

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

Present: Mr Ian Johnson – Chairman

Council of Governors

Public Governors:-

Mr Peter Askew – Wyre Constituency
Mr John Bamford – Wyre Constituency
Mr Clive Barley – Fylde Constituency (for items 1 -12)
Mr Neal Brookes – Blackpool Constituency
Mr John Butler – Blackpool Constituency
Mr Cliff Chivers – Blackpool Constituency
Mr David Crouchley – North of England Constituency (for items 1 – 12)
Mr Ramesh Gandhi – Wyre Constituency
Mr Zacky Hameed – Blackpool Constituency
Mrs Camilla Hardy – Blackpool Constituency
Mr George Holden – Blackpool Constituency
Mrs Carol Measures – Blackpool Constituency
Dr Anthony Nixon – Lancashire & South Cumbria (for items 1 – 12)
Mrs Lynden Walthew – Wyre Constituency
Mrs Gillian Wood – Fylde Constituency

Staff Governors:-

Mr Paul Aspden – Non-Clinical Support
Mr Michael Phillips – Community Health Services
Mrs Sharon Vickers – Nursing & Midwifery

Appointed Governors

Dr Amelia Hunt – University of Lancaster
Councillor Martin Mitchell – Blackpool Council
County Councillor Ron Shewan – Lancashire County Council
Mrs Michelle Smith – Carers Trust Fylde Coast
Mrs Jean Taylor – UCLAN
Mr Tony Winter – Citizens Advice Bureau
Mr Steve Winterson – Lancashire Care Foundation Trust

In Attendance: Mr Gary Doherty – Chief Executive
Mrs Wendy Swift – Director of Strategy/Deputy Chief Executive (for items 1 – 12)
Mrs Pat Oliver – Director of Operations
Mrs Nicky Ingham – Director of Workforce & OD
Mrs Marie Thompson – Director of Nursing & Quality
Professor Mark O'Donnell – Medical Director (for item 4)
Dr Malcolm McIlmurray – Non-Executive Director (for item 4)

Mr Alan Roff – Non-Executive Director
Mr Tony Shaw – Non-Executive Director
Miss Judith Oates – Foundation Trust Secretary
Mr Mark Towers – Governance Adviser
Mrs Jacinta Gaynor (for items 5 – 14h)
Mrs Jane Meek – Associate Director of People Effectiveness and Development
(shadowing Mrs Nicky Ingham)
Dr Andrea Whitfield – Associate Medical Director (for item 4)
Mr Roy Fisher – Chairman, Blackpool CCG (for item 5)
Dr Amanda Doyle – Chief Clinical Officer (for item 5)
Mrs Sonya Clarkson – Head of Medical Workforce (for item 13)
Mrs Lisa Horkin – Associate Director of Nursing (for item 13)

1. Chairman's Welcome and Introductions

The Chairman commented on the good number of attendees at the meeting.

The Chairman introduced two new Appointed Governors to the Council; Dr Amelia Hunt and Mrs Michelle Smith from the University of Lancaster and the Carers Trust Fylde Coast respectively.

At this juncture Dr Hunt and Mrs Smith provided some background information as follows:-

Amelia Hunt

- Worked in higher education throughout career.
- Started as a student at Lancaster University and then undertook various different roles at Nottingham University.
- Current role is essentially organisational excellence, making sure there are support services in place to ensure the students' experience is the best it can be.
- Member of the Management Team and also part of the University Faculty Team.

Michelle Smith

- Born and educated on the Fylde Coast.
- Worked in accountancy and business throughout career.
- In 2003, after 10 years of volunteering, began working in the fundraising department of Trinity Hospice which sparked a passion for the not for profit sector and, whilst studying for an MSc in Voluntary Sector Management, was appointed Chief Executive at Blackpool Carers Centre (now Carers Trust Fylde Coast).
- Passionate about raising awareness of, and supporting, unpaid family carers.
- Particular interest in improving the aspirations and life chances of young carers.

- Interest in charity governance and developments in the sector generally.
- An advocate for all things Blackpool.
- As an Appointed Governor, main objective is to provide a voice for local carers of all ages.

The Chairman welcomed the Non-Executive Director representatives, Tony Shaw and Alan Roff, and also Dr Malcom McIlmurray who was attending for the item relating to Medical Engagement.

On a sad note, the Chairman reported that Beverly Lester, former Trust Chairman, had recently died whilst on holiday in France. He mentioned a number of Trust legacies that were attributable to Beverly. He further commented that those who had attended Beverly's funeral would be aware from the eulogy of the rich life led by Beverly, both in her professional life and social life. It was noted that arrangements were being made for a Memorial Service to be held on 23rd November at Blackpool Victoria Hospital.

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. Value of the Month

The Chairman reported that, following a suggestion from Mr Holden, "Value of the Month" had been included on the agenda at the start of the meeting in order that Governors could reflect on the Trust's values.

It was noted that the Value of the Month for October was "Compassion" and that some good examples of living the values had been reported at the Board meeting earlier in the day.

Mr Holden commented that those who attended the hospital regularly would be aware of the significant amount of compassion expressed by the Trust's volunteers; it being noted that they performed an excellent ambassador role as well as a compassionate role.

RESOLVED: That the Chairman would write to the volunteers on behalf of the Council to thank them for their valued contribution to the Trust.

Mr Gandhi mentioned that the health mentors carried out good work at the Trust.

4. Medical Engagement

With regard to the Council of Governors' agenda, the Chairman advised Governors that the intention was to include key areas of interest and pointed out that areas of potential weakness had previously been identified in respect of medical engagement and leadership and that he had invited Dr Andrea Whitfield to report on the excellent progress that had been made in this area.

Dr Whitfield acknowledged the work undertaken to date by Dr McIlmurray, Mrs Ingham and Mrs Meek in respect of medical engagement and leadership.

Dr Whitfield gave a presentation about the strategies in place in respect of effective medical engagement which included the following:-

- What is medical engagement and why is it important
- Six building blocks for engagement
- Where are we currently
- Diagnostic process for medical engagement
- Ten critical success factors
- What are we doing
- Transformational leadership and development programme
- Clinical leadership development offering
- Next steps

Reference was made to the document that had been circulated at the beginning of the meeting relating to the “Leadership Development Offering” and Dr Whitfield emphasised the important link between quality of service and leadership.

Mr Askew asked about the implications if the plans for medical engagement were not implemented and he was advised that the benefits of medical engagement would not be realised.

Mr Brookes referred to the collective leadership programme and commented that he was surprised that it was not mandatory. Dr Whitfield commented that she would welcome the opportunity for the collective leadership programme to be mandatory for consultants.

RESOLVED: That Dr Whitfield would discuss this issue with Professor O’Donnell outside the meeting.

At this juncture, Mr Butler referred to an NHS leaflet he had received in the post about how to cope in the winter. The Chairman stated that this would be discussed later in the meeting.

Mr Winter referred to the success measures on the “Leadership Development Offering” and commented that they could only be identified based on collective input rather than individual input. With regard to success measures, Mrs Meek confirmed that some were determined individually and some were determined collectively. Mrs Ingham commented that success critical factors were complex and multifaceted. The Chairman stated that it was the responsibility of the Executive Team to identify measures and deliverables.

Mr Bamford commented that the success of the airline industry was as a result of its flat hierarchy, i.e. in the health service, nurses should not be afraid to escalate deteriorating patients. Dr Whitfield referred to the collaborative working arrangements and advised that training was carried out in multi-disciplinary teams. Professor O’Donnell commented that there was now wide recognition that consultants were team members, some of which were team leaders, and pointed out that the change in culture was a slow process but confirmed that progress was being made. Professor O’Donnell reported that he held fortnightly meetings with trainee doctors and that any concerns raised were actioned.

Mr Aspden commented that, historically, staff were not allocated sufficient time to attend mandatory training and he asked for assurance that adequate time would be given to staff members and that duties would be re-allocated accordingly. Mr Doherty acknowledged that this was a real problem and Mrs Meek advised that consideration was currently being given to alternative ways of delivering mandatory training because the team was mindful that the current arrangements were onerous on staff time.

The Chairman commented on the Governors' interest in medical engagement and he thanked Dr Whitfield for her presentation. It was noted that this subject would be discussed further at the Council of Governors Workforce Focus Group Session on 8th December 2015.

5. Role and Priorities of Blackpool CCG

The Chairman introduced Mr Roy Fisher and Dr Amanda Doyle, Chairman and Chief Clinical Officer at Blackpool CCG respectively, who had been invited to the meeting following a request from the Governors to learn about the role and priorities of the CCG.

Mr Fisher and Dr Doyle gave a presentation which outlined the following:-

- Economic Factors
- Impact on Health
- Local Developments
- Budgets
- Patient Segmentation by Hospital Spend
- Current Issues
- Ambulance Commissioning
- NHS 111

Dr Doyle referred to enhanced primary care and explained that the purpose was to bring together services that were not dealt with in hospital and to join up these services with the ultimate aim of a single point of access with streamlined services for patients.

Dr Doyle also explained that the CCG was reviewing procedures to determine which had less evidence of being clinically effective because there was an increasing number of referrals to hospital for which there was no budget and which the CCG could not afford to fund.

Discussion took place about mortality rates and, in particular, the coding practice and it was acknowledged that the solutions needed to be health economy wide. The Chairman commented that it was helpful for Governors to understand the issues, however, they would not be resolved at this meeting and he emphasised the need to continue joint working.

Mr Phillips referred to the high proportion of patients with heart related problems and asked how this compared to other organisations and whether appropriate funding was provided. Dr Doyle reported that Blackpool had the highest prevalence of chronic airways disease and that funding was weighted for deprivation but not sufficiently and therefore this was a real challenge. Dr Doyle further reported that Blackpool had the highest prevalence for other conditions, i.e. smoking, alcohol.

Mr Barley asked how the £4.6m funding for Vanguard status would be spent and was advised that the funding was needed between now and the end of March to address the significant workforce challenge for the Vanguard initiative.

Mrs Hardy referred to mortality rates which had been highlighted as an issue for the CCG in relation to the hospital and asked whether more patients were dying in hospital when they could be treated at home. Dr Doyle commented that the basic health status of the average Blackpool person was poor compared with other parts of the country and that hospital mortality measures were weighted to take account of this, however, it was known that life expectancy was much lower in Blackpool than other parts of the country including Fylde & Wyre.

At the end of the presentation and questions, the Chairman thanked Mr Fisher and Dr Doyle for attending the meeting.

6. Apologies for Absence

Apologies for absence were received as follows:-

Mrs Janet Briers – Staff Governor (Nursing & Midwifery)
Mr Philip Hargreaves – Appointed Governor (IoD)
Miss Francesca Oram – Appointed Governor (Blackpool Sixth Form College)
Mrs Pat Roche – Public Governor (Blackpool Constituency)

7. Minutes of the Previous Council of Governors Meeting

RESOLVED: That the minutes of the previous Council of Governors Meeting held on 29th July 2015 be agreed as a correct record and signed by the Chairman, subject to the following amendment:-

Page 3, Item 5, Apologies for Absence: Councillor Martin Mitchell to be included in the list of apologies.

8. Matters Arising

a) Action List from the Council of Governors Meeting held on 29th July 2015

The Chairman reported that all items had been completed with the exception of four items which required action as follows:-

- Nurse Recruitment – Governors to provide comments where appropriate in terms of experience of nursing issues.
- Complaints Management Procedure – Governors to promote the different routes for raising concerns.
- Annual Declarations of Interests – Governors to complete and return the form to Miss Oates (six forms currently outstanding).
- Induction Pack for Governors – Miss Oates to circulate to Governors once further information had been included relating to policy documents.

RESOLVED: That action would be taken as appropriate.

b) Action Tracking Document

Governors Development Programme

The Chairman confirmed that the recommendations from the Governors Development Programme would be actioned as part of the work undertaken in relation to the Governors Survey.

The Chairman thanked Governors for completing the recent survey; it being noted that the results provided some useful information including the preference for Council of Governors meetings to be held on the same day as Board meetings.

RESOLVED: That the recommendations from the Governors Development Programme and the results from the Governors Survey would be considered simultaneously.

c) Cancer Screening Times Update

Following a request from Governors, Mrs Oliver provided an update in respect of bowel screening as follows:-

- The number of patients was small but there was a significant capacity challenge.
- The Quarter 2 screening standard had been achieved.
- The patients with complex pathways were being treated in Quarter 3, therefore there may be challenges around achieving the screening standard in Quarter 3.
- The Trust was one of the few Trusts to achieve the 62 day cancer screening target.

d) DNAs Update

Following a request from Governors, Mrs Oliver provided an update in respect of DNA rates; it being noted that DNA rates had increased in September and October, however, this was due to a problem with the call reminder service which had now been resolved.

9. Chairman's Report

a) Chairman's Update

The Chairman had nothing specific to report.

b) Terms of Reference Review – Council of Governors and Nominations Committee

The Chairman advised Governors that the Terms of Reference for the Council of Governors and Nominations Committee had been reviewed to ensure consistency with the Terms of Reference for Board and Board Committee in respect of format and wording. It was noted that there had been some minor changes which were highlighted in red type.

Mr Holden asked about the committee effectiveness review referred to in the Terms of Reference. The Chairman advised that one of Monitor's requirements was for Trusts to undertake a Well Led Review every three years and that the recent review highlighted the need for committees to assess their effectiveness on an annual basis.

RESOLVED: That the revised Terms of Reference for the Council of Governors and Nominations Committee be ratified.

That the Committee Effectiveness questionnaire would be circulated to Governors once finalised.

c) Future Meeting Arrangements / Proposed Schedule of Meetings for 2016

The schedule of meetings for 2016 was provided for approval.

RESOLVED: That the schedule of meetings for 2016 be approved.

d) Future Arrangements for Service Visits

The Chairman referred to the low turnout of Governors at recent service visits and commented that some visits had been cancelled due to insufficient attendance.

Mr Askew commented that, hopefully, the lack of attendance was a temporary issue, however, he was concerned about the cancellations in view of the input by staff in terms of organising and facilitating the visits and also in view of the fact that the number of visits had been increased at the request of Governors but that there had been a decrease in attendance rates. Mr Askew encouraged Governors to attend the visits which were interesting and an important part of their role.

Mrs Walthew commented that she thought the visits were better when they formed part of the Patient Experience Committee meetings.

Mr Bamford stated that he was not aware that Governors could attend the visits.

Mrs Jefferson reported that she was one of the three Governors who attended the Patient Experience & Involvement Committee and that it was important to provide feedback from the visits at the meetings.

Mrs Thompson, in her capacity as Chairman of the Patient Experience & Involvement Committee, advised that the three Governors who attended the meetings should collate feedback on behalf of the Governors.

RESOLVED: That service visits would continue to be arranged and attendance would be monitored and reviewed.

That Mrs Thompson would review the process for providing feedback from the service visits.

10. Items for Discussion/Approval

a) Financial Recovery Plan

Mr Doherty advised Governors that the starting point for the Trust when it reviewed its plan each year was an estimate of the number of patients that would be treated during the year, based on a number of issues, and that the Trust received the national average price per patient. Mr Doherty further advised that the next stage was to determine the cost of the treatments.

It was reported that the key numbers at the start of the year were a £20m savings target and an £11m deficit. It was further reported that the current position at Month 6 in terms of the plan for the year was a deficit of £10m; it being noted that some savings targets were planned for later in the year but may not be delivered.

Mr Doherty stated that there had been an increase in expenditure, mainly due to agency costs, and therefore the Trust was currently £1.5m from plan. It was anticipated that the recovery plan would improve the year end position and that the best estimate was a deficit of £14m.

Councillor Mitchell asked about the amount of reserves and was advised that there was currently £20m in the bank and that the estimated lowest amount was £5m. Councillor Mitchell expressed concern that a similar situation next year would result in the Trust being "in the red".

Mr Doherty advised that he was involved in discussions with clinicians about plans for next year and emphasised that there would need to be major changes in order to avoid a major financial problem.

Councillor Shewan commented that the County Council was in a similar financial position with a significant reduction in funding.

At this juncture, Mr Winterson left the meeting.

b) Strategic Review Update / Status of Strategic Review

Mrs Swift provided an update in respect of the strategic review following the presentation given at the last Council of Governors meeting.

- The strategic financial challenge was £56m over the next five years in addition to the CIP of 1.5% (£35m).
- Options needed to be identified to address the challenges, both in the short term and longer term.
- Clinical Leads had been asked for ideas to address the challenges and approximately 100 initiatives had been suggested which would be developed during the next six weeks.
- In-depth work around the programmes would be undertaken until the end of November.
- The next event was scheduled for 24th November, followed by presentations to the Board which would be shared with the Council of Governors.

Mr Askew asked whether the changes were fundamental or just required tweaking and was advised that there would be some of each.

Mr Shaw commented that the financial issues would only be resolved by either reducing the number of people coming into hospital or reducing length of stay.

Mr Roff stated that, hopefully, some of the initiatives would improve quality and result in savings and that some of the work was about streamlining, not just to save money but to improve the quality of care which would make a significant difference to patients.

Councillor Mitchell asked which areas were not within the Trust's control operationally and was advised that some of the issues talked about by the CCG and other areas of Lancashire were out of the Trust's control, however, there were also initiatives which the Trust could influence.

Councillor Mitchell asked about the fees being paid to McKinsey. The Chairman assured the Governors that the process for commissioning McKinsey had been open and transparent.

Mr Bamford commented that the community needed to be educated about public health and lifestyle. It was noted that "public health" was the remit of Blackpool Council and that the Trust was working in collaboration with the Council on this issue.

At this juncture, the Chairman advised Governors that Mrs Jean Taylor would be resigning from the Council of Governors as a result of her retirement from UCLAN at the end of December, therefore this would be her last Council of Governors meeting. The Chairman stated that Mrs Taylor was a valuable member of the Council of Governors and he thanked her for her valuable contribution.

11.

Lead Governor's Report

a) Notes from the Governors Informal Meeting held on 8th October 2015

The notes from the Governors Informal Meeting held on 8th October 2015 were provided for information.

It was noted that the majority of the issues raised had been answered at the meeting or within the responses from the Executive Team.

With regard to strategy, it was noted that updates had been provided by Mrs Swift earlier in the meeting and also at the previous Council of Governors meeting and that further updates would be given at future meetings.

b) NHS Providers Feedback

There was nothing to report.

c) Lead Governors Meeting

Mr Askew reported that he had attended a Lead Governors Informal Meeting at Calderstones Partnership NHS Foundation Trust on 13th October; it being noted that the purpose of the meetings was to provide feedback in terms of best practice. Mr Askew stated that he had a couple of ideas to feedback to Mr Holden regarding membership.

RESOLVED: That Mr Askew would provide feedback to Mr Holden.

12.

Membership Committee Chair's Report

a) Membership Report

The Membership Report was provided for information.

b) Feedback from the Membership Committee Meeting held on 14th September 2015

It was noted reported that the next Membership Seminar, focusing on young people and stress, was likely to take place at Blackpool Sixth Form College. Mr Holden encouraged Governors to attend.

RESOLVED: That details of the event would be circulated to Governors once finalised.

c) Items Referred from the Membership Committee Meeting held on 14th September 2015

The following two items were referred from the Membership Committee to the Council of Governors:-

- Development of Governor DVD – the purpose was to promote the Trust and the Governor role.
- Engagement with Local Town Councillors – a meeting was being arranged with Mr Holden and Mr Askew.

13. Nurse Recruitment

Mrs Clarkson and Mrs Horkin introduced themselves to the Governors and gave a presentation highlighting the following:-

- Marketing and Pre-Recruitment
- Recruitment
- Retention
- Nurse Bench

Reference was made the video link used to advertise and promote vacancies which highlighted the nursing experiences of existing staff.

RESOLVED: That the video link would be forwarded to Governors following the meeting.

Mrs Vickers referred to the recruitment and retention of overseas nurses and emphasised the importance of welcoming them to the Trust and ensuring that they were part of the community and successfully integrated with existing nurses. The Chairman asked whether Governors could assist in this respect. Mrs Vickers stated that the induction for overseas nurses had been revised to accommodate their requirements.

In response to a question from Mrs Hardy, it was confirmed that exit interviews were carried out and the reasons for leaving were usually positive, i.e. retirement, promotion, relocation.

Dr Hunt asked how the retention figures related to national benchmarking and was advised that the Trust was in line with national benchmarking.

Mrs Wood asked whether the turnover of 18 nurses per month related to international nurses and was advised that there was a combination of international and domestic nurses.

Mr Hameed stated that he had some experience of nurse recruitment and commented that the Trust was unlikely to recruit the best staff from the Philippines because they would already have been recruited, however, Mrs Ingham stated that this was unfair and inaccurate because the nurses that had been recruited to the Trust had proved to be excellent. Mr Hameed further stated that retired nurses had a hidden agenda which involved returning to work as agency nurses and receiving increased payment.

The Chairman commented on the good initiatives in place in terms of recruitment and retention and thanked Mrs Clarkson and Mrs Horkin for attending the meeting.

14. Standard Reports – Mr Johnson to report:-

a) Items to be Reported to the Board of Directors

It was noted 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

It was noted 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 attendance monitoring form was provided for information.

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.

Councillor Mitchell asked about consultant cover on wards at weekends and Mrs Oliver advised that rotas were in place for consultant cover at weekends.

f) Urgent Motions or Questions

There were no urgent motions or questions.

g) Value of the Month

Governors were reminded that the Value of the Month for October was "Compassion".

h) 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 27th January 2016.

The Chairman stated that he hoped the Governors had found the meeting worthwhile, particularly the new Governors.