

Minutes of the Blackpool Teaching Hospitals NHS Foundation Trust  
Council of Governors Meeting held on Wednesday 28th January 2015  
at 1.30 pm in Rooms 3 & 4, Education Centre, Blackpool Victoria Hospital

Present: Mr Ian Johnson – Chairman (Chair except for item 7c)

Council of Governors

Public Governors:-

Mr John Bamford – Wyre Constituency  
Mr Clive Barley – Fylde Constituency  
Mr Neal Brookes – Blackpool Constituency  
Mr John Butler – Blackpool Constituency  
Mr Ramesh Gandhi – Wyre Constituency (for items  
Mr Zacky Hameed – Blackpool Constituency  
Mrs Camilla Hardy – Blackpool Constituency  
Mr George Holden – Blackpool Constituency  
Mrs Sheila Jefferson – Fylde Constituency  
Dr Anthony Nixon – Lancashire & South Cumbria Constituency  
Mrs Pat Roche – Blackpool Constituency (for items  
Mrs Lynden Walthew – Wyre Constituency

Staff Governors:-

Mr Paul Aspden – Non-Clinical Support  
Mr Michael Phillips – Community Health Services

Appointed Governors

Mr Philip Hargreaves – Institute of Directors  
Councillor Martin Mitchell – Blackpool Council  
Mrs Jean Taylor – UCLAN (Chair for item 7c)  
Mr Tony Winter – Citizens Advice Bureau  
Mr Steve Winterson – Lancashire Care Foundation Trust

In Attendance: Mr Gary Doherty – Chief Executive  
Mr Tim Bennett – Director of Finance & Performance  
Mrs Pat Oliver – Director of Operations  
Mrs Marie Thompson – Director of Nursing & Quality  
Mrs Wendy Swift – Director of Strategy/Deputy Chief Executive (for items 1 - 6)  
Mrs Nicky Ingham – Director of Workforce & OD  
Mr Jim Edney – Non-Executive Director  
Mr Doug Garrett – Non-Executive Director  
Mr Alan Roff – Non-Executive Director (for items  
Miss Judith Oates – Foundation Trust Secretary

1. Chairman's Welcome and Introductions

The Chairman welcomed attendees to the meeting and commented that he hoped that those Governors who had attended the Board meeting in public in the morning and the informal discussions with Board members at lunchtime had found it useful.

2. Register of Interests

It was noted that there were no declarations of interests from the Governors in relation to agenda items for this meeting and that there were no amendments to individual declarations for inclusion in the Register of Interests.

3. Apologies for Absence

Apologies for absence were received as follows:-

Governors:-

Peter Askew – Public Governor (Wyre Constituency)  
Dr Raj Verma – Staff Governor (Medical & Dental)  
David Crouchley – Public Governor (North of England Constituency)  
Francesca Oram – Appointed Governor (Blackpool Sixth Form College)  
Mike Bullock – Appointed Governor (CVS)  
Ashok Khandelwal – Staff Governor (Clinical Support)  
Cliff Chivers – Public Governor (Blackpool Constituency)  
Sharon Vickers – Staff Governor (Nursing & Midwifery)  
Gillian Wood – Public Governor (Fylde Constituency)

Non-Executive Directors:-

Tony Shaw  
Michele Ibbs  
Dr Malcolm McIlmurray

Executive Directors:-

Mrs Nicky Ingham – Director of Workforce & OD  
Professor Mark O'Donnell – Medical Director

4. Minutes of the Previous Council of Governors Meeting

**RESOLVED: That the minutes of the previous Council of Governors Meeting held on 29th October 2014 be agreed as a correct record and signed by the Chairman.**

5. Matters Arising

a) Action List from the Council of Governors Meeting held on 29th October 2014

The Chairman reported that nine items were complete.

With regard to the item entitled “Governor Responsible for Responding to New Members”, Mr Holden confirmed that he would provide feedback as part of the Membership Committee Feedback (item 10b).

b) Council of Governors Meetings – Action Tracking Document

Composition of the Council of Governors

The Chairman advised the Governors that he had raised with Professor Goodacre the possibility of a representative from Lancaster University joining the Council and a response was awaited.

**RESOLVED: That the Chairman would follow-up his initial request to Professor Goodacre.**

Lead Governor Role Specification

The Chairman advised the Governors that the Trust Constitution sub-group would consider the Lead Governor role specification once the Constitution had been reviewed by members of the Corporate Assurance Team.

**RESOLVED: That the date of the sub-group meeting would be confirmed in due course.**

Mr Bamford commented that the Governors had not yet had sight of the NEDs objectives for 2014/15 and the Chairman advised that the suggestion of circulating NEDs objectives to Governors needed to be formalised and would be actioned for the 2015/16 objectives.

The Chairman further advised that the appraisal/objective setting process had been brought forward to link in with the revised dates for the Council of Governors meetings.

**RESOLVED: That the NEDs objectives for 2015/16 would be circulated to Governors in April/May 2015.**

6. Chairman's Report

a) Chairman's Update

The Chairman's update was provided for information.

b) Role of Governor Committees and Membership

The Chairman referred to the Trust committee structure and reminded Governors that there was Governor representation on some committees and, in order to ensure consistency in terms of feedback to Governors, a template would be developed. The Chairman also reminded Governors that there were other committees, i.e. Membership Committee, where Governors continued to have an active role.

It was noted that the review of the committee structure in terms of Governor representation, which Mr Askew had been involved in, was almost complete.

The Chairman emphasised the importance of having active committees with the correct membership and experience to ensure maximum benefit.

Mr Bamford referred to the Quality Committee and the Learning from Incidents & Risks Committee and commented that the Quality Committee was chaired well by Karen Crowshaw and that it was difficult to assess quality.

With regard to the Dementia Advisory Committee, Mr Aspden commented that there was a short DVD about the "dementia friend" which he suggested could be shown at Trust induction. Mr Holden advised that the Dementia Advisory Committee had been disbanded and a new forum had been established which would no doubt include an element of Governor involvement. Mr Holden commented that one of last year's Membership Seminars had focused on the subject of dementia.

**RESOLVED: That the new committee structure and feedback template form would be circulated to Governors once finalised.**

7. Items for Discussion

a) Complaints Management Procedure

The Chairman reminded Governors that the subject of complaints management had been raised at the previous meeting and he introduced Eleanor Walsh and Wendy Thomson from the Patients Relations Team who had been invited to give a presentation.

Prior to the presentation, Mrs Marie Thompson made the following comments:-

- The Complaints Management Procedure, which had been circulated with the agenda, provided detailed information.
- Early in 2013, the CQC had raised concern in terms of the complaints process, however, when they revisited in November 2013 they had been satisfied with the progress that had been made and had confirmed that the Trust was fully compliant with the standard.
- The CQC had reconfirmed their satisfaction with the complaints process following their visit in 2014, however, there had been some concern around the lack of clarification about how to raise concerns/submit complaints and work had been undertaken to rectify this area of concern.

Mrs Walsh gave a detailed and informative presentation which included the following:-

- Overview of the Trust's Revised Complaints Procedure
- Current Position
- NHS Complaint Procedure
- Complaints at the Point of Service
- Formal Complaint Pathway
- Complaint Review Panel
- Complaint Figures
- Complaint Themes
- Parliamentary and Health Service Ombudsman (PHSO) Involvement
- PHSO Activity
- Promoting Learning from Complaints
- Moving Forward

Mr Gandhi commented that the Patient and Carer Experience and Involvement Committee, of which he was a Governor representative, was an excellent forum and he congratulated the committee and the team for the tremendous improvement that had been made in respect of complaints management.

At this juncture, Mr Gandhi left the meeting.

Mr Phillips asked whether complaints training was mandatory for staff and he was advised that this was due to be launched with local ownership initially.

Mr Phillips also referred to the "Tell Us" leaflet and it was noted that it was not widely available in the community.

**RESOLVED: That Mrs Walsh would ensure that all community staff were aware of the leaflet.**

Mrs Roche commented that complaints could be used as an opportunity to make improvements and develop services and she suggested this should be linked to the appraisal system.

Mr Bamford commented that patients were still reluctant to complain and he suggested introducing headlines such as “opportunity for learning” or “tell us”.

It was noted that one of the Governors’ roles was to obtain feedback from members and that one area to focus on and to raise the profile could be complaints.

Mr Brookes reiterated Mr Bamford’s comments and stated that complaints were a resource for the Trust to learn about concerns. It was noted that the Complaints Review Panel considered complaints, however, the meetings only took place monthly therefore not all complaints could be reviewed. Mr Brookes suggested that all partially upheld complaints or upheld complaints should be reviewed in terms of lessons learned.

Mrs Marie Thompson reported that meetings of the Complaints Review Panel took place on a monthly basis and that the complaints to be reviewed were selected by the two NED representatives on the panel and this work complimented further learning for the teams.

Mr Winter thanked the team for the excellent presentation and asked whether there was a definition of a complaint. Mr Doherty referred to “never events” and advised that there were approximately 30 circumstances which constituted a never event. Mr Doherty also referred to Serious Untoward Incidents which were reviewed internally.

Mrs Wendy Thomson commented that many administrative issues were dealt with informally. Mr Doherty commented that a significant number of patients had face to face meetings with the clinical team or an Executive Director or the Chief Executive.

The Chairman thanked Mrs Walsh and Mrs Thomson for their helpful and informative presentation and also for the work undertaken in a difficult area.

b) Relationship between A & E / Urgent Care Centre / Primary Care Assessment Unit

The Chairman reported that a number of questions had been raised at the Governors informal meeting about the link between A & E, the Urgent Care Centre and the Primary Care Assessment Unit.

Mrs Oliver provided a detailed explanation at the meeting, however, it was noted that, as part of the document which included responses to all queries raised at the informal meeting, the following written account had already been circulated to Governors:-

*There are three component parts to the emergency service, namely the Urgent Care Centre (UCC), A & E and the Primary Care Assessment Unit (PCAU).*

*In 2009 when the UCC and PCAU opened it was agreed that when mobile patients attended the A & E Department they would be triaged using national pathways and the providers of the UCC service which is Fylde Coast Medical Service (FCMS) would manage the Reception, the intention being that this would facilitate more patients being deflected into the UCC from A & E.*

*The pathways direct patients who have "ailments" into the UCC model as this is run by GPs. Approximately 2,000 patients attend the Victoria site with the intention of going to A & E each week, c300 are redirected to the UCC. As it is the patient's intention to attend an A & E Department, these patients are included in the Trust's A & E performance figures. The service runs 24/7 365 days per year.*

*The PCAU is an assessment unit based behind the UCC. This is managed by the Bloomfield Road Practice. GPs refer patients to this service for further assessment and treatment which they are unable to access in their practice. Patients who are for ambulatory care, e.g. DVT management, IV antibiotics, are also booked into the PCAU for their treatment. As this is a GP booked/appointment service these patients are not included in the A & E performance figures. The service runs Monday to Friday 09:00 hours to 20:00 hours.*

*A & E manage all ambulance arrivals. This can range from 100 ambulances per day up to 150 on new year's day. Patients are triaged on arrival and can go one of three ways, straight to the emergency room, to the major assessment area, or through to the minors area.*

*All patients reporting to Reception with an injury will be managed through the pathways into the A & E service.*

Mr Bamford asked whether there were opportunities in terms of improvements to integrated services and Mrs Oliver confirmed that it was intended to tender for these services to ensure the best assets; it being noted that it was about prime accommodation and expanded models of care and 7 day working.

Mr Bamford asked about the plans in place to move towards the vision and Mrs Oliver advised that it related to external areas and footprint, i.e. mental health, social care.

Mr Brookes referred to the figures of 800 ambulances per week and only 300 admissions to A & E, however, Mrs Oliver clarified that it was 2000 patients, 800 of whom required an ambulance.

Mr Butler asked about the advancement of the community care programme which had commenced as a pilot scheme two years' ago. Mrs Oliver reported that 3000 patients across the Fylde Coast had care plans which had to be checked every three months and which were used widely by the Single Point of Access Team.

Mr Gandhi referred to the 15-18 attendances per day at the Primary Care Assessment Unit and asked whether initial assessments were undertaken by the Receptionist. Mrs Oliver confirmed that the initial triage was undertaken by the Receptionist and that the clinical assessment was undertaken by the medical staff.

Mr Doherty advised the Governors that the Trust had a number of targets to achieve in a number of areas, i.e. A & E, 18 weeks, cancer 62 day waiting times, diagnostic waiting times, and that all hospitals had been instructed that these targets must be achieved. It was pleasing to note, and it had been highlighted at the Board meeting earlier in the day, that the Trust was one of two Trusts in the North West to achieve 95% for A & E for Quarter 3 which was a significant achievement. The Chairman commented that many staff had worked hard to achieve this target.

c) Re-Appointment of Trust Chairman

The Chairman left the meeting for this item.

Mrs Taylor, on behalf of the Nominations Committee, reported that the Chairman's term of office was due for renewal in April 2015 and that the Chairman had confirmed his interest in being re-appointed.

It was reported that the Nominations Committee had met the previous week and discussion had taken place about whether it was appropriate for the Chairman to be re-appointed for a further three years.

In summary, the Nominations Committee recommended the Chairman's re-appointment and the Governors were asked to ratify the recommendation.

**RESOLVED: That the Chairman be re-appointed for a further three years until April 2018.**

At this juncture the Chairman returned to the meeting.

8. Role of the Non-Executive Director and Individual Responsibilities

Mr Edney advised the Governors that he had joined the Trust in June 2013 and he provided a detailed description of his background and experience and also his role as a Non-Executive Director as follows:-

- Career in Local Government – Chief Financial Officer in Essex and Deputy Chief Executive at Lancashire County Council.
- NEDs on the Board complement each other and work well as a team.
- Obtained a great deal of information about the Trust from the Keogh Review.
- Two specific roles as a NED – Chair of the Audit Committee and member of the Trust Procurement Steering Group.

Mr Edney provided detailed information about his role as Audit Committee chair and as a member of the Procurement Steering Group.

Councillor Mitchell referred to the issues to be raised with the audit team and asked how they were determined. Mr Edney advised that Internal Audit provided regular monitoring reports which included progress and compliance against the work programme. With regard to the implementation of the actions agreed with management, it was noted that informal and formal discussions took place in between meetings and during meetings.

Mr Roff commented that one of the main duties of the Audit Committee at the beginning of each year was to agree the internal audit programme for the following year.

9. Lead Governors Report

a) Feedback from the Governors Informal Meeting

The notes from the Governors informal meeting held on 16th January 2015 were provided for information.

The Chairman referred to the Governors informal meetings and outlined the background to these meetings; it being noted that a few years' ago the Governors decided it would be worthwhile to meet informally to discuss issues for the formal Council of Governors meetings without the Chairman or Executive Directors present (although more recently NEDs had been invited to the meetings) and without administrative support; it being noted that minutes of the meetings were not taken initially, however, more recently the meetings had been minuted. The Chairman stated that a decision was needed about how to proceed in terms of the informal meetings, including the process for submitting/responding to questions.

Mr Bamford reported that the purpose of the meetings was to discuss major issues and to give the Board the opportunity to consider these issues and also the opportunity for Governors to set the agenda for the formal meetings rather than the meetings being listening events for Governors.

The Chairman reminded the Governors about the forthcoming Governor development sessions which would include information about the Trust, key issues, finance, etc, and suggested that a decision about how to proceed with the informal meetings could be considered thereafter and agreed at the Council of Governors meeting in April.

**RESOLVED: That the arrangements for the informal meetings would be considered following the Governor development sessions in March and discussed at the Council of Governors meeting in April.**

The Chairman also suggested inviting Governors from other Trusts to attend our meetings and vice versa.

**RESOLVED: That Mr Winterson would discuss this suggestion at Lancashire Care FT and provide feedback to the Chairman.**

The Chairman commented that he had met with the Chair at Lancashire Teaching Hospitals and the Chair at Morecambe Bay during the past two weeks, both of whom had their own agenda but agreed with the importance of joint working.

At this juncture, Mr Roff left the meeting.

b) NHS Providers Feedback (formerly FTN/FTGA)

In the absence of Mr Askew, the Chairman reported that NHS Providers was seeking nominations from Governors for their Governor Policy Board.

**RESOLVED:** That Miss Oates would email the Governors asking for expressions of interest and enclosing the terms of reference.

**That there would be a vote amongst Governors in the event of more than one Governor expressing an interest in joining the Governor Policy Board.**

10. Membership Report

a) Membership Report

The Membership Report was provided for information.

b) Feedback from the Membership Committee Meeting held on 16th January 2015

Written feedback from Mr Holden was provided for information.

Mr Holden highlighted the following issues:-

- The focus of the meetings was now on engagement.
- Bi-monthly seminars would be arranged, some of which would focus on young people.
- There would be increased contact with new members from designated Governors which would include a standard welcome letter.
- There was now good Governor representation on the committee and it had been agreed that a quorum would comprise three Governors. Mrs Walthew asked Governors to advise Mrs Gaynor if they were unable to attend future meetings.

Mr Butler commented that there were no membership leaflets in the information stands in GP surgeries and Mrs Walthew explained that printing had been deferred until the new corporate strapline had been finalised.

Councillor Mitchell queried whether the unemployed/unskilled people in the community were being included as members.

**RESOLVED:** That the Membership Committee would review the provision of membership information for unemployed/unskilled people in the community.

The Chairman mentioned The Health Informatics Open day taking place on 13th March which Governors were invited to attend.

At this juncture, Mrs Roche left the meeting.

c) Items Referred from the Membership Committee Meeting held on 16th January 2015

**RESOLVED:** That the Membership Committee would review the provision of membership information for unemployed/unskilled people in the community.

11. Feedback Reports:-

- a) Feedback from Staff Governor Focus Group held on 20th November 2014.

Written feedback from Mr Khandelwal was provided for information.

12. Standard Reports – Mr Johnson to report:-

- a) Items to be Reported to the Board of Directors

The Chairman stated that the minutes of the meeting would identify any items to be reported to the Board of Directors.

- b) Items to be Recommended for Decision or Discussion by Trust Committees

The Chairman stated that the minutes of the meeting would identify any items to be recommended for decision or discussion by Trust committees.

- c) Annual Work Plan

The items for discussion at formal Council of Governors meetings during 2015 were highlighted in the Annual Work Plan.

- d) Attendance Monitoring

The Chairman stated that attendance at meetings was generally good, however, he had written to one Governor who had not attended any of the last three meetings and an explanation had been provided.

The Chairman asked again whether Governors were satisfied with the revised format for the formal meetings, with the Board meeting in the morning followed by lunch and informal discussions followed by the Council of Governors meeting in the afternoon; it being noted that it had been agreed previously that the arrangements would be reviewed after four meetings, i.e. after July 2015.

- e) Motions or Questions on Notice

It was reported that the responses to the questions raised at the informal meeting had been circulated in advance of the formal meeting; it being noted that the questions highlighted the good level of challenge in the system.

- f) Urgent Motions or Questions

There were no urgent motions or questions on notice.

- g) Declaration of Confidentiality

**RESOLVED: That no items be declared confidential under the Freedom of Information Act.**

- h) Date of Next Meeting

The next meeting will take place on Wednesday 29th April 2015.

i) Any other Business

- Council Loan

The Chief Executive reminded Governors that the circumstances around the publicity about a loan from the Council had been included in the responses to the questions from the informal meeting as follows:-

*The Trust has been looking at options for equity release on non-core assets (i.e. those not involved in the provision of front line care). This would involve a sale and lease back arrangement (not a loan) from a third party provider such as a bank, pension fund or similar. As part of this, preliminary discussions were held between officers of the Trust and the Council. No request was made for a loan and therefore no request was rejected. This was an early exploratory discussion only and, in the event, the Council decided they did not want to pursue any further and the Finance Committee of the Trust also decided not to implement any equity release scheme (from whatever source).*

- Mortality Rates

Governors were advised that there may be publicity in the Gazette relating to mortality rates; it being noted that the message from the Trust was that mortality rates had reduced and were on a downward trend.

- Blue Skies Hospitals Headquarters

Mr Holden reported that the Blue Skies Hospitals Headquarters had transferred to an area off the main corridor which was more amenable to visitors.

It was noted that Blue Skies Hospitals was seeking a smart strapline and that any suggestions were welcomed.