

Minutes of the Blackpool Teaching Hospitals NHS Foundation Trust
Council of Governors Meeting held on Wednesday 1st November 2017
at 1:30 pm in the Boardroom, Trust Headquarters, Blackpool Victoria Hospital

Present: Mr Ian Johnson – Chairman

Council of Governors

Public Governors:-

Mrs Beverley Clark - Blackpool Constituency
Revd David Crouchley – Lancashire & Cumbria Constituency
Mrs Adele DeVito – Blackpool Constituency
Mrs Sheila Jefferson – Fylde Constituency
Mr Zacky Hameed – Blackpool Constituency
Mrs Camilla Hardy – Blackpool Constituency
Mr George Holden – Blackpool Constituency
Mrs Heather O’Hara – Blackpool Constituency
Mr Ian Owen – Wyre Constituency
Mrs Betty Ray – Wyre Constituency

Staff Governors:-

Mrs Tina Daniels - Non-Clinical Support Constituency
Mr Peter Farrington - Nursing & Midwifery Constituency
Mr Michael Phillips - Community Services (North Lancashire) Constituency
Mrs Sharon Vickers - Nursing & Midwifery Constituency (for items 1 – 6)

Appointed Governors

Dr Amelia Hunt - Lancaster University
Dr Deborah Kenny - UCLAN
Councillor Martin Mitchell - Blackpool Council
Mrs Michelle Smith - Fylde Coast Carers Trust
Mr Steve Winterson - Lancashire Care NHS Foundation Trust

In Attendance: Mrs Wendy Swift - Chief Executive
Mr Keith Case - Non-Executive Director
Mrs Karen Crowshaw - Non-Executive Director
Mr Mark Cullinan - Non-Executive Director
Mr Keith Dickinson - Chief Finance Officer (for items 1 – 6)
Mr Steve Finnigan - Non-Executive Director (for items 1 – 6)
Mr Michael Hearty - Non-Executive Director
Mr Alan Roff - Non-Executive Director
Mrs Pat Oliver - Director of Operations
Mrs Marie Thompson - Director of Nursing & Quality
Mrs Mary Whyham - Non-Executive Director (for items 1 – 6)
Mr Matthew Burrow - Head of Corporate Assurance
Miss Judith Oates – Corporate Assurance Manager/Foundation Trust Secretary
Mrs Jacinta Gaynor - Membership & Governors Officer (minutes)
Mrs Nicola Speakman - Care Quality Commission (observing)
Mr Mark Towers - Governance Advisor

At the beginning of the meeting the Chairman welcomed all Governors. He thanked the Governors for the emails he had recently received in relation to the election for the Lead Governor and Deputy Lead Governor and confirmed that this would be discussed later in the meeting. He emphasised the importance of engaging with Governors and apologised for his misinterpretation of the wishes of Governors regarding the appointment of the Lead Governor and Deputy Lead Governor.

The Chairman welcomed Mrs Nicola Speakman, representative from the Care Quality Commission (CQC). He explained that Mrs Speakman was observing the meeting as part of the Trust's CQC Inspection. He stated that this demonstrated the importance the CQC attached to the work of the Governors.

1. Register of Interests

It was noted that there were no declarations of interests from the Governors in relation to the agenda items for this meeting.

At this point, the Chairman welcomed the newly elected Governors to their first meeting of the Council of Governors, namely, Mrs Adele DeVito (Blackpool Constituency), Mrs Betty Ray (Wyre Constituency), Mr Peter Farrington (Nursing & Midwifery Staff Constituency) and Miss Tina Daniels (Non-Clinical Support Staff Constituency). He stated Mr Graham Stuart (Fylde Constituency) was unable to attend the meeting.

2. Apologies for Absence

Apologies for absence were received from Mrs Sue Crouch, Mr Robert Hudson, Dr Ranjit More, Mrs Patricia Roche, Mr Graham Stuart and Mr Anthony Winter.

The Chairman noted that the meeting was quorate.

3. Value of the Month

The Chairman reported that the Value of the Month for October was "Compassion – take time to deal with others with compassion and care". He asked Governors whether they had witnessed, or wished to raise, any specific issues relating to the Value of the Month.

The Chairman stated that a good example had been given at the Board Meeting in Public that morning and invited Mrs Swift to report. Mrs Swift stated that she had recently attended the Filipino Nurses Halloween Party where nurses had attended with their family. She reported that it had been a fantastic event and involved the newly recruited nurses and those who had been employed by the Trust previously. She reported that it had been great to see them come together to support one another.

4. Minutes of the Previous Council of Governors Meeting

Mrs Hardy requested that the following change be made to item 10 a) – Chairman's Appraisal 2016/17 and Objectives 2017/18 on page 6:-

- The Nominations Committee was pleased to note the move towards making the Chairman's objectives more SMART.

RESOLVED: That following the above amendment, the minutes of the previous Council of Governors Meeting held on 26th July 2017 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 26th July 2017

The Chairman reported that out of the 19 items in total on the action list, 16 items were complete and 3 items were not yet due.

b) Action Tracking Document

The Chairman reported that there were 2 items on the action tracking document.

The first item was in relation to the process for the approval of Significant Transactions by the Council of Governors and he confirmed that a Governors Sub-Group was to be established to review whether any constitutional changes were desirable.

RESOLVED: That the item relating to significant transactions be closed.

The second item related to the recruitment process for a new Membership Committee Chair which he confirmed would be undertaken prior to the next meeting of the Membership Committee on 21st December 2017.

RESOLVED: That the item relating to the recruitment process for a new Membership Committee Chair be closed.

6. Items for Discussion/Approval

a) Strategy Update and Feedback from Governors Strategic Focus Group Meeting held on 3rd October 2017

The Chairman stated that at the Council of Governors meeting on 26th July 2017 it had been agreed to keep Governors up to date with changes in Trust Strategy through the Governors Strategic Focus Group. He informed the Council that at the last meeting, which had not been well attended by Governors, it had been agreed to increase the membership of the Group to 12 with a quorum of 10.

The Chairman agreed that an email would be sent to all Governors requesting expressions of interest for the Group with details of the date and time of the next meeting.

RESOLVED: That Miss Oates would email all Governors requesting expressions of interest for the Governors Strategic Focus Group, with details of the date and time of the next meeting.

Mrs Swift stated that the Group had identified a few items to bring to the attention of the Council of Governors, however, the smaller group had discussed items in much more detail. She pointed out that the Executive Directors were very entrenched in the day-to-day running of the organisation and that Governors brought a fresh perspective.

Mr Holden stated that there was an outstanding area of public interest in the ACS development. Mrs Swift confirmed that this was to be discussed later on the agenda. The Chairman confirmed that the Trust needed to look at how best to engage with members of the public.

Mr Holden confirmed that it had been agreed at the Governors Strategic Focus Group meeting that a review report would be shared with the Council in January 2018 regarding the progress with ATLAS.

RESOLVED: That Mrs Thompson would submit a review report to the Council of Governors meeting on 31st January 2018 in relation to the progress of ATLAS.

i) Care Quality Commission Update and Use of Resources Assessment

The Chairman stated that Mrs Thompson would give a presentation on the upcoming CQC Inspection.

Mrs Thompson provided a presentation which consisted of the following:-

- Background.
- CQC Quality Improvement Themes.
- CQC Inspection 2017.
- Well-Led Inspection.
- CQC Inspection Preparation and Handling.
- CQC Inspection – ‘Getting to Good’.

Mrs Thompson provided some background information relating to previous Trust inspections:-

- Keogh Inspection (June 2013) – the Prime Minister had requested assurance in terms of those Trusts that had increased mortality rates. Blackpool was 1 of 3 Trusts that was not placed in special measures due to the confidence in the plans the Trust already had in place and the leadership of the Trust at that time.
- CQC Inspection - Blackpool Victoria, Fleetwood and Clifton Hospitals (January 2014) – there had been a comprehensive inspection of the Trust’s services following the integration with Community Services.
- CQC Re-inspection - Maternity Services and A&E Services (September 2015) – this resulted in a ‘required improvement’ rating and a specific A&E action plan was produced in relation to patients with mental health issues. The Trust had worked and would continue to work very closely with Lancashire Care Foundation Trust.
- CQC Inspection – Quarter 3 (2017) – this would consist of a Community Services unannounced 3-day visit (a planning meeting was due on 6th November 2017); Core Acute Services unannounced 4-day visit; Well-Led announced 3-day visit (12-14th December 2017) and an NHSI Use of Resources (UoR) assessment on 10th November 2017.

Mrs Thompson stated that Trust staff had continued to work towards quality improvement themes in areas such as:

- Mortality.
- A&E Performance & Response to Regulated Action (Mental Health).
- Stroke Services.
- Health Care Records.
- Safe Staffing.

She stated that the Trust had been working very closely with the CQC in preparation for the Quarter 3 inspection. In August 2017, the Trust had been informed of the eight key lines of enquiry, which had been discussed across the organisation with Clinical Leaders, Board members, Operational Managers and partnership organisations. As a result of these discussions, and from the completion of the self-assessment toolkit, A&E and urgent care services had been rated as ‘requires improvement’. This work would be continually assessed and monitored and any issues would be escalated to the Board of Directors.

At this point Mr Hameed queried whether the Trust had been self-assessing? Mrs Thompson and Mrs Swift both confirmed that this was correct and that clinical staff had been involved throughout the assessment period.

Dr Hunt enquired if there had been any involvement from the Non-Executive Directors (NEDs). The Chairman confirmed that he had been involved. Mr Roff confirmed that in his role as Chair of the Quality Committee he had been extensively involved in discussions around the process and the data produced in order to gain assurance that this was in-line with the CQC expectations.

Mr Holden enquired whether any non-medical staff had been involved. Mrs Thompson confirmed that the Divisions would have involved the relevant staff within the timescales provided.

Mr Holden also enquired whether the Patient Relations Department would have been involved. Mrs Thompson stated that the Patient Experience surveys in respect of caring and patient experience demonstrated that the Trust was responsive as an organisation.

Mrs Thompson confirmed that in relation to the Trust's self-assessment, there had been regular engagement meetings with CQC:-

- 28 Community Focus Groups with CQC.
- CQC visit to Clifton and three focus groups.
- CQC visit to Maternity and two focus groups.
- CQC visit to Blackpool Victoria Hospital Outpatients Department.
- CQC visit to Paediatric Community Services.
- CQC visit to Medical Devices.
- CQC meeting with the Freedom to Speak Up Guardian.
- Community Services Mock Visit rolling programme over past 18 months.
- Trust core briefing pack shared with the Divisions, Trust Management Team, Clinical Policy Forum and the universities.
- Regular seven minute briefings circulated to all staff.
- CQC Insight Report for Mortality (SHMI), Never Events and A&E.

Mrs Thompson also confirmed that the Trust had set up a CQC Inspection Hub to prepare and handle:-

- Workstreams.
- Communication and Engagement.
- Data and Information.
- Implementation and Assurance.
- Logistics and Environment.

Mrs Thompson informed the Council that NHSI would be compiling a report on the UoR assessment and this would form part of the overall CQC inspection report due in February 2018. She stated this would give a good insight into how the Trust had managed its resources. Mr Holden queried if the values on the procurement metrics were percentages. Mr Dickinson confirmed that this was a score, however, he would be happy to discuss this in more detail with Governors. The Chairman stated that a presentation to the Council would be useful.

RESOLVED: That arrangements would be made for a presentation to be given to the Governors Strategic Focus Group on the Use of Resources post publication of the report.

Mr Phillips stated it would be helpful to have a comparison and Dr Hunt stated that it would also be useful to understand the RAG rating system. Mrs Swift suggested that a session on the details could be given to the Governors Strategic Focus Group.

Mr Dickinson confirmed that the assessment was for the acute model hospital services only and did not include community services. He further confirmed that National and Peer comparison data was indicated within the Model Hospital data. He stated that the model made assumptions, for example, that the Trust would use the Top 10 medicines in the model, however, as the Trust did not use three medicines of the Top 10 therefore the RAG rating was red.

Mr Hameed queried the change in financial score ratings. Mr Dickinson confirmed that the rating scale had changed during the last financial year and that under Monitor the scale was 1 – 4 with 4 being the top of the scale. However, this had been reversed under NHSI's UoR with 4 being the bottom of the scale. He confirmed that the ratings mirrored the CQC ratings and, going forward, this would help the Trust to be more consistent with its measures.

ii) Safety and Quality Improving Patient Flow and Length of Stay

Mrs Oliver confirmed that significant work had taken place across the Trust in relation to Better Care Now (BCN) and Length of Stay (LoS) and that this work had been reviewed during the summer, which had resulted in a revised BCN programme across four distinct themes:-

- Admission and Admission Avoidance – led by Mrs Pat Oliver.
- Care and Treatment – led by Dr Nick Harper.
- Return to Home – led by Mrs Marie Thompson.
- HR Team / Engagement – led by Professor O'Donnell/Mrs Jane Meek.

Mrs Oliver stated that there had been an intensive work programme in place and that a new version was currently being agreed with staff in order to focus on ways to make changes, including areas such as:-

- Admission and Admission Avoidance:-
 - Emergency Department Refurbishment which was a Capital Project.
 - Discharge Lounge which was a Capital Project.
 - Revised Admission Model.
 - Observation and CAT to be co-located (Phase 2).
 - Frailty Pilot (a team now on AMU).
- Care and Treatment:-
 - Board Round Development Review and Challenge.
 - Post-acute Ward Step Down (BVH).
 - Medically optimise patient flow.
 - Theatre/Cath Lab Efficiency Review of Consumables and Implants.
 - Planning of Elective Activity.
- Return to Home:-
 - Intermediate Wards (Clifton).
 - Community Outreach Support Team.
 - IV Therapy optimisation and expansion.
 - Integrated Discharge Teams.
 - Accelerated approach to Discharge to Assess.
- HR Team / Engagement:-
 - Cultural shift to different ways of working.
 - Support of staff.

iii) Accountable Care System Update

Mrs Swift stated that she had provided an update to the Governors Strategic Focus Group (GSFG) at the meeting on 3rd October. She confirmed that at the meeting it had been agreed to look at ways in which to communicate and engage with members of the public and how best to involve Governors in this process. She confirmed that this would be discussed at the next meeting of the GSFG.

RESOLVED: That communication and engagement with members of the public would be discussed at the next meeting of the GSFG on 9th January 2018.

b) Mortality Update

Mr Roff provided a presentation on Mortality which covered:-

- Background:-
 - What is it?
 - What does it matter?
 - How is it measured?
 - Issues?
- Data.
- Timeline.
- Conclusions:-
 - Issues for the Future.

Mr Roff explained that in order to understand how Mortality figures were determined, a statistical approach needed to be taken, with the 100% being an average Trust score that was constantly reassessed. The mortality index considers the health conditions of every patient and population factors, therefore, in order to be accurate staff needed to accurately record co-morbidities. An additional factor to be aware of was the time lag between the transfer of the data and the publication of the data.

He stated that, as a result of the Trust having a SHMI index of 130% in 2011, the Trust had been subject to a visit by AQuA. This visit resulted in an action plan being produced, a Mortality Lead being appointed and a Mortality Committee being established at Board Level across the whole health economy. Further work was implemented across the Trust around improving coding, improving accuracy of recording actions and the improvement of pathways, along with monthly Executive Group Review meetings as well as a review of Trust strategies. Mr Roff stated that in 2013 the Trust was 1 of 14 hospitals included in the Keogh Review, however, as a result of the work implemented by the Trust it was 1 of 3 Trusts not placed in 'special measures'. The culmination of all this work resulted in the SHMI index being reduced to 114-115%. Mr Roff stated that the aim of the Trust was to reduce its rating further to 100% by 2019. He concluded that the improvement of the Trust's rating would be affected by several factors such as an improved whole health economy strategic approach and patient care that was informed and standardised.

The Chairman thanked Mr Roff for his informed and honest interpretation.

Dr Hunt stated that few hospitals had a SHMI index rating of 100% and queried how challenging it would be to achieve. Mr Roff confirmed that a few Trusts in London, a more affluent area of the country, had a score of 100% and a few Trusts in deprived areas had a score less than 100%. He stated that the Trust was halfway along the path and with the continued improvements across the whole health economy he felt it was more a case of how quickly this would be achieved.

Mrs Jefferson enquired what could be done to provide an earlier diagnosis in relation to sepsis? Mrs Thompson confirmed that prompt assessment was necessary and that staff were required to contact the sepsis bleep holder. She confirmed that it was critical that antibiotics were commenced within the first hour of a patient presenting at

the hospital and to enact the 6 sepsis steps. She confirmed that the Trust's statistics for the last few months had demonstrated positive outcomes.

c) Finance Update

Mr Dickinson gave the following background on the Trust's finances. He stated that the Trust had set an income and expenditure surplus of £3.8m control total for 2017/18 in agreement with NHSI. This was based on the planned assumption that the Trust would receive the full £9.4m (£6.6m financial and £2.8m A&E performance) Sustainability and Transformation Fund (STF). The Trust had been required to make CIP savings of £21.0m. He informed the Council there had been two cost inflation requirements during the year of approximately £10m (including £6m pay and two CNST insurance payments of £2.6m). He confirmed the Trust had planned to have a year-end cash balance of £6.2m, with sufficient funds available for repairs and maintenance of £7.0m and for improvements such as the A&E expansion. He stated the Trust planned to have a NHSI UoR rating of 3 at year-end.

He confirmed the half year position for the Trust; it being noted that it currently had a deficit of £3.6m against a planned deficit of £2.8m. This included £2.5m from the STF (finance related), but excluded £0.8m from the STF (A&E performance). The Trust had achieved a CIP of £6.9m. The key adverse variances against budget had been the escalation wards costs of £1.8m and the agency costs of £1.7m. The main divisional overspends against budget had been in the Scheduled Care Division totalling £1.6m and in the Unscheduled Care Division totalling £1.0m. He confirmed the current cash position was £7.8m and the current capital expenditure was £2.3m

Mr Dickinson confirmed that £16m worth of CIP schemes were rated amber/green although there was a shortfall of £5m in schemes rated red. He confirmed that there was a great deal of focus from Board Level via the Transformation Executive Board to ensure the CIP plans were reviewed accordingly. He also stated that Mr Tony Winter acted as the Governor observer on the Finance Committee where CIP plans were discussed in detail. He stated that he would be happy to discuss the detail in relation to CIP outside of the meeting.

RESOLVED: That any Governors interested in discussing the finer details of CIP savings should email Miss Oates.

Mr Dickinson stated that he would be more than happy to provide the Governors with a training session.

RESOLVED: That any Governors interested in attending a Finance training session should email Miss Oates with their interest.

He confirmed that the Trust would continue to invest in clinical quality and safety schemes and make further developments such as:-

- Primary Care Streaming costing of £1.6m.
- Freedom to Speak Up.
- Unscheduled Care infrastructure.
- Patient Records costing £25m.
- Extensive Care Service expansion.
- Adult Cystic Fibrosis Centre growth.
- Stroke Services with additional resources in Physiotherapy, Occupational Therapy and an Advanced Nurse Practitioner.
- Fylde Coast ACS.
- Fast Follower (IT) costing £2.5m.
- Clinical systems.
- BFW Management Ltd (ATLAS) expansion.
- Procurement and pathology collaborations with STP partners.

Mr Dickinson stated that the main risks and challenges going forward were:-

- The Trust's performance required to achieve CIP and the STF for the second half of the year.
- The delivery of A&E performance achieving the 95% 4-hour target.
- The winter pressures costs of approximately £6m.
- The cancellation of elective activity and the impact on RTT / cancer waits.

He confirmed that there were actions in place to monitor the risks such as the fortnightly Turnaround Board meetings, Divisional Performance Reviews, Executive Director Reviews and an A&E recovery plan. In addition, the Fylde Coast ACS had regular discussions to ensure the whole system could support A&E performance delivery. Mrs Crowshaw confirmed that she reviewed the minutes of the Turnaround Board meetings and that they were very challenging meetings.

The Chairman thanked Mr Dickinson for the update. Mr Hameed queried why the Trust had not achieved its targets when historical budget setting and annual contingency plans were in place. Mr Dickinson stated that it had been the aim of the Trust to breakeven, which it had achieved. With regard to budget setting, he stated that the Finance Department set budgets based on a 3 year period forecasting on activity which was open to change. Mr Hameed stated that the Trust seemed to be struggling. Mrs Crowshaw stated that the difficulties of managing demand led to challenges in Trust budgeting, however, budget holders should not overspend and had to account for any overspend.

Mr Dickinson confirmed that if the Trust continued to achieve targets it would have the freedom to look at investment, such as the Blackpool Council Loan. He reminded the Governors that this Trust was not the only Trust experiencing financial challenges. Mrs Crowshaw confirmed that the Finance Committee worked to support the services of the Trust.

7. Chairman's Report

a) Chairman's Update

The Chairman stated that his report had been circulated with the agenda papers. He stated that if any Governors wished to speak with him about the content of the report they should contact him outside the meeting.

RESOLVED: That any Governor who wished to speak about the content of the Chairman's Update Report to contact him directly.

b) Non-Executive Director Appointment: Background and Previous Roles

The Chairman introduced Mr Keith Case, Non-Executive Director, who had been in post for the past three months. He stated that Mr Case was a member of the Finance Committee, Mortality Committee and Research and Development Committee. He invited Mr Case to give some background information to the Governors.

Mr Case stated that he was a professional engineer. For the past 10 years he had worked in the nuclear industry with responsibility for major procurement projects. He stated that sectors of industry had been increasingly quality regulated. He said that there were similarities between the Trust transformation and the transformation that had taken place within the nuclear industry. From a personal point of view, he stated that he had recently had family involvement with a parent who had received excellent services from the NHS, however, he had witnessed areas that required improvement and he wanted to help. He stated that he was looking forward to working with staff and fulfilling his duty of holding the Executives to account.

c) Feedback from Board Committees Meetings: Quality Committee / Finance Committee / Strategic Workforce

The Chairman confirmed that feedback from the above committees had previously been circulated to all Governors.

d) Elections for Lead Governor/Deputy Lead Governor and Governors Elections Update 2017

The Chairman stated that a report updating the Council of Governors on the Lead Governor and Deputy Lead Governor elections and the key outcomes from the Governor Elections in September 2017 had been circulated with the agenda papers.

The Chairman apologised for a communication oversight in relation to expressions of interest for the above roles. He understood that expressions of interest were to be sent to Mr Askew, however, that this had not happened and was only aware of a couple of Governors who were interested. However, he agreed that the process had to be clear and transparent and he confirmed the proposal to hold elections for both roles as detailed in the report circulated with the agenda.

RESOLVED: That any Governor who wished to stand as Lead Governor / Deputy Lead Governor should submit their expression of interest by 6th November in accordance with the election timeline.

Mr Mitchell enquired whether it was a Constitutional requirement for the Lead Governor / Deputy Lead Governor to be a Public Governor. The Chairman stated that he/she should be a Public Governor, however, all Governors could vote in the elections.

e) NHS Providers: Governor's Advisory Committee

The Chairman stated that a report had been circulated with the agenda papers in relation to this item to explain the purpose of this Committee. He confirmed that he was only aware of Mr Ian Owen having expressed his interest in standing for election. He asked Governors to contact Miss Oates by 11th December 2017 if they wished to stand in the GAC election.

RESOLVED: That any Governors who wished to stand in the GAC election should send their expression of interest to Miss Oates.

f) Annual Members Meeting 2016/17; Draft Minutes

The Chairman stated that the minutes had been circulated with the agenda papers.

Mr Holden queried whether the questions and answers that had been taken at the event had been published. He enquired about the 18,500 patients with diabetes within the Trust catchment and about the developments being considered by the Trust to improve this. Mrs Swift stated that the Q&As had not yet been published on the website due to the delay in gaining approval from all three organisations. She confirmed that as part of the ACS diabetes management was a priority and a strategy was being developed. She stated that this could be discussed further at a meeting of the Governors Strategic Focus Group.

RESOLVED: That the item in relation to diabetes management would be included on the agenda for a future meeting of the Governors Strategic Focus group.

g) Schedule of Council of Governors Informal and Formal Meetings for 2018/19

The Chairman confirmed the dates for the Council of Governors Informal and Formal Meetings had been circulated with the agenda papers and had been noted by the Council.

8. Lead Governor's Report

a) Notes from the Governors Informal Meeting held on 10th October 2017.

The Chairman confirmed that the notes from the above meeting had previously been circulated.

b) NHS Providers Feedback

Mrs Gaynor confirmed that Mr Owen had attended one of the NHS Providers training courses. She stated she would send the feedback form to Mr Owen for completion. The Chairman confirmed that once the feedback had been received it would be circulated to all Governors.

RESOLVED: That Mrs Gaynor would circulate the feedback document to Governors once it had been completed by Mr Owen.

9. Membership Committee Chair's Report

a) Membership Committee Assurance Report

Mr Holden informed the Council of Governors that his report had been circulated with the agenda papers for information.

Mr Holden confirmed that he had stood down as Chair of the Membership Committee. He wanted to convey his thanks for the support of all members of the Committee. He especially applauded Mrs Vickers' hard work with the Youth Health Leaders (YHL) project and informed the Council that Mrs Vickers had been nominated for a national award for the project. He requested that his sentiments be forwarded to Mrs Vickers.

He also informed the Council that the Chairman and Mr Cullinan, Non-Executive Director, had been involved in discussions relating to the possible funding of administration support for the project. Mrs Swift stated that at the Voluntary Services Committee meeting on 31st October 2017 the Committee had approved the proposal for a YHL volunteer to support Mrs Vickers with the project. Mr Cullinan confirmed that it was a priority for the Trust to research possible funding sources to help support this project.

RESOLVED: That Mrs Gaynor would forward Mr Holden's thanks to Mrs Vickers.

10. Standard Reports

a) Items to be Recommended for Decision or Discussion by 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 Recommended for Decision or Discussion by the Board 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 the formal Council of Governors meetings during 2017/18 were highlighted in the Annual Work Plan.

d) Attendance Monitoring

The attendance monitoring form was provided for information.

e) Motions or Questions on Notice

There were no motions or questions on notice.

f) Urgent Motions or Questions on Notice

i. Presentation by Patient Relations Team

Mrs Clark stated that as part of her involvement with the Patients Association, she had been made aware of a project being rolled out by Mrs Heather Eardley on improving the complaints handling process within NHS hospitals throughout the South of England. She agreed to forward her contact details to the Chairman.

Mr Hearty agreed that it would be useful to perform a deep dive into the process of handling complaints.

RESOLVED: That Mrs Clark would forward contact details for Mrs Heather Eardley from the Patients Association to the Chairman.

That a deep dive session would be undertaken on the process for handling complaints.

g) Value of the Month

Governors were reminded that the Value of the Month for November was to be agreed at Team Brief on 7th November.

h) Declaration of Confidentiality

RESOLVED: That the confidential items under the Freedom of Information Act would be noted from the minutes of the meeting.

Date of Next Meeting

The next meeting will take place on Wednesday, 31st January 2018 in the Boardroom, Trust Headquarters, Blackpool Victoria Hospital.