

**Minutes of the Blackpool Teaching Hospitals NHS Foundation Trust  
Council of Governors' Meeting held on Monday 11<sup>th</sup> February 2013  
at 9.30am in the Board Room, Blackpool Stadium**

Present:- Mr Ian Johnson – Chairman

Council of Governors

Public Governors:-

Mr Eric Allcock, Blackpool Constituency  
Mr Peter Askew, Wyre Constituency  
Mr John Bamford, Wyre Constituency  
Mr John Butler, Blackpool Constituency  
Mr Clifford Chivers, Blackpool Constituency  
Mr Ramesh Gandhi, Wyre Constituency  
Mrs Hannah Harte, Blackpool Constituency  
Mr George Holden, Blackpool Constituency  
Mr Chris Smith, Blackpool Constituency  
Mrs Lynden Walthew, Wyre Constituency  
Mrs Anne Smith, Fylde Constituency

Staff Governors:-

Miss Tina Daniels, Non-Clinical Support  
Mr Andrew Goacher, Nursing and Midwifery  
Dr Tom Kane, Medical and Dental  
Mrs Cherith Haythornthwaite, Clinical Support

Appointed Governors:-

Mr James Morrison-Eaves, Blackpool Youth Council  
Mrs Susan Rigg, Lancashire Care NHS Foundation Trust  
Mrs Jean Taylor, University of Central Lancashire  
Mr Paul Rigby, Lancashire County Council  
Mr Mike Bullock, Council of Voluntary Services

In Attendance:- Mr Tim Welch, Acting Chief Executive  
Mrs Wendy Swift, Managing Director of Community Development/  
Transformation  
Mr Feroz Patel, Acting Director of Finance  
Mrs Pat Oliver, Director of Operations  
Dr Mark O'Donnell, Medical Director  
Mrs Marie Thompson, Director of Nursing  
Mrs Mary Aubrey, Deputy Director of Corporate Affairs and Governance  
Ms Rebecca Bridge, Senior PA, Business Admin Manager  
Mrs Jacinta Gaynor, Membership and Governance Officer  
Mr Gary Doherty, Future Chief Executive  
Ms Dawn Hodgkins, North West Region Assessor, Care Quality Commission  
(Item 1)  
Ms Fiona Jones, Patient Experience Officer (Item 2)  
Ms Sarah Hine, Staff Nurse (Item 2)  
Mr Tony Shaw, Non-Executive Director

The Chairman welcomed members to the meeting and requested that Dr O'Donnell update members on the Francis Report and discuss the implications for the Trust and answer any questions.

1.

The Role of the Care Quality Commission and the Link with Governors

Ms Hodgkins, North West Region Assessor, was welcomed to the meeting. She had been invited to provide an update on the role of the Care Quality Commission and our working in partnership. She gave a presentation on the services that the CQC monitors and how they carry out checks. Ms Hodgkins explained what Trusts should expect from the Care Quality Commission and gave an update about the national projects currently ongoing and how they work alongside the Council of Governors.

Ms Hodgkins highlighted the importance of communication and the use of the Tools of Regulation which include listening, analysing and inspecting services. She confirmed that inspections take place in care homes, domiciliary care agencies and hospitals at least once a year and are targeted and almost always unannounced. They are focused on areas of non-compliance with the government standards. Ms Hodgkins explained that site visits include talking to people who use the service, including their families and carers as well as talking to staff.

She reiterated the vital role that Governors play in ensuring that the Trust meets the regulations and continually aim to improve care. It was acknowledged that sharing information with the Care Quality Commission was welcomed and the Trust should continue to work together to maintain services for local people.

**RESOLVED: Miss Oates would distribute a copy of the presentation with the notes which included links to further information for Governors to work with the Care Quality Commission.**

Mr Bamford acknowledged that Blackpool are focused on compliance with regulations and improving care for our patients but questioned how the CQC assess the values of an organisation? Ms Hodgkins gave an explanation of the inspection process and how this would be collated and reported back to the Trust Board.

The Governors asked how the CQC would assess standards of care in the community when this can sometimes be undertaken in a person's home? Ms Hodgkins explained that within domiciliary care audits this is assessed via individual interviews and also observation of care in people's homes.

Cllr Gandhi asked how the CQC would assess the Trust following the Francis Report? Ms Hodgkins confirmed that the work on mortality was being led by Sir Bruce Keogh and they would be guided by the actions put in place.

Mrs Smith welcomed the organisation of Governor visits to the wards, particularly in visiting times in order to speak to both patients and their relatives to gauge views.

2.

Youth Forum

The Chairman welcomed Fiona Jones, Patient Experience Officer, and Sarah Hine, Staff Nurse to the meeting.

They gave a presentation around the key objectives of the Youth Forum to empower and engage young patients to be involved in the delivery of their care. They focussed on patient involvement and encouraged feedback on the wards. Ms Hine gave an update on 'Victoria's Voice' and explained that this will involve patients outside of forum meetings and allow participation from patients with long term conditions. They are keen to forge strong links with the Governors to work together to improve children's care.

Cllr Gandhi asked about membership and how to link in to other Youth Forums? Ms Hine explained that the Young People's Forum was set up for children who have used the services and can provide input.

Mr Askew asked whether it would be beneficial to designate an Executive sponsor on the group to keep greater focus for the group. This was felt to be a good way forward.

**RESOLVED: The Chairman would discuss with Board members to nominate an Executive Sponsor.**

Mrs Smith invited the Forum to actively contribute to the informal Governors meeting and they were keen to pursue this.

John Bamford would share contacts with the Forum members in order that they could raise their profile and gain support.

**RESOLVED: Mrs Smith would liaise with the Youth Forum regarding dates and times of informal Governors meetings.**

**Mr Bamford would also share contact information with the Youth Forum in order to raise their profile.**

Mrs Daniels asked whether a member from the Youth Forum would be interested in sitting on the Equality and Human Rights Steering Group. Mr Morrison-Eaves had already expressed interest in being involved in this and would discuss with Tina Daniels after the meeting.

**RESOLVED: Mrs Daniels and Mr Morrison-Eaves would meet outside the meeting to discuss Youth Forum involvement on the Equality and Human Rights Steering Group.**

3. Francis Report and Mortality Update

Dr O'Donnell gave an update to the Governors to provide assurance on the work currently being undertaken by the Trust in relation to this. He reiterated that high standardised mortality is not an indicator of poor care and asked Governors when speaking to the community to highlight this.

Dr O'Donnell addressed the issue of mortality and confirmed that for several years the Trust have known they had high standardised mortality. (This means that the number of observed deaths is greater than the number we would expect to have). In order to measure this the Trust has three reporting mechanisms:- SHIMI, HSMR and RAMI. He explained that a report was commissioned by AQuA (Advancing Quality Alliance) to look at mortality and patient care. AQuA had since confirmed that the quality of care given was of a high standard, and whilst they recognised we have high mortality they were working with us to produce an action plan. Dr O'Donnell confirmed that the Trust continually work through the action plan to address specific areas and are making progress against the outcomes.

Dr O'Donnell confirmed that the Trust have a monthly Mortality Board as well as weekly meetings. The Trust has appointed an Associate Director of Informatics (Mr Steven Bloor), as well as a Mortality Lead, (Dr Richard Morgan). Regular meetings also take place with senior clinicians who are mortality leads in their own departments and are therefore critically addressing mortality within the Trust.

Dr O'Donnell confirmed that he met weekly with Mr Bloor and Dr Morgan to work through the action plan. He explained that weekly reports on deaths in the hospital are critiqued and that lead clinicians in various areas are invited to meet with him to look at how to address apparent concerns.

Dr O'Donnell explained that part of the difficulty has been around coding of activity. He explained that SHIMI has reported the Trust running at around 125 however the Trust are currently working at 102; and a lot of work is ongoing and will only be reported 12 months down the line due to the way information is reported.

He confirmed that Blackpool has the worst life expectancy for men and is third worst for women and is in the bottom fifth in the country failing to die in usual place of residence. A lot of residents live in areas of high deprivation and reiterated that mortality is complex and all these issues need to be factored in to discussions. Dr O'Donnell noted that he, the Chairman and Chief Executive had visited Monitor to speak to them about mortality and update them on the work being progressed.

It was noted that quality was one of the concerns at Stafford and Dr O'Donnell explained that the Governors, NEDs and Executives at Stafford had not been aware of the problems. He confirmed that this was not the case in Blackpool and reported that the Non-Executive Directors visit departments regularly and there are weekly Executive visits and Governor walkabouts. Mrs Thompson and Dr O'Donnell regularly undertake unannounced walkabouts to speak to staff, patients and visitors. Dr O'Donnell explained how he uses his own "me test" which means that if the treatment and care is not good enough for him then it isn't good enough for our patients. He stressed that this needs to be instilled throughout the organisation.

Dr O'Donnell explained that the Trust are currently working on Quality Improvement Faculty and the concept of this group when set up is to look at mortality, CQC, clinical incidents, SUIs, complaints and pull them together to assess if there are any common themes and focus on these areas and drive up quality of care.

Mrs Smith welcomed Sir Bruce Keogh's review of Blackpool and was confident that the Trust has been working on improvement for a long time. She was keen for good communication in order that both staff and patients know that staff are doing their best to ensure high quality patient care. Mrs Harte also reiterated Anne Smith's comments.

The Governors asked for reassurance around communication and Dr O'Donnell and Mrs Thompson confirmed that they had been visible and approachable on wards and departments and held a number of staff briefings and discussed with Matrons and Clinicians to communicate information to staff in order to maintain morale.

Mr Shaw asked what key points the Trust want Governors to pass on through their own individual communication channels. Dr O'Donnell asked that if asked Governors explain that high standardised mortality does not equate to poor patient care and that whilst there is a high standardised mortality within the Trust there are many reasons why this is the case and the Trust are looking to address them. The Trust continues to do very well in the quality of its care, in particular MRSA, c-diff etc.

Mrs Thompson reiterated Dr O'Donnell's comments. She noted that there were ongoing questions around nurse staffing and confirmed that the Trust are involved in a lot of work to ensure the correct ratio of nursing. Mrs Thompson explained that there continues to be a challenge to attract staff to work in the Trust and the geographical location of the Trust often makes it difficult to maintain staff. She confirmed that Unscheduled Care is an area where further investments are being made (52 new posts by end of Spring). Band 7 nurses and Ward Managers continue to be supervisory to govern standards of care on the ward.

Mr Bamford confirmed that the standard of care is high and excellent generally and this needs to spread throughout the whole organisation. This is a major challenge for the organisation and quality improvement is key to success.

Mr Welch reported that the organisation is unique in that transparency around mortality is on the website. He welcomed Sir Bruce Keogh et al to the organisation so we can continue to improve. He reassured members that the Executive team will act on any findings and make changes to ensure best care for our patients. He believed that there will be up to 20 other Trusts added to the "Five" and confirmed that as soon as the review is available he would circulate this information so that all know how we will move forward.

**RESOLVED: Mr Welch would continue to update Governors on the Sir Bruce Keogh review as information was received.**

4. Declarations of Interest  
No declarations for the meeting.

5. Apologies for Absence

- Chris Lamb – Appointed Governor (North Lancashire)
- Tony Winter – Public Governor (Fylde Constituency)
- John Longstaff – Public Governor (Fylde Constituency)

- Mark Chapman – Public Governor (Blackpool Constituency)
- Chris Thornton – Public Governor (Blackpool Constituency)
- John Broughton – Appointed Governor (Blackpool Council)
- Jo MacDonald – Elected Governor (Lancashire & South Cumbria)
- Helen Kay – Blackpool LINKs

6. Chairman's Introduction

Members asked about proposals to make the Board meetings public as oppose to private. The Chairman reported on the Board Development Day and explained that they had discussed streamlining Board procedures, e.g. reduction of papers, number of meetings etc. One proposal had been to have Quarterly Board meetings to be followed in the afternoon by the Governor's meeting. Further discussion would take place at the February Board meeting.

**RESOLVED: The Chairman would provide further updates to Governors following discussions at the Board meeting.**

One of the suggestions made by the Governors was to rotate the meetings through the three boroughs and Chairman confirmed that whilst this was a good idea the issue previously had been around venues. Further discussion would also need to take place as to how public participation was incorporated at the Public Meetings. Mrs Smith confirmed that at previous meetings when representing the CHC, the questions were asked to be submitted previously and then there was a section on the agenda where they could be raised and staff participated in that way.

Mr Doherty reported that at his Trust there tended not to be high numbers of public in attendance, however given the issues presently in the NHS, this may mean more numbers would attend Blackpool Public Meetings.

7. Minutes of the Previous Council of Governors Meeting held on 12<sup>th</sup> November 2012

The Minutes of the meeting held on the 12<sup>th</sup> November 2012 were approved with the amendment that 12a Mr Welch reported not Mr Kehoe.

8. Matters Arising:-

8.1 Action List from the Council of Governors Meeting held on 12<sup>th</sup> November 2012.

The Chairman confirmed that from the action list both the CQC and the Youth Forum attend today's meeting to present.

9. Minutes of the Extraordinary Council of Governors Meeting held on 17<sup>th</sup> December 2012.

The minutes were noted.

10. Matters Arising:-

None discussed.

11. Minutes of the Nominations Committee held on the 8<sup>th</sup> November 2012

The minutes were noted.

12. Matters Arising:-

Noted. The Chairman confirmed that another Nomination Committee meeting was being organised. He reported that sadly Malcolm Faulkner had passed away recently and the Trust were currently looking to appoint another Non Executive Director. Mrs Taylor had accepted the proposal to be the Governor representative on this Committee. The Chairman asked whether members approved this proposal and all supported.

**RESOLVED: The Governors were in approval with this proposal and support that Mrs Taylor be the Governor representative at the Nomination Committee.**

13. Council of Governors Meeting – Action Tracking Document

Noted.

14. Chairman's Report
- a) Chairman's communications  
 The Chairman confirmed the ongoing communications with Chairs of the CCG and the Health and Wellbeing Board in order to ensure organisations are working in partnership.
- Mrs Smith encouraged colleagues to attend the Governor Development Programme as it had proved useful.
- b) Action Plan from Deloitte's Formal Feedback Report: Governors Workshop Update  
 Mrs Smith referred to Page 5 re database. She reiterated that the organisation is not explicitly to deal with complaints.
- c) Health and Social Care Act 2012 – Progress on Action Plan  
 The Chairman confirmed that the Board have discussed this and are working on the action plan.
- d) Trust Constitution – Summary of Amendments  
 Mrs Aubrey reported on the amendments to the Constitution which have taken account of the new acts. She confirmed that the Trust need to ensure these are in place by April 2013. Mrs Rigg queried whether staff who leave the organisation (including those who have been dismissed) are eligible to become a member? Mrs Aubrey confirmed that they would be a public member automatically unless they wished to opt out.
- Eric Allcock complimented the amendments and would wish to move to accept them.
- e) Appointment of Senior Independent Director  
 The Chairman reported that the appointment of a Senior Independent Director needs to be made from the Non-Executive Board. This role had been covered by Mr Faulkner who sadly passed away recently. Mrs Smith proposed that Mr Shaw become the Senior Independent Director. The Chairman asked whether Governors were happy to support this and all were in agreement. Agreed.
- RESOLVED: The Governors supported Mr Shaw to become the Senior Independent Director.**
- f) Council of Governors' Terms of Reference – Annual Review  
 The Chairman asked whether colleagues were happy to approve the Terms of Reference. Mrs Walthew asked for PEAT to be changed to PLACE in the document. There was discussion around four times a year being sufficient but after discussion it was agreed to put in the following wording "at least four times per year".
- RESOLVED: The Terms of Reference were approved subject to a slight amendment to the wording being incorporated relating to "at least 4 times per year".**
- RESOLVED: As the Membership Committee is a statutory requirement it was noted that the Nominations Committee should be listed. This would be amended and subject to these amendments was approved.**
- g) Role Specification for Governors  
 Mrs Aubrey confirmed that the specification was a Monitor suggested document and that once the Health and Social Care Act recommendations come in to force the role of Governors will change.
- The role specification, which had been created as a baseline, was approved by the Governors.
- It was agreed that Mrs Aubrey and Mrs Smith would review the document in six months' time.
- RESOLVED: The role specification would be reviewed in six months time by Mrs Aubrey and Mrs Smith.**

- h) Nominations Committee – Appointed Governor Representative  
As per earlier discussions in the meeting it was minuted that Mrs Taylor would be the appointed Governor representative on the Nominations Committee.
- i) Council of Governors' Sub-Groups – Progress Report  
Chairman acknowledged work ongoing by the sub-groups.
- Finance Sub-Group  
Although Mrs MacDonald was not present at the meeting, Mrs Smith reported that she had requested support from another Governor to be involved in this work.
  - Patient Safety & Quality Sub-Group  
Mr Bamford updated that Safety and Quality are being looked at as one focus. He explained that they are currently looking at where the big opportunities to improve are, and asked for guidance from the Board. Cllr Gandhi felt that the TalkSafe presentation was extremely useful and members got a card with key information on.
- j) Board of Directors Recruitment Update
- Chief Executive  
The Chairman confirmed that Gary Doherty was due to commence in post on the 1<sup>st</sup> April 2013.
  - Director of HR & OD and Director of Finance  
The Chairman reported that the Board was working on the process for successors for the two Director posts. He reported that Mr Welch had been successful in obtaining a post at the Cheshire and Wirral Partnership NHS FT and took the opportunity to thank him for his contributions as Director of Finance and Acting Chief Executive in working constructively with the team. He would leave the Trust with the very best wishes of all members of the Council.
  - Non-Executive Director  
The Chairman confirmed that work was ongoing on the appointment of future Non-Executive Directors.
15. Acting Chief Executive's Report
- a) Acting Chief Executive's Report  
Mr Welch reported on the Engagement Events as there had been two of three events taken place to date. He had been extremely impressed with staff and improvements in communication. He had been asked to carry out listening events following the Francis Reports and incorporate this in to future events. The HR team were currently working on organising these.
- b) Corporate Objectives 2012/13  
Noted.
- c) Fylde Coast Public Consultation Document  
Mrs Swift updated that the consultation had closed on the 31<sup>st</sup> January. The first draft report from the Independent Assessors was expected this week and would be discussed at the Board meeting and with CCGs at the end of February. She confirmed that at least 12 consultation meetings had taken place with the biggest issues being raised around transport
- Mr Butler highlighted the concerns about the bus timetable and the size of the fonts. The Chairman acknowledged this and would ensure that comments would be passed on as the work progresses.
- RESOLVED: The Chairman would pass on comments made by Governors to the relevant bodies as the work progresses.**

Mr Bamford asked what the Trust view is on the satellite hospitals? It was acknowledged that the view of clinicians was that this has a role and Mrs Oliver reiterated that the model of care at Clifton is key. She would be looking at the infrastructure over the next few years and noted that the rehabilitation model for patients in acute stage of illness would need to be looked at in the future.

Cllr Gandhi raised questions by councillors in Wyre around elderly patients and issues around Clifton. Mrs Thompson confirmed that she was currently investigating issues at Clifton and would be able to provide a further update once this was concluded.

d) Strategic Development Update  
Mrs Swift circulated copies of the latest documentation on this.

e) Annual Plan 2013/14  
Mrs Oliver asked whether Governors felt the process last year of meetings to update on the plan had been useful. All agreed that they were and therefore a meeting would be set up to discuss the Annual Plan.

**RESOLVED: Miss Oates would liaise with Governors and P Oliver to arrange a meeting to discuss the Annual Plan.**

f) Annual Report & Annual Account an Quality Accounts 2012/13  
Mrs Aubrey reported that these now needed to be reviewed. She confirmed that there were specific timescales to update and submit changes and members were asked to contact her should they wish to assist in this process.

**RESOLVED: It was agreed that Governors should contact Mrs Aubrey should they wish to assist in the process.**

g) Preparing for the Francis Public Enquiry  
Documentation was noted.

h) Serious Untoward Incidents  
Mrs Aubrey updated members on a number of incidents.

Mr Bamford asked about SUIs and the opportunities for improvement. Mrs Thompson confirmed that governance around SUI reporting is very clear. The SUI process and learning is being discussed as an executive team and how to look at the themes across the SUIs/Complaints and implementing lessons learned.

i) Board Assurance Framework  
Mr Bamford asked whether staff have time to get trained? Mr Welch confirmed that this can be challenging and recognised the need to look to make mandatory training easy for staff to do as well as work on the 'day job'.

Mrs Thompson reported that within speciality roles the Trust look at the skills required for our patients. She explained that we are currently looking at Health Care Assistant posts and recognise that some of these colleagues come in to contact with patient care with no previous experience. The Trust are looking at how to support and develop them.

Mrs Walthew noted the comments in the media about Health Care Assistant roles. Developed role of Assistant Practitioners gave an update at the next practitioners, HCAs and recognise there is more we can do to support and train them. Mrs Thompson explained that there is a 60/40 skill mix on medical wards and gave assurance that the Trust are regularly looking at nurse to patient ratios. Chairman requested a report to update on this at next meeting. Tim Welch reported that the challenge of mandatory training links to NHSLA.

Mr Holden felt that this relates to all staff, including clerical and cleaners as they are all ambassadors for the organisation. It was agreed that there be further discussion at the next meeting around training.

**RESOLVED: Miss Oates to add further discussion on training to the next agenda.**

- j) Quarterly Finance Report  
Mr Patel confirmed that an updated document would be circulated and will be available on sharepoint following the meeting. He highlighted the two key metrics, liquidity and EBITDA. He reiterated that the key challenge for the organisation is the delivery of QUIPP and gave assurance that work is ongoing on this and an action plan of the Trust's QUIPP would be available in the next few weeks.

**RESOLVED: Mr Patel to recirculate the updated document to Governors.**

- k) Mortality Reduction Action Plan  
The action plan was noted.
- l) Quarterly Finance Report  
The Quarterly Finance Report was noted.
- m) Quarterly Performance Report  
The Quarterly Performance Report was noted.
- n) Patient Experience Report – Quarter 3  
The Patient Experience Report for Quarter 3 was noted.
- o) Clinical Audit Update  
Mrs Thompson presented the Clinical Audit Update and would be available to answer questions once members had looked at the report.
- p) Vision Programme Update  
Mr Bamford asked for an update on the company viability and the Chairman confirmed that assurance had been requested. Mr Welch reported on the work around resilience planning which is reflected in the document. The report was noted.
16.  
a) Membership Report  
Membership Update  
Mrs Smith was looking at members becoming Ambassadors and acknowledged that Mrs Icceton was keen to work alongside members with volunteers. It was felt that face-to-face communication with patients was welcomed to move the Trust forward.
- Cllr Gandhi reported that his GP practice did not have the mechanisms in place to promote hospital membership, however Mrs Harte confirmed that she is also at the same practice and is on the Patient Group and gave assurance that the practice is aware of publicising the Trust.
17. Items Referred from the membership Committee Meeting held on 25<sup>th</sup> January 2013
- a) Issues Raised by Governors  
Posts Supporting Medical Staffing Recruitment  
A Governor had approached the Chairman about the process and he would update him outside the meeting.
- b) Out-Patient Clinic Waiting Times  
Mrs Oliver updated on the ongoing work around the out-patient department and explained that this is a large piece of work involving the whole process of out-patient services. This is a strategic piece of work being undertaken in conjunction with our GPs. She confirmed that there is a Demand Management Pathway Event taking place at the end of March which is envisaged to take 8-12months to complete. Mrs Oliver reiterated that the work was across all specialties and asked Governors to be mindful that the Trust was not looking to invest further until this piece of work has been looked at in depth.

Mr Chivers raised his own personal observations and the challenges around delays in orthopaedics. Mrs Oliver noted his concerns and acknowledged the challenges around Fracture Clinic and the complexities in this area.

Mrs Oliver confirmed that as part of the review they are looking at software systems that will give useful information on room usage as well as consultant availability.

Mrs Crowshaw was working with teams around communications and customer care with staff in outpatients who are first point of contact. Agreed as agenda item for next meeting.

**Miss Oates to agenda as an item at the next meeting.**

**RESOLVED:**

c)

Breaches in A&E

A question was raised around the 6 hour target and the relation to mixed sex accommodation. It was noted that in Quarter 1 a patient had breached the 6 hour target. Mrs Oliver updated on the patient journey and the need to find the right bed for the patient. She confirmed that from 18<sup>th</sup> Feb there will be a mixed sex observation block more co-located to A&E. She reported no breaches in Quarter 2 or 3.

d)

Cancelled Audits in Corporate Services and Facilities Management

The audit cancelled by CSFM was in relation to a radiology audit. This was cancelled but will be reviewed in 2013 when the member of staff responsible returns from maternity leave.

The audit cancelled by Corporate services was in relation to re-admissions within 30 days. This was cancelled because at the time they had insufficient data for the audit to be meaningful. The audit will be carried out in the next quarter.

e)

Estates Update

The Chairman confirmed that work is ongoing around varying temperatures in departments ie too hot and too cold. He would request the Estates team to report back at the next meeting.

**RESOLVED:**

**Miss Oates to invite Estates team to report back at next meeting.**

18.

Feedback Reports

a)

FTGA Feedback

Mrs Smith updated on this event and reiterated to other Governors that they are extremely useful and information is beneficial.

b)

Feedback from the Formal Patient Safety Walkabouts

21<sup>st</sup> November 2012

Mrs Smith had attended the walkabout at St Anne's Health Centre and found this beneficial.

c)

Feedback from Governors Attendance at Board Meetings

28<sup>th</sup> November 2012

Mr Bamford and Mr Chivers reiterated the Chair had encouraged full participation at the meeting.

d)

Feedback from the TalkSafe Workshop held on the 21<sup>st</sup> January 2013

Mr Bamford will ensure Governors are notified when next workshop is arranged.

e)

Feedback from North West Governors Event held on 30<sup>th</sup> January 2013

Mr Bamford and Mrs Smith attended this event. The reported that the Chair from NHS Litigation was a speaker at the event and highlighted a cost of £1B being spent on litigation. The main observation was that the highest claims are in maternity services.

19.

Standard Reports

a)

Items to be Reported to the Board of Directors  
Incorporated in the actions.

- b) Items to be Recommended for Decision or Discussion by Trust Committees  
Noted.
- c) Annual Work Plan  
Noted.
- d) Attendance Monitoring  
The Chairman confirmed that he had written to one Governor regarding attendance, however, on the whole attendance at meetings was acceptable.
- e) Motions or Questions on Notice  
None to note.
- f) Urgent Motions or Questions  
None to note.
- g) Declaration of Confidentiality  
The minute under section 14h was declared confidential and as such may be exempt from disclosure under the Freedom of Information Act 2000 or the Environmental Information Regulations.
- h) Any Other Business  
The Chairman asked Mr Doherty whether he had anything to add to the meeting. Mr Doherty confirmed that he was very pleased to have been successful in the appointment process as Chief Executive. He felt that the Trust has the right mix of services and this was necessitated by the need for the right calibre of staff which he felt were at Blackpool. Although Mr Welch had left the meeting to attend another event, Mr Doherty praised Mr Welch and the Executive team and was very impressed with the approach and was looking forward to joining the Trust and moving it forward.
- i) Date of Next Meeting – May 2013  
The next meeting will take place on the revised date of Tuesday 21st May 2013 at 9.30 am in Room 4, Education Centre, Blackpool Victoria Hospital.

Please note that this revised date is in place of the meeting scheduled for the 13th May 2013.