kirkup at Morecambe Bay, incidents at the Countess of Chester Hospital and, more recently, the Shrewsbury and Telford investigation, Ockenden was commissioned to provide an overview of the experiences of families at that Trust. Unfortunately, what Ockenden found was a mirror of what had been found previously by the Kirkup enquiry and, as a result, the National Maternity Transformation Programme was established.

J Cotton presented the initial findings of Ockenden noting why it was important and relevant to the Trust. It was noted Ockenden came from a point of families raising concerns within a Trust, starting with 23 families who had concerns. When the cases and issues were investigated within Shrewsbury and Telford the number increased to 1,862 cases.

The first review of themes was published in December 2020 aggregated from the first 250 cases. Evidence showed the importance of multidisciplinary team working and training together; the importance of assessment of risk and appropriate management of complexity; and for teams to always feel able to appropriately escalate concerns and not

focus solely on key performance indicators. In addition, the Ockenden review found that the subject Trust was performing well and had a low caesarean rate, however, the culture and concerns in that Trust were overlooked as there was concentration on key performance indicators instead of a holistic view. The Ockenden report highlighted and resonated with most staff because of the lack of compassion shown in the care provided, with particular regard to bereavement care and the number of maternal deaths that occurred over the 19-year period. There were 13 maternal deaths between 2000 and 2019 which was significantly elevated although was never raised as a concern. There were additional findings within the Ockenden review with overarching themes relating were substandard care; lack of compassion; focus on task-related procedures and not the holistic view or working as a team or placing the woman and family at the centre of everything that should have happened in the provision of care. The Ockenden findings did replicate the findings in the Kirkup enquiry which had made the national team question whether the response was adequate to the Kirkup recommendations. J Cotton welcomed the additional rigour Ockenden would bring to the Trust and the maternity service in particular which would provide oversight at Trust, regional and national level, with maternity services in all organisations being subject to scrutiny and transparency. There would need to be a willingness to share learning and outcomes on incidents which would help to prevent a further adverse report in the future.

S Cullen felt it was important to note that as part of early findings from Ockenden, there were seven immediate and urgent actions required which would be discussed at the February Board of Directors' meeting, although there would be more recommendations in due course. It was noted the Trust would be declaring partial compliance with each of the urgent and immediate actions. The reason why full compliance was not possible was due to the level of scrutiny in relation to the evidence to support compliance statements. For example, where a job plan was available to evidence a Consultant may be undertaking two ward rounds per day on the labour ward, an independent audit would be required as evidence to demonstrate that this was happening or the Trust would be unable to declare full compliance. It was noted that this was a significant step change in the approach to providing evidence of compliance. However, Ockenden allowed for focus on the important component of leadership within the midwifery service and S Cullen confirmed that J Cotton frequently attended Board meetings to ensure understanding and clarity on the maternity agenda. J Cotton held the position of Director of Midwifery, reporting through S Cullen, and it was important that the Board and Council received the update report from the midwifery lead.

It was noted there were several recommendations from the Royal College of Midwifery on leadership around midwifery, including the requirement to ensure there were enough senior midwives with specialist skills; there was a protected fund from the Clinical Negligence Scheme for Trusts (CNST) to ensure midwifery services had access to training monies when required; a development programme for leadership recognising the importance of this; investment and participation in education and research and there were some public health activities the midwife with a lead for research had undertaken in relation to smoking and baby loss; and an increase in the number of consultant midwives. On the final point, it was noted that the Trust had invested well in maternity services over recent years. J Cotton had a well-structured team, met each of the components of the standards outlined, and the Consultant Midwife (Emma Ashton) held a prominent position within the service which demonstrated the Trust's progressive attitude towards maternity services.

J Cotton confirmed that the maternity team would respond to Ockenden however directed the Council to a range of positive achievements over the last 12 months, i.e.:

- CQC 'Good' rating and the team was aiming for 'Outstanding' at the next inspection
- Top 10 maternity services nationally as evidenced in the Picker survey
- STAR Gold Award in two areas (Maternity Ward B and Preston Birth Centre)
- Four places of birth for mothers-to-be now that the Chorley Birth Centre had opened
- Higher than average home birth rates
- Continuity of Carer targets achieved
- Involvement in the Maternity Voices Partnership
- National recognition of theatre as a birth room and delivery suite environment
- Maternity research (smoking and baby loss)
- Introduction of maternity support worker role
- Management of complex women and high care on the delivery suite
- Monthly maternity safety forums with maternity and neonatal care
- Maternity Champions in place at Board including the Nursing, Midwifery and AHPs Director, Non-Executive Director, alongside Head of Midwifery, Consultant Obstetricians and Neonatologist improvement facilitators
- Freedom to Speak Up leads identified in maternity and neonatal services
- Ongoing implementation of the ICS maternity digital system

J Cotton expressed appreciation for the support provided by A Pennell and other Maternity Safety Champions who provided check and challenge to the professional team. It was noted that the team was constantly evolving, incorporating continuous improvement into the service and building a team ethos to achieve an 'Outstanding' rating at the next CQC inspection.

Finally, J Cotton outlined the priorities that would inform the Big Plan for next year:

- Continuity of Carer: focus on BAME community and areas of deprivation (target 51% by March 2022)
- CNST safety actions: risk-based approach, digital solution, involvement and perinatal mortality review tool
- Ockenden: transparent Board-level oversight and leadership although it was recognised the review report identified early findings and additional recommendations would emerge
- CQC inspection: aspire to 'Outstanding' rating and improve the experience of families

L Lynch asked whether the monthly maternity safety forums involved a broad range of professionals, such as consultants, anaesthetists, middle grade doctors and midwives and whether, at those meetings, discussion was held on morbidity, mortality and individual case reviews as such intelligence could be a helpful teaching aid. J Cotton confirmed that there was good representation at the monthly maternity safety forums from all areas of the service, from support workers up to Clinical Director level and provided the opportunity for those involved to highlight safety issues although individual cases were not necessarily discussed. Reporting back to the team was through a 'You Said, We Did' approach which was displayed on the ward board in clinical areas. S Cullen also referred to Schwarts rounds – the point of care methodology of sharing what an experience felt like. In addition, the critical care delivery group had led some focused work around high care maternity patients which had led to the outreach team routinely

covering maternity services, which they had not done in the past. J Cotton added that learning on higher level incidents was shared within the service along with specific cases when appropriate.

J Miller referred to enhanced safety and reference to neighbouring Trusts working together and asked if the Trust was involved with that work and clarification on which organisations were classed as local Trusts. J Cotton explained that, historically, there had been an informal reciprocal arrangement between Lancashire and South Cumbria Trusts on attendance at high level incident meetings through a goodwill arrangement to review cases of concern. However, Ockenden funding was being sought for an additional programmed activity within the Obstetrician' job plan to ensure a formal arrangement was introduced which would be mandated. Guidance was awaited on how this arrangement could be introduced as there was a requirement for formalisation at a regional level, which was being progressed.

H Twamley commended the excellent work that had been undertaken by the maternity services to date and the robust structures in place. In respect of learning, it was explained that other organisations had processes in place although there had been criticism that there was no evidence of learning being tracked. H Twamley felt that a number of departments in the Trust could learn from the systems and processes introduced which were multidisciplinary and focused on improvements not just process. Therefore, shared learning from the maternity service would be beneficial to the wider Trust. S Cullen welcomed the feedback and confirmed that the presentation would in future reflect the points made. Expanding on the comments from H Twamley, K Partington suggested learning could be promoted and shared through the Always Safety First programme and S Cullen agreed to arrange this.

Resolution and action:

- **The Council received the detailed presentation and noted the contents.**
- **S Cullen to include promotion and shared learning from maternity services through the Always Safety First programme.**

10/21 Lead Governor appointment

A report had been circulated with the agenda detailing the process for appointment to the Lead Governor role as the incumbent's term of office expired on the 31 March 2021. D Pilsbury explained that the process for appointment was described in section 2 and asked the Council to approve the Lead Governor appointment timeline as detailed in section 3 of the report. In response to a request for clarification that those interested in applying for the Lead Governor role should email their expression of interest by 31 March 2021, D Pilsbury confirmed that was the case and a more formal application would be required at a later date.

Several Governors challenged the timescale for expressions of interest, in the main relating to the current Governor Election process which did not close until 31 March 2021, meaning those Governors who were up for re-election would be excluded from applying for the role. A number of Governors noted the process for appointing the Lead Governor had historically taken place in April. Some Governors mentioned that the Council's cycle of business had also changed dramatically during the past couple of years and consideration would be needed regarding the timing of meetings to align with such decisions required of the Council of Governors.

In summarising the discussion, D Pilsbury acknowledged that the Council members were comfortable with the procedure for appointment of a Lead Governor however the timeline would be adjusted to ensure all Governors had the opportunity to express an interest in the Lead Governor role. In response to a comment from H Twamley regarding the proposed amended timings and whether there would be a gap where no Lead Governor would be in place, the Chair confirmed that arrangements would be put in place to ensure there was Lead Governor cover until the formal appointment process has been completed.

Resolution and action:

- **The Council received the report and approved the process for appointment of a Lead Governor.**
- **T Berry to review the Lead Governor appointment timetable described in section 3 to ensure timings aligned with the current Governor Elections to afford all Governors the opportunity to apply for the Lead Governor role.**

11/21 Governors' Election and Induction 2021

A report had been circulated with the agenda updating the Council on the 2021 Governor Election process and provided advice on the Governor induction programme. S Heywood thanked members of the Corporate Affairs team for supporting the 2021 Election process.

Resolution:

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

12/21 Quality Account 2020/21 external assurances indicators

A report had been circulated with the agenda updating the Council and seeking approval on the optional external assurance indicator for the Trust's Quality Account for 2020-21. C Morris opened by apologising for the error in the report title and confirmed this should state 2020-21 (not 2019-20).

C Morris explained that the Council was being asked to adopt the 'reduction in the total number of delayed bed days for all medically fit and discharged patients' as the optional assurance indicator for quality which would measure a reduction in long delays in discharge. It was explained that the indicator would provide good evidence of planning for discharge much earlier in the process which had the associated impact of reducing delays for those patients. The importance of the indicator was based on information from a systematic review that looked at the impact delays had on patients. The review evidenced that of the number of patients delayed, 12.1% had the potential to develop at least one medical complication as a result of prolonging their hospital stay. Patients were also more likely to suffer from depression and 58% picked up a nosocomial infection. A further study showed that 10% muscle loss had been recorded on patients delayed more than seven days who were medically fit for discharge. The cost and associated costs of delayed discharges included acquired infection costs, cancelled interventions and staff morale could also be negatively impacted. It was noted the Trust attempted to keep occupancy levels as low as possible to accommodate the predicted third wave of the pandemic therefore the indicator was felt to be a priority.

In summary, the Council was being asked to support the proposed indicator as it would support the metrics to reduce the potential for increased harm to patients; improve patient and family experience; improve the associated staff experience; and remove the cost impacts associated with delayed discharged.

M France expressed strong support for the proposal pointing out that one of the difficulties in the current climate related to discharging Covid-positive patients into care home settings. From the Health and Wellbeing Board, M France understood there were only a small number of care home places available for such patients across the whole of central Lancashire.

K Partington commended the presentation which had captured some really important points. In relation to the comments made by M France, it was confirmed that a large number of non-Covid-positive patients were occupying hospital beds therefore the issue related to discharging patients to the most appropriate setting, including the patient's home. Daily calls were held with system partners and this would continue for the foreseeable future to focus on attempting to get patients home for the reasons identified in the presentation. K Partington emphasised that the elements of the indicator were important for monitoring purposes as the actions were the right thing to do for patients.

C Morris referred to the Home for Christmas campaign which had been introduced during the peak of the second wave of the pandemic and significant improvements in discharge had been seen showing that, despite the pressures, patient discharges were achievable and it would be important to evidence that an indicator had been chosen for the Quality Account that was possible to achieve.

F Robinson asked, as a key performance indicator, whether this was a relevant and valid measure of the Trust as much of the work was undertaken in partnership. K Partington explained that there was more work that needed to be completed internally by the Trust and a number of parallel work streams were in place to look at how patients were sent home. Another work stream related to looking at patients waiting for discharge over seven and 14 days and identifying the interventions that needed to be in place to send home those patients therefore it was felt that the measure was relevant and valid. H Twamley supported the comments noting there were further actions that could be taken in the hospital as part of ward and bed rounds to assist people to get home. It was also noted there was a risk due to Covid infection for patients in hospital in the middle of a pandemic.

C Morris confirmed that the metric would continue to be measured by the operational team. The suggestion was for the measure to be dropped into the Quality Account to share with the public the good work the Trust had completed in relation to the indicator.

Resolution:

- **The Council received the report, noted the contents and approved the optional indicator presented unless the indicator was superseded by a mandated option from NHS England/Improvement.**

Professor Paul O'Neill thanked the Council for the opportunity to share the work of the Education, Training and Research Committee and shared a slide presentation on screen. It was noted that the Trust was a centre of excellence in terms of education, training and research which was one of the Trust's three strategic objectives. During the presentation the following key topics were covered:

- *Purpose of the Committee* – to provide strategic direction and assurance to the Board in relation to all education, training, research and innovation activity; and to consider national and local priorities that guide activities in relation to education, training, research and development.
- *Value of education and training to the Trust* – to deliver essential training, education and training for all clinical and non-clinical staff; to deliver pre-nursing, nursing and medical student training for the future; and to offer training to healthcare staff locally, regionally, nationally and internationally.
- *Value of research and innovation to the Trust* – to offer opportunities for staff, patients and the public to participate in clinical research; to create new and improved patient treatments through research, clinical trials and experimental medicine; and to support innovation to develop new or improved health products and technologies.
- *Corporate governance* – the Committee meets six times per year and the composition of the membership was described. Three Non-Executive Directors (Professor Paul O'Neill who chaired the meetings; Professor Ebrahim Adia; and Kate Smyth); Trust Executive Directors including the Chief Executive and Strategy, Workforce and Education Director; senior leads for education, training and research.
- *Education and training pressures and challenges during the pandemic* – there had been a range of impacts of the pandemic on top of maintaining essential training, including training and supporting a significant number of staff in clinical mask fitting; personal protective equipment training; proning and intubation training; an upskilling programme for staff; increased delivery of training to nursing and medical students and healthcare assistant training; evening and weekend resuscitation refresher training; weekly Covid simulations and drills for staff to respond quickly and safely; and training to support the vaccination programme.
- *Research and innovation pressures and challenges during the pandemic* – the main challenge related to stopping or slowing the main portfolio of studies to support the pandemic and staff were redeployed to vaccine duties, the intensive therapy unit and swabbing service. However, this had enabled significant success in the fight against the pandemic with a large range of Covid-19 studies.
- *Major achievements in education and training* – there were a range of ongoing education and training modules including the launch for pre-nursing programmes; the Trust was the lead organisation on development of a new nurse degree programme for Lancashire and South Cumbria Trusts; the Trust became an accredited apprenticeship training provider; a new international nursing programme was launched; the Trust was the lead regional provider of the NHS Return to Work programme; an international medical intern programme was launched in partnership with Manchester Medical School; the LIFE (Learning Inspiration Future Employment) Centre was awarded Gold in the Innovation in Learning Awards for the positive impact through the LIFE Centre in educating young people for NHS careers; and education and training was awarded Excellence Centre Status by Skills for Health.
- *Major achievements in research and innovation* – some of the achievements included the appointment of three NIHR Clinical Research Network leads; three substantive professional posts; seven honorary professional posts; the first 'First in

Human' study including the global first recruit to trial; successful recruitment of 2,300 to Covid-19 studies; and publication of the innovation pathway and intellectual property policy. It was noted that the list was by no means exhaustive and further achievements were identified within the presentation.

- *Strategic aims for research and innovation* – an overview was provided of the strategic aims including to continuously build capability and capacity; forge better links to local and partner higher education institutions and increase clinical academic appointments at all levels; to increase the presence and profile of research and innovation; enhance research quality and infrastructure; develop a commercial and innovation strategy; and complement and service Trust plans for improvement, both continuous and service improvement.

Resolution:

- **The Council received and noted the contents of the comprehensive presentation.**

14/21 Our Health Our Care (OHOC) programme update

A detailed presentation had been circulated with the agenda providing an update to the Council on the OHOC programme and J Pawluk joined the meeting and presented the contents.

M France welcomed the presentation however raised a number of issues (a) concerns regarding leafleting during the pandemic; (b) the need to clearly communicate the limitations of the Chorley Emergency Department to ensure the public was aware of the services on that hospital site; and (c) clarification on how many people were being disadvantaged compared to when the Chorley Emergency Department was closed. J Pawluk confirmed that the consultation document included responses to the points raised and was clear on which services were available on the Chorley and South Ribble Hospital site. In respect of accessible leaflets during the pandemic, a flexible approach was being taken on what the position might look like by the end of the consultation.

The Chair thanked J Pawluk for a helpful update and a commitment was provided to update the Council with anything requiring their attention on the OHOC programme.

Resolution:

- **The Council received the presentation and noted the contents.**

15/21 ICP and ICS update

A presentation had been circulated with the agenda providing an update on the ICP and ICS and S James joined the meeting to present the contents noting the outcomes of working together as partners to respond to the pressures of the pandemic. The presentation included a range of information including an outline of work being undertaken in the background to develop integrated processes and functions to enable partners to achieve closer working and ICP development within the wider ICS.

Mr S Heywood referred to governance and accountability and asked whether there was a role for Non-Executive Directors and/or Governors within the framework. S James explained the partnership was a group of people working collaboratively and there was

no statutory function at the moment therefore each organisation remained accountable. Discussions had been held regarding introducing committees into the structure and ideas were being explored. It was noted the ICP Board met on a monthly basis and was led by an Independent Chair. K Partington added that work was currently being undertaken on some national consultation, part of which was around changes to CCGs to create a strategic CCG and looking at how ICPs would operate in the future. There were a number of options available, one of which was that the ICS would become a statutory body similar to the historic Strategy Health Authority and there may be individuals from the statutory body sitting within the ICPs. As soon as the position was clarified a presentation would be made to Governors showing how the framework connected through a golden thread between what would happen from an ICS perspective and how and where it would happen at an ICP level. S James had been very clear that the Trust still had a statutory responsibility to deliver against its mandate. Within the next 12-18 months it was expected the position would be clearer in terms of how the framework would be delivered in the future although at the moment there was a need to complete the national consultation.

M France suggested that some areas seemed to have better access to services when compared to other areas and, for the Chorley, Preston and South Ribble society, issues such as deprivation, ethnicity, housing and unemployment would be important. It was hoped that such sources of information would be used to inform and target interventions across the ICP. K Swindley acknowledged the valid points and confirmed the themes were included in the ICP People Plan. S James advised that as part of the ICP priorities for next year the team was looking at health and equality and the wide range of issues that affect health and wellbeing and the plan would be built on that basis. There was also a dedicated Determinants of Health Group in place specifically looking at the needs of different communities.

T Watkinson referred to the earlier points regarding governance arrangements noting it would be important to have robust decision-making governance in place. It was noted that a piece of work was being planned across the ICS through Mersey Internal Audit Agency (the Trust's internal auditors) to look at such processes which should provide assurance for Governors in the future.

Resolution:

- **The Council received the presentation and noted the contents.**

16/21 Big Plan update

A report had been circulated with the agenda outlining the revised set of metrics in the Big Plan for the next three years and K Swindley provided an overview for information. It was noted a number of Governors had participated in the September workshop looking at the vision, values, metrics, whether they remained relevant and how they impacted on a refresh of the Big Plan. Since the September workshop a separate Board workshop had been held and the views of Governors had been taken into account. Work had also been undertaken with Committees of the Board to develop a revised set of Big Plan metrics. It was important to recognise that a substantial number of the metrics were nationally determined and organisations were working in a situation where the world now looked very different. Therefore, there may be a requirement to change the metrics at a future date as the financial regime would change and the national Covid targets may be impacted.

The version presented to the Council was the most up-to-date position and work would be undertaken with the divisions to develop their business plans upon which the Trust would be basing its planning framework and transformation programmes. It was noted that the launch event for the Big Plan would be held towards the end of March or beginning of April and Governors would be invited to attend when arrangements were in place.

Resolution:

- **The Council received the refreshed Big Plan and noted the contents.**

17/21 Items for information

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

- (i) Governor opportunities summary report. J Miller drew attention to page 2 and the final sentence in the first paragraph which mentioned the Company Secretary and asked for clarification on who held that role at the present time. K Partington clarified that the role of the Head of Corporate Affairs encompassed the duties of the Company Secretary and the post was held by T Berry.
- (ii) Minutes of the Council Subgroup meetings:
 - (a) Care and Safety Subgroup – 11 September, 23 October and 4 December
 - (b) Chairs, Deputy Chairs and Lead Governor Group – 29 September

18/21 Any other business

J Miller referred to the earlier comment regarding the Governor Workshop with MIAA held on 5 November 2020 to discuss the Well Led Review. It was noted that in previous years the Council would meet with MIAA following the workshop and all members of the Board and other staff in attendance would withdraw to allow the Council to hold a confidential discussion with MIAA representatives. As mentioned earlier, on 5 November that did not happen and it was surprising to find members of the Corporate Affairs team were present for the discussion.

K Partington apologised that non-Governors had been present in the confidential discussion and, as mentioned by the Chair, arrangements would be made to ensure this did not happen in future. In respect of the recording of the workshop and as confirmed earlier in the meeting, this would only be used for the purposes of transcribing the minutes and would then be deleted so it was not available for other people to listen to. It was acknowledged there may be sensitivities and the meeting recording for 5 November workshop would be deleted, as agreed earlier in the meeting, following completion of the minutes.

In response to a question from the Chair regarding whether the Governors were aware the workshop was being recorded at the time, J Miller confirmed that no notification had been given prior to the recording being activated and it was only part way through the confidential meeting that there was an awareness that non-Governors were still in the meeting.

19/21 Date, time and venue of next meeting

The next meeting of the Council of Governors will be held on Thursday, 29 April 2021 at 10.00am using Microsoft Teams.

20/21 Resolution to exclude press and public

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