

Minutes of the Blackpool Teaching Hospitals NHS Foundation Trust  
Council of Governors Meeting held on Friday 15th November 2013  
at 9.30 am in Room 4, Health Professionals 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  
Mr John Butler – Blackpool Constituency  
Mr Cliff Chivers – Blackpool Constituency  
Mr Ramesh Gandhi – Wyre Constituency  
Mr George Holden – Blackpool Constituency  
Mr Robert Hudson – Blackpool Constituency  
Mrs Sheila Jefferson – Fylde Constituency  
Mrs Carol Measures – Blackpool Constituency  
Mrs Lynden Walthew – Wyre Constituency  
Mrs Gillian Wood – Fylde Constituency

Staff Governors:-

Mrs Janet Briers – Nursing and Midwifery  
Miss Tina Daniels – Non-Clinical Support  
Dr Tom Kane – Medical and Dental (for items 12 (v)(i) to 12 (viii))  
Mr Ashok Khandelwal – Clinical Support  
Mr Michael Phillips – Community Health Services  
Mrs Sharon Vickers – Nursing and Midwifery

Appointed Governors

Mr Mike Bullock – Council for Voluntary Services  
Councillor Martin Mitchell – Blackpool Council  
County Councillor Ron Shewan – Lancashire County Council  
Mrs Susan Rigg – Lancashire Care NHS Foundation Trust

In Attendance: Mr Gary Doherty – Chief Executive  
Mrs Wendy Swift – Managing Director of Community Development/Transformation  
Mrs Pat Oliver – Director of Operations  
Mr Feroz Patel – Acting Director of Finance (for items 1 to 8(i))  
Mr David Holden – Interim Associate Director of Governance & Corporate Affairs  
Miss Judith Oates – Foundation Trust Secretary  
Mrs Jacinta Gaynor – Membership and Governors' Officer (for items 1 to 8(i))  
Mrs Karen Crowshaw – Non-Executive Director  
Mrs Michele Ibbs – Non-Executive Director  
Dr Mark O'Donnell – Medical Director (for items 1 to 5 (iii))  
Mrs Maggie Heaton – FT RCN Representative  
Ms Jipka Bourner – Community Specialist Practitioner Student  
(shadowing Janet Briers)  
Miss Danielle Griffin – Work Placement Student (for items 1 to 8 (i))

1. Chairman's Introduction

The Chairman welcomed the newly elected Governors to their first meeting although it was noted that they had already attended an informal introductory meeting in October.

It was noted that, in view of the number of attendees, it may be necessary to arrange for future meetings to be held at a larger venue.

The Chairman did not ask attendees to introduce themselves as name plaques had been provided.

The Chairman also welcomed Mrs Karen Crowshaw and Mrs Michele Ibbs, Non-Executive Directors, and explained that there would be an opportunity at this meeting and at future meetings for one Non-Executive to report on their individual skills and responsibilities.

Governors were reminded that lunch would be provided immediately after the meeting followed by a group photograph.

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:-

- Chris Smith – Elected Governor (Blackpool)
- Neal Brookes – Elected Governor (Blackpool)
- Zacky Hameed – Elected Governor (Blackpool)
- Jean Taylor – Appointed Governor (UCLAN)
- Tina Daniels – Staff Governor (Non-Clinical Support)
- Ceri Coulby – Appointed Governor (University of Liverpool)

4. Minutes of the Previous Council of Governors Meeting

**RESOLVED: That the minutes of the previous Council of Governors Meeting held on 16th August 2013 be agreed as a correct record and signed by the Chairman.**

Mr Bamford queried the nurse staffing ratios referred to on page 7.

**RESOLVED: That Mrs Thompson would review the wording in the minutes and provide feedback to the Governors.**

Mr Holden queried the resolution relating to the out-patient model which indicated that feedback would be provided in due course.

**RSSOLVED: That Mrs Oliver would provide a response to the Governors by February 2014 to include an update regarding the out-patient model and an update regarding the review of air quality.**

5. Matters Arising

i) Action List from the Council of Governors Meeting held on 16th August 2013

It was noted that the majority of actions had either been completed or were the subject of an agenda item for this meeting or future meetings.

Out-Patient Clinic Waiting Times

It was noted that this item was scheduled for discussion at the Council of Governors meeting in February 2014.

Review of Trust Constitution – Governors’ Terms of Office

It was reported that the Governors were interested in reviewing the Trust Constitution, particularly in relation to Governors’ terms of office.

**RESOLVED: That Governors interested in joining an elections sub-group would advise Miss Oates.**

ii) Mortality Reduction Action Plan – Review of Impact of Training for Medical Staff

Dr O’Donnell reported that work had been undertaken to highlight the importance of good record keeping which demonstrated that, by ensuring the right diagnosis was included in the patients’ notes early in the patient journey, there would be improvements in coding. It was noted that training was on-going for all junior medical staff in respect of accurate and timely note keeping.

iii) Consultant Suspension – NCAS Process

Dr O’Donnell stated that it was not appropriate to discuss specific cases and reported on the general process relating to consultant suspensions as follows:-

- Only the GMC could instigate suspension from the medical register.
- The Trust process was described as “exclusion”.
- Exclusion was considered only as a last resort if it was determined necessary for the on-going safety of patients.
- SUIs could result in concerns being raised about the clinical practice of a doctor.
- The Medical Director would discuss concerns with the Director of HR and the Director of Medical Education and seek advice from the National Clinical Advisory Service (NCAS).
- The options would be to not pursue further or to restrict practice.
- If a decision was made to introduce restrictions to such an extent that the individual could not continue to practice then they would be excluded.
- An alternative to exclusion would be for the individual to undertake administrative tasks rather than continue with clinic practice.

Dr O'Donnell assured the Governors that such decisions were not taken lightly and were undertaken in conjunction with other internal individuals and external organisations.

The Chairman reiterated that exclusion would be considered only as a last resort but emphasised that there needed to be such processes in place.

Mr Gandhi referred to a specific individual and expressed concern that they had been immediately excluded. Dr O'Donnell emphasised that patient safety was paramount and that he had to act in the best interests of patients. It was confirmed that all decisions had been communicated to the Board, therefore Board members were informed of the process.

Mr Askew asked how the process for consultants compared with the process for nursing staff. Mrs Oliver explained that concerns would be raised initially with the line manager and then discussed with the senior management team with HR input. It was noted that suspension would only be instigated in extreme cases and that the individual concerned would be supported by a named individual from the HR Department. With regard to administrative members of staff, it was noted that consideration would be given to alternative roles within the Trust.

The Chairman stated that the Board was united about the fact that patient safety was paramount and that Board members believed that effective processes were in place.

12. v) Motions or Questions on Notice

i) Staffing

Dr O'Donnell, on behalf of Mrs Thompson, reported in respect of staffing as follows:-

- A Workforce Strategy had been submitted to the Board in October 2013 and that Dr O'Donnell and Mrs Thompson were working to develop this further.
- Since the last staffing update to the Council of Governors, a workforce group had been established in response to the Keogh Review under the wider strategy of Better Care Now which included three elements, namely developing pathways, reducing delays and focusing on workforce.
- There were nurse staffing vacancies at present, however, agency staff had been recruited to address the shortfall, although this incurred costs in excess of NHS costs and therefore every effort was being made to recruit to the vacancies.
- There were recommendations from the Royal College of Nursing about the required number of consultants and juniors per head of population.
- A nurse staffing template had been agreed for each ward with a ratio of skilled and unskilled nurses.
- The Trust had made a major investment to increase nurse staffing and a number of additional nursing staff had recently been recruited.
- The Trust was currently behind the remainder of the country and the North West in terms of doctor to bed ratio, therefore the Board had made a commitment to increase the number of consultants in post.

- There was an active process on-going in respect of consultant recruitment and recent appointments had been made in Orthopaedics and Radiology and interviews were taking place later in the day for a Consultant in Palliative Care.
- A national consultant recruitment campaign would be launched later in the month entitled "Place To Be".
- The appointment process for consultants was to be refreshed and would include a competency based assessment to include clinical skills and teamwork skills.
- Discussions were taking place with the Dean from the North West Deanery about encouraging junior doctors to undertake their training in Blackpool in order to address the shortfall in junior doctors.
- There had been preliminary discussions with Professor Gatrell, Dean of the Health Faculty at Lancaster University, about the possibility of joint academic consultant appointments.
- Consideration was being given to re-introducing relocation expenses to candidates in order to encourage more people to apply for posts in Blackpool.

The Chairman emphasised the importance of the quality of medical and nursing staff and stated that this was a real area of focus for the Board.

Mr Askew commented that feedback about the process had been helpful and suggested that Governors could help to encourage members to consider a career in the health service.

Mrs Briers asked whether the workforce plans included the district nursing service and Dr O'Donnell confirmed that both acute and community services were included as part of the overall strategy; it being noted that Mrs Thompson had submitted a report to the Board in the summer about staffing levels for district nursing services and maternity services and it had been recognised that there was a national shortfall.

#### ii) Staffing Level Report

Mr Bamford stated that staff turnover was 9% which was significant in terms of the recruitment required each year.

Mr Doherty reported that the Trust had recently introduced an on-line survey for those members of staff leaving the Trust and the results indicated that staff were leaving the Trust to return to education/training or to retire or to transfer to another NHS organisation. Mr Doherty stated that it was important to know about those staff who were leaving the Trust because they were unhappy in their work.

With regard to the consultant recruitment process, Mr Gandhi asked whether communication skills would be tested and was advised that this would be incorporated within the aptitude test.

Mrs Vickers referred to the recent recruitment of overseas nurses and expressed concern regarding the language barriers which, ultimately, could result in patients being at risk. Mrs Oliver explained that candidates were subject to a language test prior to reaching the interview stage and that they were required to achieve a national standard prior to interview. The Chairman stated that this was an important point to raise and confirmed that the Board was satisfied with the process but wanted to ensure there was no increase in complaints as a result of language barriers. The Chief Executive stated that this issue needed to be addressed and the challenge would be to develop skills and support individuals and address any areas of concern.

Dr Kane congratulated the Board for actively increasing the number of consultants employed by the Trust which was encouraging.

Dr O'Donnell reported that, in advance of introducing changes to the consultant recruitment process, the Trust was in discussion with York Teaching Hospital NHS Foundation Trust regarding its successful two day recruitment programme.

Mr Bamford stated that staff turnover had an impact on all staff and he asked how the Trust would cope with, for example, staff training bearing in mind the shortage of staff. Mr Doherty acknowledged that this would be a challenge but that improved initiatives were in place, for example, mandatory training to be undertaken throughout the year rather than at the year end. Mr Doherty stated that there would need to be a balance between the commitment to ensure staff received training for both mandatory and development purposes and the provision of services on the shop floor. The Chairman stated that this was a key area which was work in progress and which would be reported on regularly.

- iii) Keogh Review
- iv) Berwick Report

It was noted that the questions relating to the Keogh Review and the Berwick Report would be addressed under the Chief Executive's Assurance Report.

6. Council of Governors Meetings – Action Tracking Document

The Chairman referred to the Action Tracking Document and explained to the newly elected Governors that this related to items discussed at previous meetings which had not yet been actioned.

Youth Forum

It was noted that a young person from a youth organisation needed to be appointed to the Council of Governors as soon as possible.

Mr George Holden reported that it was now not appropriate to make an appointment from Blackpool Youth Voice (formerly Blackpool Youth Council) because the new organisation was being inaugurated.

It was suggested that an approach be made to the students at Blackpool & The Fylde College.

**RESOLVED: That Mr George Holden would progress this issue in conjunction with Mrs Walthew and provide an update at the next meeting.**

### Declarations of Interests

The Chairman reminded Governors that their declarations of interests form needed to be returned to Miss Oates.

**RESOLVED: That Governors would ensure that their declarations of interests form was returned to Miss Oates by the end of November in order that the register could be updated.**

### 7. Chairman's Report

#### i) Chairman's Update

The Chairman's Update was provided for information.

The Chairman stated that he continued to meet with external organisations and stakeholders when possible.

#### ii) Arrangements for Future Council of Governors Meetings

The Chairman requested views from the Governors, particularly the newly elected Governors, regarding the timing and venue for future meetings.

Mr Askew reported that the Governors had discussed this issue informally and it had been suggested that there would be some merit in arranging meetings at community premises which may then determine the timings of meetings. With regard to community premises, the Chairman suggested that a tour of the selected venue could be arranged immediately following the meeting.

**RESOLVED: That Governors would forward any further comments to Miss Oates by the end of December, following which a revised schedule of meetings would be circulated.**

#### iii) Programme of Presentations at Council of Governors Meetings in 2014

The Chairman asked the Governors for feedback regarding future presentations at Council of Governors Meetings and he outlined the suggestions from the Governors' introductory meeting as follows:-

- One item per meeting for detailed discussion
- Themes from Health & Well-Being Board, i.e. alcohol, housing
- Support for patients in their own home
- Public health, i.e. lifestyles in Blackpool
- End of Life Care

**RESOLVED: That Governors would forward any further suggestions to Miss Oates by the end of December, following which a programme would be developed for 2014 to include appropriate presenters.**

#### iv) Arrangements for Visits to Community Premises

The Chairman referred to Governors' visits and assured the Governors that they were permitted to visit community premises and that the schedule for 2014 would include such visits.

Mr Chivers commented that there were in excess of 40 community premises but that he was not aware of their location or the services provided.

**RESOLVED: That arrangements would be made for Governors to visit a number of suitable community premises during 2014.**

8. Chief Executive's Report:-

i) Chief Executive's Assurance Report

Mr Doherty presented the Chief Executive's Assurance Report which had been submitted to the Board at the end of October 2013 and which was self explanatory.

The Chairman reminded Governors that Board meetings were now held in public which provided an opportunity for Governors and members to attend.

Mr Doherty referred to his written assurance report and also gave a presentation which included feedback about the Keogh Review and the Berwick Report.

Mr Doherty explained that the assurance report highlighted those areas where the Trust had performed well and those areas where there were some concerns.

Keogh Review:-

- The action plan had been signed off and accepted by Monitor, the CQC, the Local Area Team and the Clinical Commissioning Groups and was available from Miss Oates upon request.
- The action plan highlighted the areas that were not on track, i.e. the roll-out of the new incident system and the patient experience revolution training for medical staff.
- Good progress had been made in respect of governance, pathways, workforce and KPIs.
- Members from the CCG and Healthwatch had visited the Trust the previous day and had spent time in the Families Division, particularly the children's department and the obstetrics department, and also on the medical and surgical wards. Members of the team had reviewed the areas and had spoken to staff about staffing levels, infection prevention, etc. The initial feedback had been positive.

**RESOLVED: That Mr Doherty would circulate the report to Governors upon receipt.**

Other Key Areas/Issues:-

Mr Doherty reported that there would be a CQC inspection in January 2014 which it was anticipated would follow a similar process to the Keogh Review.

With regard to performance against national targets, it was noted that the main concerns at present were as follows:-

- Infection Prevention – 20 C Diff cases at present against a trajectory of 22.
- Complaints – clearer responses were needed.
- Friends and Family Test – response rates were low at present.
- CQUIN – improvement was needed in terms of dementia screening for all patients coming into hospital aged over 75.



### CQC Intelligent Monitoring Report:-

It was noted that the Trust had been identified as one of twenty Trusts to receive a routine inspection as part of the Keogh Review process and had been rated in Band 2 due to the number of risk areas identified, i.e. eight in total, six of which related to different mortality indicators, one of which related to the in-patient survey and one of which related to a whistle-blowing alert.

With regard to the mortality indicators, Mr Doherty explained the SHMI (Summary Hospital Mortality Indicator) which highlighted that the Trust's mortality rate had reduced to 91 and therefore the Trust was less of an outlier than previously. It was noted that the SHMI was monitored on a weekly basis and Mr Doherty assured the Governors that the Trust was progressing in the right direction.

Mr Bamford referred to the requirement to review avoidable deaths and complimented the Trust for the work being undertaken in this area.

### Berwick Report:-

Mr Doherty referred to the Berwick Report – Improving the Safety of Patients in England (a promise to learn – a commitment to act) which included a number of recommendations; it being noted that the main focus was moving away from blame towards learning. Mr Doherty expressed the view that the Trust was a culturally open and transparent organisation and that the Trust complied with the recommendations within the report. It was noted that the Chief Executive would be considering ways of encouraging front line staff to suggest areas for further improvement.

Governors were advised that the document was available on-line or via Miss Oates upon request.

**Post Meeting Note: a link to the report was emailed to Governors on the 28th November 2013.**

### Finance:-

Mr Doherty reported that there were challenges with regard to the Trust's financial position as a result of the following:-

- Pay expenditure and non-pay expenditure, which was £0.9 million and £4.4 million worse than plan respectively.
- A QuIPP forecast outturn of £14.2 million against a target of £16 million.
- A cash balance of £20.6 million which was £0.4 million worse than plan.
- A year end forecast of £1.9 million which was £4.5 million worse than plan without mitigation and would result in a Continuity of Services Risk Rating (CoSR) of 2, however, the net flexibility could increase the surplus to £3.0 million resulting in a CoSR of 3 at the year end. It was noted, therefore, that there was limited assurance with regard to the CoSR and that Monitor had been informed.

Mr Phillips asked about the impact in terms of contractual penalties and the overall year end position. Mr Doherty explained that, within the national contract, there were some set targets which, if not achieved, would result in financial penalties; it being noted that the most significant penalty was in relation to infection prevention. Mr Doherty further explained that there were also financial rewards via CQUIN which it was anticipated the Trust would receive as a result of delivering national and local targets.

Mr Chivers referred to his attendance at a recent Board meeting and the discussion about testing the market for the sale of Fleetwood and Rossall Hospitals. Mr Shewan referred to the sale of Fleetwood and Rossall Hospitals and the Chairman advised that discussions were on-going. Mr Doherty advised that an option appraisal was being undertaken to determine the most appropriate location for patient beds.

**RESOLVED: That Mr Doherty would inform the Governors about developments.**

At this juncture, the Chairman reported that, in view of the Governors' request to receive information about the role of Non-Executive Directors, he had asked Mrs Crowshaw to provide a brief overview.

Mrs Crowshaw reported on the NED role and her specific responsibilities as follows:-

- She had been a NED for 2½ years and was still learning about the Trust.
- She was the Deputy Chairman, Chairman of the Quality Committee and a member of the Finance Committee.
- The outcome of the committee meetings was reported within the Chief Executive's assurance report.
- The Board was required to review assurance at a high level without spending time on the detail.
- The purpose of the Quality Committee was to provide assurance to the Board that action plans were in place and were sufficiently robust to ensure delivery of high quality patient care.
- She attended Patient Safety Walkabouts which provided an opportunity to assess the standard of patient care; it being noted that a recent Patient Safety Walkabout had highlighted that the target for screening patients for dementia was not being achieved and therefore this was being addressed by Mrs Thompson and Dr O'Donnell and had been drawn to the attention of the Chief Executive.
- Other key targets which were monitored included infection prevention, cancer targets, SUIs and workforce issues.
- There was significant impact on ensuring that concerns were addressed "at pace" which was one of the issues raised in the Keogh Report.
- Meetings of the Quality Committee took place every two months and she would meet with Mrs Thompson and Dr O'Donnell in advance of the meeting and following the meeting to review progress.

Mr Askew asked how Governors could interact with the NEDs and provide support.

**RESOLVED: That Mrs Crowshaw and Mr Askew would consider how to dovetail the work undertaken by NEDs/Governors and how it fitted into the existing committee structure.**

Mr George Holden asked about feedback to PALS and Mrs Crowshaw advised that this was actioned via Mrs Thompson.

**RESOLVED: That Mrs Crowshaw would check with Mrs Thompson that feedback from the Quality Committee was communicated to PALS.**

The Chairman commented that the Keogh Report recommended that a NED should be directly involved with complaints and he confirmed that Tony Shaw had been nominated as the Patient Communication Champion.

Mrs Crowshaw provided further information about the NED role and her involvement in various events/meetings as follows:-

- Equality & Diversity Conference – chaired on behalf of the Chairman.
- AAC - recruitment panel for three Consultant Radiologists.
- Monitor Visit.
- Remuneration Committee.
- Patient Safety Walkabouts.
- NEDs Visits.
- Clinical Excellence Awards Panel.
- Patient Experience Firelighter Course.
- Appeals/Hearings.

The Chairman stated that he hoped the Governors had found Mrs Crowshaw's resume helpful in terms of both the NED role and the Quality Committee and confirmed that other NEDs would be invited to provide a resume at future Council of Governors' meetings.

With regard to Patient Safety Walkabouts, Mr Gandhi requested a visit to the National Artificial Eye Service.

**RESOLVED: That Miss Oates would arrange for the Governors to visit the National Artificial Eye Service.**

ii) Compliance Monitoring Assurance Report

The Compliance Monitoring Assurance Report was noted by the Governors.

iii) Chief Executive's Quarterly Report

The Chief Executive's Quarterly Report, detailing the activities that had taken place during the past few weeks, was provided for information and was self explanatory.

9. Lead Governor's Report

i) FTGA Feedback

Mr Askew reported that Mrs Vickers and himself would be attending the FTGA Development Day and AGM on the 21st November 2013.

It was noted that the FTGA website links were not up to date.

ii) Feedback from the Informal Governors' Meeting held on 11th October 2013

Mr Askew provided feedback from the informal Governors' meeting as follows:-

- Mr Smith, Deputy Lead Governor, had agreed to take on the role of Membership Committee Chairman.
- Mr Smith had agreed to review Governors' involvement in committees and sub-committees and would provide feedback in due course.

**RESOLVED: That Governors would contact Mr Smith direct with any views relating to Governors' involvement in committees and sub-committees.**

- Governors had been asked to provide comments in relation to the action tracking document and the most appropriate way of monitoring Governors' business.

iii) Feedback from Monitor Visit on 21st October 2013

Mr Askew reported that Mr Holden, Mrs Walthew and himself had attended a meeting with Monitor on the 21st October. It was noted that Monitor had been interested in the Trust's forward plans and had recognised the importance of the Council of Governors. Mr Holden commented that it had been a worthwhile meeting with positive conclusions.

Mr Holden asked about feedback from Monitor following the visit and Mr Doherty confirmed that Monitor's view was that it had been a positive visit.

It was noted that the uncertainty experienced in other Trusts, particularly those in "special measures", did not feature at this Trust and the importance of communicating at every level of the organisation was emphasised.

**RESOLVED: That Governors would be notified about the CQC inspection dates in January once confirmed because it was likely that the programme would include meetings with Governors.**

10. Membership Report

i) Membership Update

Mrs Walthew referred to the membership update which was provided for information.

Reference was made to Governors becoming involved in the Membership Committee or its sub-groups.

**RESOLVED: That Governors interested in joining the Membership Committee or its sub-groups would contact Mrs Gaynor.**

Mr Doherty suggested that it would be useful to undertake a piece of work considering the different ways in which Governors could engage with members and the public. The Chairman advised that the suggestion of arranging Governors' Surgeries once/twice per month in the new main entrance was being considered. Mr Bullock reported that the CVS had 1300 organisations across Blackpool, Wyre and Fylde, which included members within each organisation, and that it may be useful to channel efforts in this direction.

**RESOLVED: That Mr Bullock would liaise with the Membership Committee regarding engagement with members within the CVS.**

**That the Membership Committee would consider engagement with members/public and submit proposals to the Council of Governors in February 2014.**

ii) Items referred from the Membership Committee Meeting held on 22nd July 2013

There were no items referred from the Membership Committee.

iii) Membership Committee – Revised Terms of Reference

The revised membership Committee Terms of reference were provided for information.

11. Feedback Reports:-

i) Feedback from Foundation Trust Network GovernWell Events

Feedback was given following attendance at GovernWell Training Events as follows:-

- The Governor Role in Non-Executive Appointments – 3rd September 2013 (Mrs Rigg/Mrs Taylor/Mr Gandhi):-
  - It had been a worthwhile event.
  - There were opportunities to network with Governors from other Trusts.
  - There was an opportunity to interview an existing Chairman.
  - Some of the good practice being recommended was already being undertaken by the Trust.
- Core Training – 4th October 2013 (Mr Barley):-
  - It had been a useful event which included information about the role of the Governor and how to challenge Non-Executive Directors to ensure the Board operated effectively.

At this juncture, the Chairman advised the Governors that he had asked the HR Department to refresh the Governors Development Programme which it was anticipated would be organised for early in the new year. The Chairman further advised that he had asked the HR Department to review the induction process for Governors because it was not considered appropriate for Governors to attend the two day corporate induction programme.

12. Standard Reports – Mr Johnson to report:-

i) Items to be Reported to the Board of Directors

There were no items to be reported to the Board of Directors.

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

There were no items to be recommended for decision or discussion by Trust committees.

iii) Annual Work Plan

The Annual Work Plan was provided for information and the Chairman advised that it would be streamlined for 2014.

iv) Attendance Monitoring

The attendance monitoring form was provided for information.

v) Motions or Questions on Notice

It was noted that the motions and questions had been dealt with earlier in the meeting.

Mr Askew stated that the motions and questions had arisen from the informal Governors meeting and confirmed that they had now been addressed.

vi) Urgent Motions or Questions

There were no urgent motions or questions.

vii) Declaration of Confidentiality

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

viii) Date of Next Meeting

The next meeting was scheduled to take place on Friday 14th February 2014, however, it has been postponed in order that the following items can be included on the agenda for discussion/approval:-

- Annual Plan.
- Appointment of External Auditors.

**The revised date for the meeting is Monday 17th March at 1.00 pm in Room 4, Education Centre, Blackpool Victoria Hospital.**