The next meeting of the Governing Council will be held at 2 pm on Monday 16 April 2012 at the offices of the Lancashire Football Association, Thurston Road, Leyland (directions attached).

The agenda for the meeting is set out below.

**STUART HEYS**
**CHAIRMAN**

**AGENDA**

1. Chairman’s Introduction and Welcome to new Governors
2. Apologies for absence
3. Declarations of interest
4. Minutes of the meeting held on 16 January 2012 (attached)
5. Matters arising
6. Outpatient Reform Members Feedback (attached)
7. Trust Annual Report 2011/12 and Annual Plan 2012/13 Update and Annual Report 2011/12 (verbal) – Annie Topping, Assistant Chief Executive/Sue Ireland, Acting Trust Secretary
   - Feedback from Joint Workshop between the Governing Council/Board of Directors held on 21 March 2012 (attached)
8. Trust Performance – Board Corporate Performance Report to 29 February 2012 (attached)
10. **Governing Council Groups**

   a. **Membership and Communication**
      i. Notes of the meeting held on 24 January 2012 (attached)
      ii. Notes of the meeting held on 27 March 2012 (attached)

   b. **Patient Experience**
      i. Notes of the meeting held on 17 January 2012 (attached)
      ii. Notes of the meeting held on 20 March 2012 (attached)

   c. **Buildings and Environment - Notes of the meeting held on 14 February 2012 (attached)**

   d. **Chairs and Deputy Chairs meeting held on 19 January 2012 (attached)**

11. **Governing Council Effectiveness Review (attached)**

12. **Summary of Governing Council Issue Reporting Forms (attached)**


14. **Any other business**

15. **Date of next meeting – 9 July 2012**

16. **Exclusion of the public**
AGENDA ITEM NO. 4

LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST

GOVERNING COUNCIL

MINUTES OF THE MEETING HELD ON 16 JANUARY 2012

PRESENT:

Stuart Heys - Chairman

Public
Tracy Callaghan Hayes
John Coxhead
John Daglish
Stephen Edwards
Ken Jones
Nicola Leahey
June McGuire
Alan Morrow
Vincent Murphy
Elizabeth Rawcliffe
Patricia Vice
David Williams

Patient
Gill Ackroyd
Tony Bonser
Anne Costich
Viviane Culshaw
Brian Duckworth
Amelia Hall

Partner Organisations
Gita Bhutani, Lancashire Care NHS Foundation Trust
Ian Cherry, NHS Central Lancashire Primary Care Trust
Faruk Desai, Preston and Western Lancashire Racial Equality Council
Dr Hilary Mairs, Manchester University
Cllr Michael Welsh, Lancashire County Council
Peter Yates, Trust Volunteers

APOLOGIES:

Public
Patrick Bracewell
David Farish

Partner Organisations
Cllr Pat Case, Chorley Borough Council
Ahmed Patel, Council for Voluntary Services
Cllr John Rainsbury, South Ribble Borough Council

IN ATTENDANCE:

Stephen Bullock, Non-Executive Director and Senior Independent Director
Rebecca Chapman, Acting Membership Manager
Paul Havey, Finance Director
Jan Hodges, Chief Information Officer
Sue Ireland, Acting Trust Secretary
Karen Partington, Chief Executive
Annie Topping, Assistant Chief Executive (for Min No G08/12)

G01/12 DECLARATIONS OF INTEREST

Governing Council members were asked to declare any interests in items on the public agenda. No declarations were received.
G02/12 **CHAIRMAN’S INTRODUCTION/REPORT**

(a) **New Governors**

A welcome was extended to the following new Governors, who were attending their first formal Governing Council meeting:

- Ian Cherry – Appointed Governor representing NHS Central Lancashire Primary Care Trust
- Faruk Desai – Appointed Governor representing Preston and Western Lancashire Racial Equality Council
- Tracy Callaghan Hayes – Public Governor
- Chris Brockbank – Staff Governor

In his report, which had been circulated, the Chairman highlighted a number of key issues:

(b) **Governing Council Elections**

It was noted that the process of Governor elections was commencing and the contribution to the work of the Governing Council by the following Governors was acknowledged:

**Patient Governors**

- Viv Culshaw served 6 years to 5 February 2012
- Ann Costich served 3 years to 31 March 2012
- Amelia Hall served 6 years to 31 March 2012

**Public Governors**

- David Farish served 3 years to 31 March 2012
- Dr Pat Vice served 6 years to 31 March 2012

**Staff Governors**

- Dr Mike Dobson served 3 years to 31 March 2012

The Chairman gave particular praise to the three Governors who had served for six years and had demonstrated such a commendable commitment to the work of the Council and its Groups.

(c) **Governance Risk Rating**

It was confirmed that the Trust’s Governance Risk Rating has been updated to ‘Green’ on Monitor’s website to reflect the fact that the Trust had addressed the actions to remove the compliance issues raised by the Care Quality Commission in relation to Outcome 5 (Meeting Nutritional Needs).

(d) **Governing Council Effectiveness Review**

It was agreed that, as had occurred in previous years, the opportunity should be taken at least annually to reflect on the effectiveness of the activities of the Governing Council and its Groups.
The Chairman confirmed that the Governing Council workshop on 23 February 2012 at 6pm in the Education Centre at Chorley would be used for a session facilitated by Karen Swindley, Workforce Director, and Louisa Wright, Lead for Leadership and Organisational Development. He emphasised that the results of this exercise would assist in bringing about improvements and also to identify any information, training and development needs to help Governors carry out their roles in the future.

The importance of as many Governors as possible participating in the workshop was acknowledged and it was hoped that there would be an excellent attendance.

It was noted that the outcome of the workshop would be included in a report to the April Governing Council meeting, together with a summary of the areas on which the Council and Groups had focused during the year.

(e) Health Lottery

Details of the recently launched national Health Lottery were outlined in the report. It was noted that the local society lottery for Lancashire, Blackburn and Blackpool (HealthHeal) was not yet operational.

G03/13 CASE NOTE DIGITISATION

Jan Hodges gave an update on progress of the Case Note Digitisation Programme.

She explained the importance of accurate information being available at the point of care, which would be more accessible through electronic means. It was noted that the use of devices such as iPads was being explored and opportunities were being taken to learn from the experiences in other Trusts, which were implementing similar systems.

The need for effective engagement with those staff using the systems was emphasised and it was confirmed that there was a willingness to change amongst staff.

The way in which information would be obtained within electronic casenotes was demonstrated and the requirement for simple search facilities was acknowledged.

With regard to the next steps, it was noted that the Women’s Health Directorate had agreed to be an early adopter site for the new system and training would commence in March.

Peter Yates asked whether there would be linkages with GP systems and it was agreed that this would be beneficial to patient care. Ken Jones questioned whether the paper and electronic systems would run in parallel initially. Jan Hodges explained that during the the changeover in Women’s Health to electronic only records, a lot of support would be given to staff by the IT department.

Gita Bhutani asked for assurances about security of the information and the patient’s right to determine how their personal information was shared. Jan Hodges pointed out that the mechanisms to maintain confidentiality were
unchanged and the system was sophisticated enough to ‘lock’ sections of the record and limit access but there would be an override facility in emergency situations.

Ian Cherry raised the issue of how the risks associated with the developments were being assessed. It was confirmed that a formalised risk assessment had been carried out, which had been benchmarked against those of other organisations. Jan Hodges emphasised that a rigorous governance structure was in place, underpinned by regular meetings of key staff, including a fortnightly Executive Steering Group, with appropriate reports channelled through the Trust Management Team and Board. She gave an assurance that clear systems would be in place to back up and safeguard the information. Stuart Hayes pointed out that the current overcrowded storage systems in medical records posed a significant risk if there was a fire on the premises.

It was recognised that, although the costs of the development of the electronic records was significant, in the longer term there would be significant savings in the health records department.

The arrangements for scanning existing paper records were queried. Jan Hodges explained that there was a scanning team of 50, which was making steady progress in clearing the medical records library. Before this work had commenced, she confirmed that a number of options including the use of external companies had been explored and it had been decided that the most effective solution was the employment of an external consultant to train an in house team.

Pat Vice expressed the view that there was sometimes very private patient information held by clinicians that had to be kept particularly secure and which they did not commit to paper. Jan Hodge agreed to discuss this matter with the Steering Group.

Stephen Edwards referred to the different software used by the GP community and the potential problems of compatibility with the Trust’s system. Jan Hodges explained that the system was very modern and secure, with internet access, and would facilitate integration between primary and secondary care.

Jan Hodges was thanked for her informative presentation.

**RESOLUTION**

_The progress of the Case Note Digitisation Project was noted._

**G04/12 MINUTES OF THE PREVIOUS MEETING**

The minutes of the meeting held on 10 October 2012 were agreed as a correct record, with the following amendment:

- the deletion of Stephen Edwards, Public Governor, in the list of Governors present and his inclusion in the list of apologies.

**G05/12 MATTERS ARISING**

There were no matters arising, other than items which were already included on the agenda.
G06/12 \hspace{1cm} \textbf{APPOINTMENT OF EXTERNAL AUDITOR}

Paul Havey presented the report, which reminded Governors that the Trust’s external auditors, KPMG, had been appointed in 2007 for three years following a full tendering process with the facility to extend for a further two years. He confirmed that the Audit Committee had reviewed the effectiveness and value for money of the auditors over the past five years and was satisfied with their overall performance.

Following discussion at the Trust Audit Committee, a recommendation was put to the Governing Council that the appointment with KPMG should be extended for a further two years from 2012/13. It was also recommended that the service be tendered in two years’ time.

Ian Cherry asked about the costs of the service and whether it represented value for money. Michael Welsh referred to a workshop that had been held for Governors on the audit function 18 months previously when this information had been shared with Governors, who were surprised at how competitive the costs were.

Stephen Bullock, Chair of the Audit Committee, confirmed that he had a comprehensive knowledge of the services offered by other companies and their costs and was satisfied that KPMG offered a quality service, which was value for money. He did, however, consider that it was appropriate to conduct a market testing exercise in two years.

Ken Jones asked whether the company was used by the Trust for other services. Paul Havey reported that there had been one or two occasions when additional work had been carried out, for example on the Quality Accounts, but they were not employed for other consultancy services.

\textbf{RESOLUTION}

\textit{The extension of the appointment of KPMG for an additional two years from 2012/13 was approved. It was agreed that the service would be tendered in two years’ time.}

G07/12 \hspace{1cm} \textbf{TRUST PERFORMANCE}

Karen Partington presented copies of the Corporate Performance Report to 30 November 2011, which was in a new format. She confirmed that its presentation had been reviewed to take account of feedback from Governors on the previous report and it would continue to evolve in the future.

The following elements of the report were highlighted:

(a) \hspace{1cm} \textbf{Headline Measures}

It was explained that the summary denoted the current month position as well as performance for the year to date.
(b) Monitor Compliance Framework

Although there had been good performance overall, specific reference was made to the high level of tertiary breaches of the 62 day cancer target. It was noted that agreement had been reached at a meeting of the Cancer Network Board that such cases would be re-allocated to the referring Trust.

(c) Quality: Safety, Effectiveness and Patient Experience

Karen Partington explained that the reasons for the underachievement of the target for ‘High Risk TIA-treated within 24 hours’ were mainly related to access to CT scanning and root cause analyses were being carried out to determine action that could be taken to improve the situation. Ann Costich requested feedback on the outcome of the RCAs, which it was agreed would be made known to Governors.

Viv Culshaw expressed concern at the figures for hospital acquired pressure ulcers. Karen Partington gave an assurance that the Trust compared very favourably with others in this area but pointed out that some patients were very vulnerable and, despite the best efforts of staff, did acquire sores. She emphasised that there was no room for complacency and efforts would continue to bring about improvements.

Reference was made to discussions at the Patient Experience Group about complaints related to patients ‘sleeping out’ on other wards because of capacity issues. Karen Partington explained that the way in which beds were used and allocated across specialities continued to be analysed, including the need to respond to changes in casemix of admitted patients. Stuart Heys pointed out that the problems were exacerbated by the number of delayed discharges, which was being discussed with senior representatives from Social Services.

The main themes in complaints were discussed. With regard to complaints about staff attitude, David Williams asked what sanctions were used to address such concerns. It was confirmed that, where a serious issue was identified, this would be dealt with through the Trust’s disciplinary processes.

John Coxhead asked whether many complaints were received about car parking and was informed that to date this had not been the case but the recent rise in charges would probably result in some issues being raised.

David Williams referred to the measure for mixed sex accommodation and the importance of meeting this target. Karen Partington reported that there had been occasions arising from bed pressures over the December period when there had unfortunately been two breaches, which would be reported in the Corporate Performance Report to be circulated to the Board and Governing Council at the end of January.

(d) Operational Effectiveness: Access

It was noted that, for the target ‘percentage of women waiting over 12 weeks and 6 days for assessment’, a number of these women were referred after this period, which had an inevitable adverse impact on this target.
(e) Operational Effectiveness: Emergency Department

The pressures on the emergency department were emphasised but targets continued to be met.

Tracy Callaghan Hayes referred to the performance for time to initial assessment. Karen Partington reported that work was ongoing to ensure that there was consistency of reporting in respect of this indicator.

(f) Operational Effectiveness: Productivity

With regard to length of stay/bed occupancy, it was noted that elective length of stay was improving but the difficulties relating to emergency length of stay were associated with planning for discharge. As had been discussed previously, it was acknowledged that the shortage of intermediate care facilities in the local area made the position worse.

(g) Finance

It was confirmed that performance to 31 November 2011 was in line with plan, with a financial risk rating of 3. The significant challenges faced by the Trust in delivering major savings targets were recognised.

Michael Welsh asked for clarification on the income and expenditure reserve on the balance sheet and also on the cash position. Paul Havey explained that Monitor’s Compliance Framework required the Trust to demonstrate its liquidity. He confirmed that the Trust had in place a Treasury Management function.

(g) Workforce

The reduction in mandatory training rates in the month was noted and it was reported that HR Development staff were working with Directorates on action plans and on understanding the reasons for the fall in attendance.

It was confirmed that sickness absence rates had fallen but the focus on reducing levels further would continue.

RESOLUTION

The Corporate Performance Report to 30 November 2011 was received, with the points raised in discussion noted.

G08/12 ANNUAL PLAN REVIEW 2012/13 AND ANNUAL REPORT 2011/12

In presenting the paper, Annie Topping reported that guidance from Monitor on the annual plan was still awaited and was anticipated at the end of February. Similarly, it was noted that the final guidance related to the preparation of the annual report had not been received.

Attention was drawn to the key dates, as set out in the report, which included discussions with Governors on the quality local indicators in mid March.
It was acknowledged that Governors were involved throughout the year in aspects of the planning process and member involvement through the Listening Events was also an important element.

It was confirmed that a joint workshop between the Board and Governing Council would be arranged in March at which the planning priorities for 2012/13 would be considered. It was pointed out that next year’s plan would concentrate on developing the initiatives that had been in place in 2011/12. Viv Culshaw emphasised the importance of the work of the various Governing Council groups in influencing forward plans.

**RESOLUTION**

1. *The timescales for the annual plan and annual report were noted.*

2. *The process for the preparation of both documents, as set out in the report, was supported.*

**G09/12 MEMBERSHIP AND ELECTIONS UPDATE**

Details of the Trust’s membership activities since October 2011 and plans for the future were presented, as well as information on the membership profile, which were set out in an appendix to the report.

Rebecca Chapman highlighted the breakdown of members in the appendix, which included demographic profiling on the age, gender, ethnicity and socio-economic grouping of members. It was noted that there had been a slight decrease in the number of members since the start of the year, which had been partly a result of a recent data cleansing exercise.

Viv Culshaw raised the issue of the Trust being unlike many other Foundation Trusts in having separate public and patient constituencies. Stuart Heys pointed out discussion on this matter would have to form part of future debate on possible amendments to the Trust Constitution.

It was confirmed that there had been significant interest in the forthcoming ‘Get Fit for Surgery’ events, which were being held in Chorley and Preston.

The timescales for the election process, which had recently commenced, were noted. Reference was made to the workshops for prospective Governors, which were being held later that week.

It was reported that a number of Governors would be attending the North West Governors’ Forum on 23 January 2012, the outcome of which would be fed back at the next formal Governing Council meeting.

The recent and future member engagement events were outlined. With regard to the Health Mela to be held in April, concern was expressed that the information in the recent ‘Trust Matters’ magazine had been incorrect in stating that it would be held in the Gujarat Centre. It was agreed that efforts should be made to publicise to members that it would in fact be taking place at the Guild Hall in Preston. Karen Partington confirmed that she had been to the recent meeting to discuss the Health Mela and the Trust would be taking an active part in the event.
RESOLUTION

The current position with regard to progress in the implementation of the annual membership plan and details of the forthcoming elections were noted.

G10/12 NOMINATIONS COMMITTEE

(a) Minutes of the meeting held on 8 December 2012

RESOLUTION

The minutes of the meeting of the Nominations Committee held on 8 December 2011 were received. It was noted that the reference to June McGuire's apologies should be deleted, as she had been present at the meeting.

(b) Appointment of Non-Executive Directors

The process for the appointment of the two Non-Executive Directors to the posts vacant from 1 August 2012 was set out in the report. It was noted that recommendations on the appointments would be presented to the Governing Council in early June.

Stuart Heys confirmed that he had written to the three universities (Manchester, Lancaster and Central Lancashire) to seek nominations for the university representative, with a similar selection process taking place when these had been received.

RESOLUTION

The process for the appointment of the three Non-Executive Director posts was noted.

(c) The Annual Performance Review of Trust Chairman

RESOLUTION

The process for the annual performance review of the Chairman for 2011/12, which was in line with the arrangements in previous years, was noted.

G11/12 GOVERNING COUNCIL GROUPS

(a) Membership and Communications Group

The notes of the meeting of the Membership and Communication Group held on 1 November 2011 were presented.

Anne Costich praised the work of Rebecca Chapman in the membership office and other members of staff in the Trust Management offices, particularly in view of the staffing problems that had been experienced over recent months.
Specific reference was made to the Research Focus Group, which it was agreed had been very interesting.

Although the numbers of members recruited at the UCLAN Freshers Fair had been relatively few as many students lived out of the Trust’s catchment area, it was still considered an important event to attend. It was also agreed that efforts to encourage young members should continue though local sixth form colleges. Attention was drawn to the ongoing work to encourage young volunteers in the Trust.

The plans for linking the Annual Members’ meeting with a ‘Bringing Healthcare to Life’ event were highlighted and it was recognised that a date for this event should be confirmed as soon as possible. Anne Costich pointed out that an event to showcase services on the Chorley site should also be held.

**RESOLUTION**

The work of the Membership and Communications Group was noted.

(b) **Patient Experience Group**

Viv Culshaw presented the notes of the Patient Experience Group held on 8 November 2011. She paid tribute to the way in which the activities of the group had developed over the past six years, particularly the visiting programme which had enabled Governors to use a clear proforma to feed back issues to managers to improve the care given to patients.

The importance of effective training to undertake the visits was emphasised. Viv Culshaw praised the new Governors who, following this training, were working well together. She also acknowledged the support from the Board and managers in taking forward proposals from the group.

On behalf of colleagues, June McGuire thanked Viv Culshaw for her leadership of and commitment to the Patient Experience Group.

**RESOLUTION**

The work of the Patient Experience Group was noted.

(c) **Buildings and Environment Group**

June McGuire summarised the issues discussed at the meetings of the Buildings and Environment Group held on 17 October 2011 and 6 December 2011.

It was noted that the costs of landscaping the area at the Gordon Hesling entrance had reduced significantly and thanks were given to Pat Vice who had donated £10,000 towards this work.

With regard to Governor involvement in the Patient Environment Action Teams, it was confirmed that several new Governors had been recruited and it was necessary for them to receive the relevant training to carry out visits as soon as possible.
It was reported that, following a tour of Royal Preston Hospital with the Director of Facilities and Services, Miles Timperley had given an assurance that urgent outstanding work would be carried out immediately and other issues would be addressed through the minor works programme.

The problem of smoking on the hospital sites was raised and it was noted that a review of the Trust’s smoking policy was being undertaken and June McGuire had been approached to be a Governor representative on a group involved in the review.

It was noted that the wayfinding project at Preston was nearing completion and a group of Governors would be concentrating on wayfinding at Chorley.

It was confirmed that the group would be focusing attention in the future on further ways to improve the main corridors at Royal Preston Hospital, including the possibility of some fixed seating there and near the volunteers’ desk in the Outpatient Department.

Reference was made to an informative presentation to the group by the Acting Assistant Director – Estates Operational, which had generated a lot of discussion.

Ken Jones asked about the impact of the interruption to the power supply, which had occurred at Royal Preston Hospital at the beginning of December. Karen Partington gave an assurance that, when this had occurred, the Trust’s business continuity plans had been implemented effectively to safeguard patient care. She confirmed that an investigation was taking place, with external advisors, the outcome of which would be reported back to the Board and to Governors.

**RESOLUTION**

The work of the Buildings and Environment Group was noted.

(d) Human Resources Group

The notes of the meeting of the Human Resources Group held on 15 December 2011 were presented.

David Williams drew attention to the areas on which the group had concentrated. He referred to the improved performance in appraisal rates and explained that samples of the documentation used for staff reviews had been circulated. It was noted that the discussion had included consideration of how the issue of underperformance was addressed and it had been agreed that it was important that staff were fully aware of the expectations that were being placed on them when they were appointed.

The group’s discussion on the draft Trust’s Equality Strategy was also detailed in the notes, which had given the opportunity for members to comment before the document was finalised and presented to the Board for approval.

It was noted that the HR Group would be discussing the results from the staff survey at its next meeting in March.
RESOLUTION

The work of the Human Resources Group was noted.

(e) Incubator Appeal Group Update

The report summarised the funds raised through the Incubator Appeal since its launch in May 2007 (£33,518.44) and a breakdown of how these monies had been used.

As founder of the appeal, it was agreed that Viv Culshaw should continue as a volunteer member of the Incubator Appeal Group when her appointment as Patient Governor ended in February.

Viv Culshaw explained that a number of the bids to the fund were for clinical items and she had invited the Chair of the Endowment Fund Committee to attend a future meeting to discuss how these should be dealt with.

Nicola Leahey suggested that information should be presented to a future meeting on the Trust’s charitable funds and how they were used, including the role of the Endowment Fund Committee.

RESOLUTION

1. The details of the funds raised through the Incubator Appeal Fund and the way in which these were being allocated were noted.

2. It was noted that Viv Culshaw would be continuing as a volunteer member of the Group.

G12/12 CAR PARKING FOR PEOPLE WITH A DISABILITY

Stuart Heys referred to proposals drawn up by Brian Duckworth, Patient Governor, which had been circulated to Governors and which had been discussed at the October meeting of the Buildings and Environment Group.

Brian Duckworth drew attention to the split between public and staff car parking spaces and the proportion of spaces for people with a disability, which he considered were inadequate. As a wheelchair user, John Coxhead supported this view and highlighted the statistics for wheelchair and blue badge holders in Preston.

Mike Dobson emphasised that there were significant pressures on staff parking spaces.

In summary, the Chairman agreed to liaise with the Director of Facilities and Services to look at the number and location of car parking spaces for people with a disability, taking account of the discussions of the Buildings and Environment Group, and report back to the next formal meeting.

RESOLUTION

The proposed review of car parking spaces for people with a disability was supported, the outcome of which would be reported back to the next formal meeting in April.
**G13/12  ANY OTHER IMPORTANT BUSINESS**

There was no other important business.

**G14/11  DATE OF NEXT MEETING**

Formal Meeting – Monday, 16 April 2012 at 2.00 pm – Lancashire Football Association, Leyland.

**G15/11  EXCLUSION OF THE PUBLIC**

**RESOLUTION**

The public were excluded from the meeting because of the need for confidentiality in respect of the issues to be raised in the further discussions of the Governing Council.
OUTPATIENT REFORM PROGRAMME

One of the most important aspects of Foundation Trusts is the involvement of public, patient and staff members in helping to improve and enhance the services provided by our hospitals and in developing them further in order to meet the needs of the local community.

In June 2011 Lancashire Teaching Hospitals held a Listening Event to gain essential views and opinions from its Foundation Trust members about how best to improve the way the Trust communicates with its customers prior to, during and after their out patient appointments.

The event provided an opportunity for over 100 Foundation Trust members to contribute to this process by giving their views and opinions.

<table>
<thead>
<tr>
<th>MEMBERS FEEDBACK</th>
<th>ACTION</th>
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<tr>
<td><strong>PRIOR TO APPOINTMENT</strong></td>
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<tr>
<td>Patients are keen to receive a reminder about their forthcoming hospital appointment.</td>
<td>Orthopaedics, Specialist Services and Gynaecology have recently piloted a phone call appointment reminder service to patients and the option of a text reminder is also currently being explored.</td>
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<td>Many patients requested more detailed information to be contained in the letter, for example the exact location of their appointment (as per the hospital signage), the expected duration of their appointment and how to get to the appointment via public transport.</td>
<td>The Trust is currently implementing a new colour coded sign system for corridor signage which will be reflected with maps within the patient letters. The Outpatients letters are also being currently updated so as to give exact appointment location and the expected duration of appointments.</td>
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<td>Some members expressed the view that a map and membership form should not be automatically contained in the letter.</td>
<td>This has now been changed. Only new patients to a speciality receive the map. All other appointments (eg. follow ups) only get the appointment letter.</td>
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<tr>
<td><strong>DURING APPOINTMENT</strong></td>
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<tr>
<td>Members requested notification of clinics running late.</td>
<td>Outpatient areas have been instructed to put clinic times on notice boards and update patients at regular intervals on any time delays. A patient pager system have been introduced into the orthopaedic fracture clinic and feedback so far is positive.</td>
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<td>Members frustrated by having to repeatedly answer the same questions, for example having to confirm their personal details and repeatedly answer the same questions in respect of their medical condition.</td>
<td>LTHTR have a duty to undertake data quality checks. Whilst the Trust recognise how frustrating this can be many of the checks are mandated and are for the safety of the patient. Review of the outpatient checking in process is underway and it is envisioned that this will remove some of the duplication.</td>
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<td>Members commented that patients believe their medical records should be available to the clinician during their appointment.</td>
<td>Regular audits of case note availability are now routinely completed. Currently the Trust is 98% compliant and new process developments will improve on this even more.</td>
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<td><strong>AFTER APPOINTMENT</strong></td>
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<tr>
<td>Members raised that patients believe there are breakdowns in communication between GPs and treating Clinicians in respect of the outcomes of the outpatient appointment and agreed care plans.</td>
<td>A lot of work is occurring in respect to communication channels between treating Clinicians and GP’s. A new typing pool has been implemented and has improved turn around clinic letter time. If immediate action is required Specialist Nurses are liaising between the clinical teams and GP practices and sharing outcomes and care plans. Treating Clinicians are sending letters to their patients re outcomes and copying their respective GP.</td>
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AGENDA ITEM NO: 7

LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST

GOVERNING COUNCIL

16 APRIL 2012

JOINT BOARD OF DIRECTORS AND GOVERNING COUNCIL
WORKSHOP – 21 MARCH 2012

ANNUAL PLAN 2012/13

1. INTRODUCTION

1.1 A comprehensive briefing pack was issued in advance of the workshop to facilitate the discussions, which, as well as setting out its objectives format and programme, included information on the following:

- What is the forward plan? – copies of the 2012/13 templates issued by Monitor were attached as an appendix to the pack.
- Roles in planning – making clear the respective roles of the Board and Governing Council and the local process for preparation of the annual plan.
- Service Development Strategy – summary details under the Trust’s four strategic objectives were provided.
- Finance – breakdown of Trust funding, Commissioning for Quality and Innovation payment framework, productivity and efficiency target.
- Emerging priorities 2012/13
- Process for Annual Plan Submission – key dates

1.2 On the day, participants were divided into four groups, as indicated on Appendix 1.

1.3 A separate question sheet (Appendix 2) was provided to groups at the workshop to guide the discussions on annual plan.

1.4 The workshop began with a brief presentation from Karen Partington on the operating environment and headlines from the briefing paper.

2. GROUP DISCUSSIONS

Emerging priorities 2012/13 – Exercise 1

2.1 The participants considered the emerging priorities section of the briefing pack, which they supported. In giving their support, the need to maintain focus but have flexible systems in place that are responsive to change is recognised. Below (section 2.2 to 2.8) are headlines of key issues discussed.

2.2 Vascular, rehabilitation and trauma are related developments, and they cannot be treated in isolation. In particular, current rehabilitation facilities have to be significantly enhanced.
2.3 To become a major trauma centre will require different ways of working. A 7-day hospital model is key to improve the quality of patient services and enhance productivity.

2.4 The Trust needs to maximise its strength as a teaching and research hospital, and advance the development of its services. It is important to enhance the specialised services and consolidate the status as a regional centre.

2.5 To meet the quality challenge, there is a need to create an environment where NHS cultural barriers are broken down and staff feel empowered. The ability to retain and develop staff will be crucial and the goal is ensure ‘right staff in the right place at the right time’.

2.6 Within the workforce strategy, there is a need to include plans to develop and embed the Trust’s values with staff. The Trust should support staff well-being and aim to be the employer of choice.

2.7 Successful delivery of the annual plan and Service Development Strategy can only be achieved with support from partners across Lancashire and South Cumbria. Partnership working should be more explicitly described.

2.8 There needs to be a debate on role of the Trust in partnership: a leader or follower.

**Strategic Objectives – Exercise 2**

Feedback from the further discussions on areas for improvement/development within the strategic priorities was as follows:

*Enhance Quality*

2.9 Service quality is often translated by patients into ‘how they feel about the care’. Therefore, the right kind of organisational culture and staff attitudes are key to ensure that this happens. Staff have to be caring, compassionate and attentive to the needs of patients. Factors such stress and operational pressures such as inadequate staffing levels could have a negative impact on staff behaviour, and timely action should be taken where possible to address such pressures.

2.10 Leadership is critical to ensure a quality service is provided to patients particularly in clinical areas. This applies to everybody including doctors, managers, nurses, administrative and all other staff.

2.8 There are many examples in the Trust where patients receive excellent care. It is important to share and spread best practice and bring up the individual standard from ‘adequate’ to the ‘best’.

*Improve Productivity*

2.9 People development is an important way to improve productivity. Education (teaching and training) and appraisal are useful mechanisms to embed cultural change. The slogan ‘save money, save jobs’ is non-threatening and effective. Other suggestions for consideration are ‘save good staff’ and ‘good management team’.
2.11 Leadership is critical to improve service productivity. Part of this is to develop good and effective relationships with our partners such as clinical commissioning groups to address the priorities together.

2.12 Different ways of working are needed. Implementation of 7-day and 24 hours operational hospital will reduce wastage and improve productivity.

Reform Service Delivery

2.13 Time and relationships with our partners, particularly the Clinical Commissioning Groups (CCGs), are important. Success of this will depend on the engagement from the CCGs and their ability to understand the patient pathways and services.

2.14 7-day hospital working is at the heart of service reform. This is about culture change, new ways of working, and the key challenge is to win the hearts and minds of the staff. The cold (elective) and hot (urgent care) sites model has also been raised as an option to reform current services.

2.15 Streamlining services from end to end will improve patient experience and service quality. This cuts across all sectors and different settings including GPs, acute hospitals and local authorities. More ‘one stop’ services should be developed, and current services should be reviewed and realigned where appropriate. Technology will facilitate service reforms and innovations, and they should be fully exploited.

Build Partnerships

2.16 The Trust needs to build partnership with other providers and stakeholders such as CCGs, social services, commissioners and private sectors, and work together in an integrated way. The aim is to develop local solutions by local partners for local patients:

- The Trust could offer a range of support to CCGs, and work together with other hospitals on service consolidation in the region.
- Acute hospitals can work together on joint solutions to common issues, and manage the impact of service rationalisation together.
- To become a member on the Health and Well Being Board would provide the opportunity for the Trust to engage with our partners.
- Understanding the true cost of providing our services such as dementia and rehabilitation could help to bring the partners together and find a local solution.
- The Trust and social services should be working together on a permanent basis to promote understanding and deliver joint priorities.
- It will also help to develop more closer to home services such as those for patients with long term conditions.
- Joint ventures will be possible, developed with strong partnership.
- Commissioners should take a lead on quality initiatives across all areas.
- Successful partnership will support the implementation of a 7-day hospital.

2.17 To promote and support patient choice, it is important to ensure patients/public are well-informed / educated and understand the issues that facing them. This includes our strong record of delivering a high quality service. The Trust also needs to work with the patients and users in partnership to respond to Quality, Innovation, Productivity and Prevention (QIPP) challenges ahead.

2.18 Building trust and confidence with key partners is critical to underpin a strong and effective partnership.
3. **NEXT STEPS**

3.1 Following the workshop, very positive feedback has been received from members of the Board of Directors and Governing Council. Participants felt that they were able to contribute to the discussions and help to shape the annual plan for next year.

3.2 The annual plan 2012/13 is currently being developed. The outputs of this workshop will be taken into account in the process, and the priorities for development (section 2.9 to 2.18) will be incorporated into the relevant section/s where appropriate.

3.3 Drafts of the annual plan will be submitted to the Board and Governing Council between now and end of May for information and/or approval in line with the agreed timetable.

3.4 A Governing Council focus group is also due to meet on the 21 May 2012 (details to be confirmed at the Governing Council meeting on 16 April 2012) to review the amendments prior to formal approval by the Board.

3.5 The annual plan 2012/13 must be sent to Monitor by 1 June 2012.

**QUALITY GOVERNANCE SELF-CERTIFICATION/LOCAL INDICATOR FOR QUALITY ACCOUNT**

Briefing information had been circulated on the following:

4. **PREPARING FOR THE QUALITY GOVERNANCE SELF-CERTIFICATION**

The process and timescales for preparing and assuring the Trust Quality Governance Self-Certification were outlined. Sue Reed explained that the requirement for Trusts to produce an annual governance statement, with enhanced reporting on quality governance, as part of the Trust annual report.

The report gave details of the framework for a review commissioned by the Trust from KPMG on the processes and assurances underpinning the self-certification, which would be published in early April 2012 in advance of the self-certification.

5. **PREPARING FOR THE ANNUAL QUALITY ACCOUNT**

The report described the process for assuring the Quality Account and gave options to the Governing Council and the Board to assist in their determination of the local indicator. Sue Reed confirmed there was a requirement to obtain external assurance from the external auditors for two mandated indicators and one local indicator.

It was noted that the mandated indicators would be:

- Clostridium Difficile – meeting the Clostridium Difficile objective
- All cancers – 62 day wait for first treatment from urgent GP referral to treatment

To enable an informed decision to be made, the quality indicators were categorised as follows:

- Category 1 – indicators that have been subject to recent review and are therefore assured.
• Category 2 – indicators where transitional process either in respect of the service provision or the recoding of data may limit the review in 2011/12 but which may be considered for review in the 2012/13 Quality Account.

• Category 3 – indicators that have not been subject to review.

The four indicators in Category 3 were considered and after detailed discussion it was agreed that there should be external validation of delayed discharge of care. It was accepted that this was a very important area for the Trust and would be helpful in discussions with all those involved in the pathways of patient care. Sue Reed confirmed that she would relay this choice to the Trust's auditors.
Group 1 – Enhance Quality

Gill Ackroyd  Patient Governor
Patrick Bracewell Public Governor
Steve Edwards Public Governor
Richard Fraser  Non-Executive Director
Ken Jones Public Governor
Sue Reed  Nursing Director
Annie Topping Assistant Chief Executive
Peter Yates Appointed Governor

Group 2 – Improve Productivity

Anne Costich  Patient Governor
Paul Havey Finance Director
Stuart Heys Chairman
Ahmed Patel Appointed Governor
Karen Swindley Workforce and Education Director
Pat Vice Public Governor
David Williams Public Governor

Group 3 – Reform Service Delivery

Chris Brockbank Staff Governor
Stephen Bullock Non-Executive Director
Robert Clarke Non-Executive Director
June McGuire Public Governor
Alan Morrow Public Governor
Karen Partington Chief Executive
Miles Timperley Director of Facilities and Services

Group 4 – Build Partnerships

Iain Hall  Non-Executive Director
Jan Hodges Chief Information Officer
Sean Hughes Medical Director
Javed Iqbal Appointed Governor
Nicola Leahey Public Governor
Shamim Mahomed Non-Executive Director
Vincent Murphy Public Governor
Liz Rawcliffe Public Governor
Michael Welsh Appointed Governor
GROUP DISCUSSIONS (1 hour)

Exercise 1: Emerging Priorities 2012/13 (page 7 of briefing pack)

a. With reference to section 8 in the briefing pack, are there any questions or areas that you would like further clarification?

b. As a group, do you support the direction of travel set out in this section?

Exercise 2: Strategic Objectives

Your group has been asked to focus on one of the four strategic objectives in the Service Development Strategy:

- Enhance Quality – Group 1
- Improve Productivity – Group 2
- Reform Service Delivery – Group 3
- Build Partnerships – Group 4

For the area you have been given:

a. Discuss the issues and challenges that the Trust will be facing in 2012/13 and beyond.

b. Discuss how the Trust should respond to them.

c. Identify three key areas for improvement / development.

Each table will be facilitated by an Executive / Non-Executive Director.

Please identify a governor to feedback.
Corporate Performance Report

Performance to 29th February 2012

'Excellent care with compassion'
Corporate Performance Report - Performance to 29th February 2012

The Corporate Performance Report has been developed to integrate key domains of Quality and Performance into one consistently presented report. It has been developed to provide an over arching view of performance against Trust priorities as set out in the 2011-12 Monitor Compliance Framework, NHS Operating Framework, Trust Safety and Quality Strategy and Annual Plan.

The Monthly Corporate Performance Report will focus upon delivery of service improvements within 10 key domains:

For each domain key targets are grouped to provide a headline measure of overall performance. Within each domain the inner circle denotes current month performance and the outer circle denotes year to date performance, unless otherwise specified. All targets are measured against a nationally defined or locally agreed threshold.

A further analysis of all measures within each domain is then provided with supporting trend information and narrative. Performance against each indicator is rated as either red/green against the year to date or single month threshold as appropriate. Supporting narrative is provided on an exception basis.

This report is an evolving summary of overall Trust Performance, therefore measures, thresholds and reporting periods will be refined over time. It is also expected that a Divisional breakdown of each domain will be incorporated over time.

Karen Partington
Chief Executive
<table>
<thead>
<tr>
<th>Section</th>
<th>Page No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headline Measures</td>
<td>1</td>
</tr>
<tr>
<td>Monitor Summary</td>
<td>2</td>
</tr>
<tr>
<td>Quality: Safety</td>
<td>3</td>
</tr>
<tr>
<td>Quality: Effectiveness</td>
<td>4</td>
</tr>
<tr>
<td>Quality: Patient Experience</td>
<td>5</td>
</tr>
<tr>
<td>Operational Effectiveness: Cancer Pathway</td>
<td>6</td>
</tr>
<tr>
<td>Operational Effectiveness: Access Measures</td>
<td>7</td>
</tr>
<tr>
<td>Operational Effectiveness: Emergency Department</td>
<td>8</td>
</tr>
<tr>
<td>Operational Effectiveness: Productivity</td>
<td>9 - 10</td>
</tr>
<tr>
<td>Finance Summary and Report</td>
<td>11 - 20</td>
</tr>
<tr>
<td>Workforce Summary and Report</td>
<td>21 - 25</td>
</tr>
</tbody>
</table>
Notes:
The inner circle shows current month position
The outer circle shows current year to date (YTD)
Grey denotes not currently subjected to RAG rating
### MRSA Bacteraemia reduction

<table>
<thead>
<tr>
<th></th>
<th>Target</th>
<th>Actual</th>
<th>February</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4 to date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

### Number of clostridium difficile infection

|          | 88     | 68     | 4        | 21 | 20 | 15 | 12         |

### Urgent GP referrals seen within 2 weeks

- 93.00% 96.37% 96.12% 95.83% 95.97% 97.39% 96.22%

### All referrals with breast symptoms seen within 2 weeks

- 93.00% 95.22% 93.22% 94.32% 96.72% 95.73% 93.81%

### Treatments started within 1 month of decision to treat

- 96.00% 98.05% 98.37% 98.47% 98.21% 97.62% 97.82%

### Subsequent Cancer treatments started within 1 month of decision to treat - surgery

- 94.00% 98.46% 94.37% 97.53% 99.62% 99.26% 96.82%

### Subsequent Cancer treatments started within 1 month of decision to treat - drug

- 98.00% 99.63% 100.00% 98.99% 100.00% 99.61% 100.00%

### Subsequent Cancer treatments started within 1 month of decision to treat - radiotherapy

- 94.00% 96.61% 97.14% 97.80% 97.07% 95.15% 96.37%

### Cancer treatments started within 2 months of urgent GP referral

- 85.00% 85.15% 80.72% 85.35% 87.81% 83.60% 82.98%

### Cancer treatments started within 2 months of urgent referral from national screening service

- 90.00% 95.79% 100.00% 100.00% 96.67% 91.43% 100.00%

### 18 week - 95th Percentile Admitted

- February Q1 Q2 Q3
- 23.0 22.2

### 18 week - 95th Percentile Non Admitted

- February Q1 Q2 Q3
- 18.3 17.2

### A&E - % of Patients Seen within 4 hours

- February Q1 Q2 Q3
- 95.00% 96.60% 92.85% 98.07% 97.48% 95.66% 94.26%

---

**Position at 29th Feb 2012**

Performance in February 2012 did not meet the 62 day target, due to the continuing high level of tertiary breaches. The Trust continues to achieve against all cancer targets on a cumulative basis.

An agreement was initially reached with the Cancer Network Board that any referral received by the Trust after day 62 will be automatically reallocated back to the referring organisation rather than LTHTR. Although Chief Executives are not supportive of auto reallocation, further discussion with partner organisations has resulted in collaborative reallocations that have significantly improved the Q3 position. If tertiary breaches were removed from the position, LTH compliance would be 84.9%

Guiding principles for the reallocation of tertiary breaches has been agreed with all Trusts in the network and will be adopted for Q4.

During February the Trust experienced unprecedented increases in the number of A&E attendances. Sustained high levels of attendances placed significant pressure on the Royal Preston site which resulted in performance below the required rate for the 4 hour standard. Remedial actions are in place and have delivered improvement.
Quality: Safety

<table>
<thead>
<tr>
<th>Indicator</th>
<th>YTD Target</th>
<th>YTD Actual</th>
<th>February</th>
<th>Last four months</th>
</tr>
</thead>
<tbody>
<tr>
<td>IC - % of clinical staff compliance with hand hygiene (monthly audit)</td>
<td>95.0%</td>
<td>99.0%</td>
<td>99.0%</td>
<td>99.0%</td>
</tr>
<tr>
<td>IC - Compliance with national cleaning standards [very high risk areas]</td>
<td>98.0%</td>
<td>98.0%</td>
<td>98.0%</td>
<td>98.0%</td>
</tr>
<tr>
<td>IC - Compliance with national cleaning standards [high risk areas]</td>
<td>95.0%</td>
<td>96.0%</td>
<td>96.0%</td>
<td>96.0%</td>
</tr>
<tr>
<td>IC - MRSA Bacteraemia reduction</td>
<td>6</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>IC - Number of clostridium difficile infection</td>
<td>88</td>
<td>68</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Falls Assessment - ECAP</td>
<td>95.0%</td>
<td>97.3%</td>
<td>98.6%</td>
<td>98.5%</td>
</tr>
<tr>
<td>Falls Assessment - Actual</td>
<td>1474</td>
<td>1667</td>
<td>120</td>
<td>167</td>
</tr>
<tr>
<td>Patient Observations - ECAP</td>
<td>95.0%</td>
<td>97.4%</td>
<td>98.6%</td>
<td>98.0%</td>
</tr>
<tr>
<td>Medicines - administration and prescribing - ECAP</td>
<td>95.0%</td>
<td>96.8%</td>
<td>96.1%</td>
<td>97.1%</td>
</tr>
<tr>
<td>Medicines - administration errors resulting in harm</td>
<td>28</td>
<td>23</td>
<td>5</td>
<td>3</td>
</tr>
</tbody>
</table>

Quality Position as 29th February 2012 - Safety

There were only 4 reported trust attributable cases of Clostridium difficile in February, towards a national trajectory of 7. Cumulative cases are 68 against a trajectory of 88.

Year to date performance in falls remains above trajectory with a cumulative total of 1667 falls against a trajectory of 1474. A validation exercise is currently underway to determine the impact of near misses where staff have intervened to prevent a fall. The exercise should be completed by the end of March and findings included in a future report along with any adjustments to the reported incidences.

Trajectories for both falls and medication errors are based on a 5% reduction on 2010/11 incidents.
Quality Position as at **29th February 2012** - Effectiveness

The most recent HSMR data is from December. Year-to-date performance is improving and statistically significantly better than expected. Assuming sustained performance rebased HSMR will be within expected range for the year.

The Graph below shows the incidence of acquired pressure ulcers of grade two and above compared with the total number of patients with pressure ulcers. January and February figures may be subject to minor revision once the investigation process has been completed. Monthly validation processes are in place.

Further information relating to pressure ulcer prevention is included in the Clinical Audit and Effectiveness report.

### Hospital standardised Mortality Rate (HSMR) performance

<table>
<thead>
<tr>
<th>Indicator</th>
<th>YTD</th>
<th>February</th>
<th>Last four months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Target</td>
<td>Actual</td>
<td>Jan</td>
</tr>
<tr>
<td>Rolling 12 month hospital standardised mortality rate (HSMR)</td>
<td>&lt;100</td>
<td>93.3</td>
<td></td>
</tr>
<tr>
<td>Overall mortality rate</td>
<td>&lt;100</td>
<td>93.2</td>
<td></td>
</tr>
<tr>
<td>Tissue Viability - ECAP</td>
<td>95.0%</td>
<td>97.1%</td>
<td>98.7%</td>
</tr>
<tr>
<td>No of hospital acquired pressure ulcers (grd 2 or above)</td>
<td>197</td>
<td>19</td>
<td>27</td>
</tr>
<tr>
<td>% of IP/DC undergoing VTE assessment</td>
<td>90.0%</td>
<td></td>
<td>95.68%</td>
</tr>
<tr>
<td>Pain management - ECAP</td>
<td>95.0%</td>
<td>97.9%</td>
<td>99.1%</td>
</tr>
<tr>
<td>Nutritional management - ECAP</td>
<td>95.0%</td>
<td>96.9%</td>
<td>99.1%</td>
</tr>
<tr>
<td>Stroke Care - 90% of stay within designated stroke Ward</td>
<td>80.0%</td>
<td>80.67%</td>
<td>77.08%</td>
</tr>
<tr>
<td>High Risk TIA - treated within 24 hours</td>
<td>60.0%</td>
<td>65.27%</td>
<td>81.58%</td>
</tr>
<tr>
<td>% of ladies who smoke during pregnancy</td>
<td>18.6%</td>
<td>18.36%</td>
<td>20.24%</td>
</tr>
<tr>
<td>Breastfeeding initiation rate</td>
<td>70.8%</td>
<td>68.74%</td>
<td>70.54%</td>
</tr>
</tbody>
</table>

**Hospital acquired pressure ulcers by grade 2011-12**

- Grade 2
- Grade 3
- Grade 4
Quality: Patient Experience

<table>
<thead>
<tr>
<th>Indicator</th>
<th>YTD</th>
<th>February</th>
<th>Last four months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Target Actual</td>
<td>Jan Dec Nov Oct</td>
<td></td>
</tr>
<tr>
<td>% utilisation of Care of the Dying Pathway</td>
<td>24.0%</td>
<td>41.2% 46.1% 45.9% 45.7%</td>
<td></td>
</tr>
<tr>
<td>Overall satisfaction</td>
<td>89.1% 90.6% 90.3% 88.1% 87.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dignity and respect</td>
<td>92.0% 93.5% 90.6% 92.7% 91.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td>85.4% 87.4% 86.7% 84.6% 82.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Involvement</td>
<td>88.2% 88.7% 89.7% 87.7% 86.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prompt, responsive care</td>
<td>87.0% 86.9% 87.3% 87.9% 85.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mixed Sex Accommodation Breaches</td>
<td>0 14 0 0 5 0 0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complaints - Inpatient / Outpatient</td>
<td>419 406 39 45 23 22 39</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Quality Position as at 29th February 2012 - Patient Experience

The Trust has received 84 formal complaints so far during quarter 4, compared to 115 received for the whole of quarter 4 last year. Performance for the year-to-date is 13 lower than the same period in 2010/11. Of the 84 so far received, 100% have received an acknowledgement within 3 working days.

Patient experience surveys collected through EQIP devices have been embedded into routine Trust practice. The surveys comprise multiple questions that are reported as composite themes or competencies. Performance has improved in all competencies compared to January with the exception of the indicators for Involvement and Prompt, responsive care.

Once again, there were no mixed sex breaches during February

We are currently utilising the preliminary inpatient survey results from the Picker Institute to inform the development of focussed improvement actions relating to ward environment, ward rounds, communication and team work, in advance of the publication of the survey results by the CQC in April or May

Sue Reed
Nursing Director
Continued achievement of all cancer targets on a cumulative basis. However performance for the single month of February is non-compliant against the 62 day target due to the a high number of tertiary breaches received by the Trust.

As a tertiary centre the Trust receives a large number of referrals from other hospitals, often after 62 days have elapsed. Discussion with partner organisations has resulted in a significant improvement in the final Q3 position and established a set of agreed principles for Q4 – see comment page 2.
Position at 29th February 2012

Following publication of the proposed indicators for 2012-13 work is ongoing to refine and validate pathways in preparation for the new measure applicable from April 2012 of no more than 8% of total patients waiting to be over 18 weeks. Ongoing work to reduce overall numbers with the implementation of Divisional action plans has resulted in a significant improvement in Trust performance with the month end February position at 6.6%. NHS Lancashire has made funds available to support achievement of this new target. Bids from LTH were successful and will fund additional activity to reduce the backlog.

Continued achievement of all monthly 18 week measures in February apart from the admitted median wait supporting measure, which was marginally over threshold and expected given the reduction in the backlog.

The number of patients currently waiting for one of the key 15 diagnostic tests has been maintained at a very low rate for February with only 1 breach across a range of tests.

The percentage of ladies waiting over 12 weeks and 6 days for midwife assessment has been maintained in February at above the required threshold level.

Corporate Performance Report - to 29th February 2012

Page 7
Position at 29th February 2012

Time to initial assessment – 95th percentile

To ensure a consistency of reporting in respect of this indicator all acute trusts in the North West agreed to use data collected and supplied by NWAS. Work continues to refine system interfaces which will improve the reported data including the introduction of a time stamped initial assessment sheet.

Total time in A&E – 95th Percentile and median wait for admitted patients

The Trust continued to experience significant capacity issues throughout February with sustained levels of demand throughout the month. This has impacted on the overall 95th Percentile and median wait for admitted and non admitted patients. NHS Lancashire has made funds available to support achievement of access targets. Bids from LTH were successful and will fund schemes to enhance out of hours support within ED and other high impact areas.
Elective ALOS continued to improve in February. However there was a slight increase in the proportion of patients with a pre op LOS >0, indicating that patients admitted prior to the day of surgery increased slightly during the month.

The proportion of patients on a waiting list that are currently suspended continued to be below the 5% threshold. This position has shown a downward trend since the high point of 8.85% in July of this year.

The proportion of cancelled operations was again high in February due mainly to the significant number of emergency attendances and admissions and subsequent bed pressures experienced by the Trust during the period.
### Operational Effectiveness: Productivity (continued....)

<table>
<thead>
<tr>
<th>Hospital Activity</th>
<th>YTD Target</th>
<th>YTD Actual</th>
<th>Var</th>
<th>Surgical</th>
<th>Medicine</th>
<th>Specialist</th>
<th>Non Aligned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Position - Spells</td>
<td>111852</td>
<td>113084</td>
<td>1232</td>
<td>-996</td>
<td>-297</td>
<td>2526</td>
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<tr>
<td>Inpatient Elective Spells</td>
<td>13529</td>
<td>12519</td>
<td>-1010</td>
<td>-1261</td>
<td>-46</td>
<td>296</td>
<td></td>
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<tr>
<td>Day Case Elective Spells</td>
<td>45986</td>
<td>48416</td>
<td>2430</td>
<td>340</td>
<td>982</td>
<td>1109</td>
<td></td>
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<tr>
<td>Non Elective Spells</td>
<td>52337</td>
<td>52149</td>
<td>-188</td>
<td>-76</td>
<td>-1233</td>
<td>1121</td>
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<td>New Outpatient Attendances</td>
<td>109547</td>
<td>108677</td>
<td>-870</td>
<td>-1777</td>
<td>-1033</td>
<td>1940</td>
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<tr>
<td>Follow-Up Attendances</td>
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<td>305249</td>
<td>14945</td>
<td>-2030</td>
<td>2412</td>
<td>14564</td>
<td></td>
</tr>
<tr>
<td>Out-Patient Procedures</td>
<td>25299</td>
<td>26740</td>
<td>1441</td>
<td>-299</td>
<td>1030</td>
<td>710</td>
<td></td>
</tr>
<tr>
<td>A&amp;E Attendances</td>
<td>110651</td>
<td>111218</td>
<td>567</td>
<td>567</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Referrals</td>
<td>127162</td>
<td>134537</td>
<td>7375</td>
<td>2764</td>
<td>955</td>
<td>3656</td>
<td></td>
</tr>
<tr>
<td>GP Referrals</td>
<td>80874</td>
<td>86424</td>
<td>5550</td>
<td>1423</td>
<td>1215</td>
<td>2912</td>
<td></td>
</tr>
<tr>
<td>Other Referrals</td>
<td>46288</td>
<td>48113</td>
<td>1825</td>
<td>1341</td>
<td>-260</td>
<td>744</td>
<td></td>
</tr>
<tr>
<td>% Episodes Uncoded</td>
<td>5.00%</td>
<td>3.33%</td>
<td>-1.67</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnosis per Episode</td>
<td>2.62</td>
<td>4.39</td>
<td>1.77</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Position at 29th February 2012**

Please note that activity previously shown as part of the Non aligned group has now been aligned to specific Divisions.

**Surgical Division**

Continues to show a worsening underperformance in elective spells. However given the over performance on day cases the elective income plan remains on trajectory. Whilst still under performing the level of under performance in new and follow-up outpatients and outpatient procedures is showing a reduction. Both GP and other referrals are above plan.

**Medicine Division**

Continues to show a slight underperformance in elective spells and new outpatients. However there is a more significant under performance in non elective spells. Analysis has demonstrated that the significant changes are associated with specialities of respiratory and cardiology. Both A&E attends, GP and other referrals are above plan.

**Specialist Services Division**

Continues to over perform in all activity and demand areas.

*Donna Kendal*

*Chief Operating Officer*
### Overall Financial Risk Rating

#### Key Points

<table>
<thead>
<tr>
<th>Metric</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall FRR = 3</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

**I & E Position is £2.290m behind plan with I & E deficit of £1.449m (after donated asset depreciation & exceptional items).**

**Clinical Income from Patient Activities is £2.791m above plan**

### Metrics supporting the Overall Financial Risk Rating

#### 1. Operational Performance

- Against EBITDA Plan at month 10, the Trusts had a 5.3% return on income.

#### 2. Income & Expenditure Position

- Against EBITDA Plan YTD position is £2.647.7m behind; YTD positions are:
  - Surgery £10.5m overspent as a result of unachieved efficiencies.
  - Medicine £3.8m overspent as a result of unachieved efficiencies.
  - Specialist Services £5.9m overspent as a result of unachieved efficiencies.
  - Corporate Directorates £1.9m underspent as slippage on vacancies is held.

#### 3. Financial Efficiency

- The Trust has made a 3% return on capital employed

#### 4. Liquidity

- The Trust has cash resources sufficient to meet 17 days of operational expenditure.

### Metrics supporting compliance with terms of Authorisation

#### i. Private Patient Cap

- In line with current legislation the Trust can earn private patient income of up to 0.9% of total patient related income.
  - 0.90% 0.49%

#### ii. Limits on borrowing - loans borrowed

- The Trust has approval to borrow a further £7.7m from the FTFF which is against specific schemes. (Figures shown are £'m)
  - £57.2 £11.2

#### iii. Limits on borrowing - working capital facility used

- In line with cash plans the Trust has not utilised it’s working capital facility this financial year. (Figures shown are £'m)
  - £29.0 £0.0

### Financial Position as at 29 February 2012

The Trust’s operational financial performance indicates a financial risk rating of 3 for the month ending 29 February 2012; with an income and expenditure deficit of £1.449m (after donated asset depreciation & exceptional items) whilst reporting an adverse variance to plan of £2,290k. This position includes a technical adjustment for donated asset income & depreciation of £350k which is reported separately in the I & E statement along with exceptional items. A risk rating of 3 is forecast for the financial year end. The challenge for the organisation remains the implementation of planned efficiency schemes for 2012/13. The Transformation Director is progressing efficiency plans with clinical divisions and corporate directorates. The Board is asked to note the financial position.

*Paul Havey - Finance Director*
### Financial Performance - Income & Expenditure Position

<table>
<thead>
<tr>
<th>Income &amp; Expenditure Position</th>
<th>Annual Budget</th>
<th>Budget to Date</th>
<th>Actual to Date</th>
<th>Variance to Date</th>
<th>Variance in Month</th>
<th>Forecast Actual</th>
<th>Forecast Variance</th>
<th>Key Points</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£'000's</td>
<td>£'000's</td>
<td>£'000's</td>
<td>£'000's</td>
<td>£'000's</td>
<td>£'000's</td>
<td>£'000's</td>
<td></td>
</tr>
<tr>
<td>PCT Income</td>
<td>331862.6</td>
<td>303594.0</td>
<td>306384.9</td>
<td>2790.9</td>
<td>112.8</td>
<td>334669.0</td>
<td>2806.4</td>
<td></td>
</tr>
<tr>
<td>Education and Training</td>
<td>19617.6</td>
<td>17500.5</td>
<td>17953.6</td>
<td>453.1</td>
<td>125.9</td>
<td>20253.1</td>
<td>635.5</td>
<td></td>
</tr>
<tr>
<td>Other Patient Related Income</td>
<td>4609.8</td>
<td>4652.8</td>
<td>4499.0</td>
<td>(153.8)</td>
<td>(71.4)</td>
<td>4574.8</td>
<td>(35.0)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>24810.8</td>
<td>22883.7</td>
<td>23581.4</td>
<td>697.7</td>
<td>311.2</td>
<td>24787.8</td>
<td>(23.0)</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL INCOME</strong></td>
<td>380900.8</td>
<td>348630.9</td>
<td>352418.9</td>
<td>3788.0</td>
<td>478.4</td>
<td>384284.6</td>
<td>3383.8</td>
<td></td>
</tr>
<tr>
<td>Expenditure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pay</td>
<td>(247547.2)</td>
<td>(225476.6)</td>
<td>(229569.7)</td>
<td>(4093.1)</td>
<td>(226.2)</td>
<td>(250585.9)</td>
<td>(3038.7)</td>
<td>Pay budgets reported an adverse variance as efficiency schemes remain behind plan. The adverse variance is reducing month on month.</td>
</tr>
<tr>
<td>Non Pay</td>
<td>(108670.5)</td>
<td>(101949.3)</td>
<td>(104291.8)</td>
<td>(2342.5)</td>
<td>(70.4)</td>
<td>(113808.1)</td>
<td>(5137.7)</td>
<td>Non Pay reported an adverse variance as costs were incurred to deliver higher levels of activity. Mitigation held in reserves offset unachieved efficiencies.</td>
</tr>
<tr>
<td><strong>TOTAL EXPENDITURE</strong></td>
<td>(356217.7)</td>
<td>(327425.8)</td>
<td>(333861.5)</td>
<td>(6435.7)</td>
<td>(296.6)</td>
<td>(364394.1)</td>
<td>(8176.4)</td>
<td></td>
</tr>
<tr>
<td>Operating Surplus/ (Deficit)</td>
<td>24683.1</td>
<td>21205.1</td>
<td>18557.4</td>
<td>181.9</td>
<td>19890.5</td>
<td>(4792.6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation (excluding donated depreciation)</td>
<td>(13581.2)</td>
<td>(12450.1)</td>
<td>(12092.5)</td>
<td>357.6</td>
<td>20.3</td>
<td>(12842.5)</td>
<td>738.8</td>
<td>Under spending as a result of slippage in capital programme.</td>
</tr>
<tr>
<td>Interest Receivable</td>
<td>268.5</td>
<td>246.1</td>
<td>102.8</td>
<td>(143.3)</td>
<td>(18.2)</td>
<td>112.2</td>
<td>(156.3)</td>
<td>Behind plan as a direct result of interest rates.</td>
</tr>
<tr>
<td>Interest Payable</td>
<td>(80.0)</td>
<td>(73.3)</td>
<td>(45.2)</td>
<td>28.2</td>
<td>(.9)</td>
<td>(49.3)</td>
<td>30.7</td>
<td>Favourable variance as a result of slippage in loan draw down.</td>
</tr>
<tr>
<td>Interest Element of Finance Lease Payments</td>
<td>(677.4)</td>
<td>(621.0)</td>
<td>(490.0)</td>
<td>130.9</td>
<td>17.4</td>
<td>(534.6)</td>
<td>142.8</td>
<td></td>
</tr>
<tr>
<td>Dividends Payable</td>
<td>(7100.0)</td>
<td>(6058.3)</td>
<td>(6524.3)</td>
<td>(16.0)</td>
<td>(.0)</td>
<td>(7117.5)</td>
<td>(17.5)</td>
<td></td>
</tr>
<tr>
<td><strong>RETAINED SURPLUS/(DEFICIT) FOR THE PERIOD BEFORE EXCEPTIONAL ITEMS</strong></td>
<td>3513.0</td>
<td>1798.5</td>
<td>(491.8)</td>
<td>(2290.3)</td>
<td>200.4</td>
<td>(541.0)</td>
<td>(4054.0)</td>
<td></td>
</tr>
<tr>
<td>Donated Asset Depreciation</td>
<td>(350.0)</td>
<td>(320.2)</td>
<td>(320.2)</td>
<td>0</td>
<td>0</td>
<td>(349.3)</td>
<td>.7</td>
<td></td>
</tr>
<tr>
<td><strong>RETAINED SURPLUS/(DEFICIT) FOR THE PERIOD AFTER DONATED DEPRECIATION AND BEFORE EXCEPTIONAL ITEMS</strong></td>
<td>3163.0</td>
<td>1478.3</td>
<td>(812.0)</td>
<td>(2290.3)</td>
<td>200.4</td>
<td>(890.4)</td>
<td>(4053.3)</td>
<td></td>
</tr>
<tr>
<td>Exceptional Items</td>
<td>(1900.0)</td>
<td>(637.5)</td>
<td>(637.5)</td>
<td>(.0)</td>
<td>(.0)</td>
<td>(695.5)</td>
<td>1204.5</td>
<td>Planned impairments &amp; exceptional items;</td>
</tr>
<tr>
<td><strong>RETAINED SURPLUS/(DEFICIT) FOR THE PERIOD AFTER EXCEPTIONAL ITEMS</strong></td>
<td>1263.0</td>
<td>840.8</td>
<td>(1449.5)</td>
<td>(2290.3)</td>
<td>200.4</td>
<td>(1585.8)</td>
<td>(2848.8)</td>
<td></td>
</tr>
</tbody>
</table>

### Financial Position as at 29 February 2012

The Trust’s operational financial performance indicates a financial risk rating of 3 for the month ending 29 February 2012. The financial position for month 11 shows the planned exceptional items & donated asset depreciation previously reported to the Board. The Income and Expenditure programme continued at a similar rate to previous months during February. The financial plan for February was a deficit in month but the actual position reported was favourable. Income slightly above plan and reducing costs due to the Productivity & Efficiency Programme contributed to this position. A risk rating of 3 is forecast for the financial year end.

Paul Havey
Finance Director
### Financial Performance - Clinical Income Position

The overall clinical income position reported a cumulative favourable variance to plan of £2,791k. Outpatient and A&E were above plan during the month, supporting elective activities which remain behind plan in the Division of Surgery.

**Paul Havey**  
*Finance Director*

<table>
<thead>
<tr>
<th>NHS Clinical Income - February 2012</th>
<th>Annual Budget</th>
<th>Budget to Date</th>
<th>Actual to Date</th>
<th>Variance to Date</th>
<th>Variance in Month</th>
<th>Key Points</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£'000's</td>
<td>£'000's</td>
<td>£'000's</td>
<td>£'000's</td>
<td>£'000's</td>
<td></td>
</tr>
<tr>
<td><strong>Income Source</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient / Day Case Electives (SPELL)</td>
<td>76386.5</td>
<td>69773.8</td>
<td>68522.2</td>
<td>(1251.5)</td>
<td>(324.6)</td>
<td>£1,252k behind plan predominantly relating to the Division of Surgery.</td>
</tr>
<tr>
<td>Inpatient Non Electives (SPELL)</td>
<td>93201.8</td>
<td>85451.7</td>
<td>84880.4</td>
<td>(571.3)</td>
<td>(167.9)</td>
<td>The month 11 position is £571k behind plan. This incorporates the restriction of income to 30% on activity above 2008/09 levels. At the end of February this equates to £401k, this also incorporates the loss on readmissions of £1,719k.</td>
</tr>
<tr>
<td>Outpatients</td>
<td>62290.9</td>
<td>56774.0</td>
<td>59094.3</td>
<td>2320.3</td>
<td>553.0</td>
<td>Outpatients are £2,320k ahead of plan mainly related to Neurosurgery £756k, Neurology £642k and Respiratory Medicine £591k.</td>
</tr>
<tr>
<td>A&amp;E</td>
<td>11454.4</td>
<td>10469.9</td>
<td>10342.5</td>
<td>(127.4)</td>
<td>87.7</td>
<td></td>
</tr>
<tr>
<td>Other Contracts</td>
<td>88529.1</td>
<td>81124.6</td>
<td>83545.5</td>
<td>2420.8</td>
<td>(35.4)</td>
<td>This includes an overperformance against plan on; Cost per Case contracts £1,076k; NICU £401k, Regular Day Attendees £254k and Critical Care £655k.</td>
</tr>
<tr>
<td><strong>Total Clinical Income</strong></td>
<td>331862.6</td>
<td>303594.0</td>
<td>306384.9</td>
<td>2790.9</td>
<td>112.8</td>
<td></td>
</tr>
</tbody>
</table>
### Clinical Divisions

<table>
<thead>
<tr>
<th>Division</th>
<th>Annual Budget</th>
<th>Budget to Date</th>
<th>Actual to Date</th>
<th>Variance to Date</th>
<th>Variance in Month</th>
<th>Variance to Date</th>
<th>Budget Adj</th>
<th>Current Mth Variance</th>
<th>Previous Mth Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Division of Surgery</strong></td>
<td>(76416.8)</td>
<td>(70014.7)</td>
<td>(80464.4)</td>
<td>(10449.7)</td>
<td>(817.5)</td>
<td>14.92%</td>
<td>(194.0)</td>
<td>(10643.7)</td>
<td>(9798.0)</td>
</tr>
<tr>
<td><strong>Division of Emergency &amp; General Medicine</strong></td>
<td>(68291.5)</td>
<td>(62660.0)</td>
<td>(66437.3)</td>
<td>(3777.3)</td>
<td>(425.1)</td>
<td>6.03%</td>
<td>(362.2)</td>
<td>(4139.4)</td>
<td>(3515.5)</td>
</tr>
<tr>
<td><strong>Division of Specialist Services</strong></td>
<td>(106662.4)</td>
<td>(97669.4)</td>
<td>(103530.0)</td>
<td>(5860.6)</td>
<td>(325.4)</td>
<td>6.00%</td>
<td>1265.4</td>
<td>(4595.3)</td>
<td>(4273.1)</td>
</tr>
</tbody>
</table>

**TOTAL CLINICAL SERVICES**

(251370.7) (230344.1) (250431.7) (20087.6) 8.72% 709.2 (20050.4) (18164.5)

### Non Clinical Directorates

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Annual Budget</th>
<th>Budget to Date</th>
<th>Actual to Date</th>
<th>Variance to Date</th>
<th>Variance in Month</th>
<th>Variance to Date</th>
<th>Budget Adj</th>
<th>Current Mth Variance</th>
<th>Previous Mth Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Directorate</td>
<td>(11041.8)</td>
<td>(10122.2)</td>
<td>(10110.8)</td>
<td>11.4</td>
<td>5.5</td>
<td>(0.11%)</td>
<td>0</td>
<td>11.4</td>
<td>5.9</td>
</tr>
<tr>
<td>Medical Director</td>
<td>680.4</td>
<td>636.6</td>
<td>719.2</td>
<td>82.6</td>
<td>(6.5)</td>
<td>12.98%</td>
<td>0</td>
<td>82.6</td>
<td>89.1</td>
</tr>
<tr>
<td>Facilities &amp; Services</td>
<td>(27087.2)</td>
<td>(24153.2)</td>
<td>(23150.6)</td>
<td>1002.7</td>
<td>226.0</td>
<td>(4.15%)</td>
<td>1.6</td>
<td>1004.3</td>
<td>780.7</td>
</tr>
<tr>
<td>Human Resources</td>
<td>(2339.8)</td>
<td>(2144.1)</td>
<td>(1946.1)</td>
<td>198.0</td>
<td>(10.0)</td>
<td>(9.23%)</td>
<td>0</td>
<td>198.0</td>
<td>208.0</td>
</tr>
<tr>
<td>IT</td>
<td>(4784.4)</td>
<td>(4439.7)</td>
<td>(4141.0)</td>
<td>298.6</td>
<td>(27.9)</td>
<td>(6.73%)</td>
<td>0</td>
<td>298.6</td>
<td>326.9</td>
</tr>
<tr>
<td>Finance</td>
<td>1529.8</td>
<td>1891.1</td>
<td>1878.5</td>
<td>39.4</td>
<td>4.7</td>
<td>2.15%</td>
<td>0</td>
<td>189.4</td>
<td>34.7</td>
</tr>
<tr>
<td>Chief Executive</td>
<td>(970.3)</td>
<td>(854.7)</td>
<td>(812.3)</td>
<td>42.4</td>
<td>.4</td>
<td>(4.96%)</td>
<td>0</td>
<td>42.4</td>
<td>42.0</td>
</tr>
<tr>
<td>Operations Directorate</td>
<td>(7127.8)</td>
<td>(6537.3)</td>
<td>(6274.7)</td>
<td>262.6</td>
<td>14.8</td>
<td>(4.02%)</td>
<td>3.0</td>
<td>265.7</td>
<td>253.5</td>
</tr>
</tbody>
</table>

**TOTAL NON CLINICAL SERVICES**

(51141.3) (45775.7) (43837.8) 1937.8 207.2 (4.23%) 4.6 1942.4 1740.4

**TOTAL CLINICAL & NON CLINICAL SERVICES**

(302512.0) (275041.8) (294269.6) 20087.6 1568.0 8.72% 709.2 (20050.4) (18164.5)

### Reserves, Financing & Corporate Income

<table>
<thead>
<tr>
<th>Component</th>
<th>Annual Budget</th>
<th>Budget to Date</th>
<th>Actual to Date</th>
<th>Variance to Date</th>
<th>Variance in Month</th>
<th>Variance to Date</th>
<th>Budget Adj</th>
<th>Current Mth Variance</th>
<th>Previous Mth Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reserves</td>
<td>(14300.9)</td>
<td>(16105.2)</td>
<td>(2865.6)</td>
<td>13419.6</td>
<td>1990.6</td>
<td>(83.32%)</td>
<td>13419.6</td>
<td>11429.0</td>
<td>Non-recurrent contingencies supporting slippage on efficiency schemes.</td>
</tr>
<tr>
<td>Financing &amp; Depreciation</td>
<td>(21022.2)</td>
<td>(19270.3)</td>
<td>(13661.2)</td>
<td>(90.9)</td>
<td>(23.0)</td>
<td>0.47%</td>
<td>(90.9)</td>
<td>(68.0)</td>
<td>Clinical Income above plan supporting activity related costs within divisions.</td>
</tr>
<tr>
<td>PCT Income</td>
<td>331850.2</td>
<td>303581.6</td>
<td>306338.7</td>
<td>2757.0</td>
<td>103.5</td>
<td>0.93%</td>
<td>2757.0</td>
<td>2653.5</td>
<td></td>
</tr>
<tr>
<td>Education &amp; Training - Junior Doctors</td>
<td>9547.8</td>
<td>8754.4</td>
<td>9165.7</td>
<td>411.3</td>
<td>127.5</td>
<td>4.70%</td>
<td>411.3</td>
<td>283.8</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL TRUST POSITION**

3563.0 840.8 (812.0) (1652.8) 837.8 713.7 (1611.0) (2125.8)

### Divisional Position as at 29 February 2012

The clinical services reported an adverse expenditure variance against plan. The main reason for the variance to plan is slippage on efficiency schemes and also the continued, although reduced, use of agency staff. (See separate analysis by both staff group and division). The slippage on 2011/12 PET schemes has to some extent been negated by non-recurrent contingencies reported in central reserves.

Paul Havey  
Finance Director
Agency Expenditure Position as at 29 February 2012

All agency costs remained along the usual trend. Planned agency usage continued in other grades supporting the Case Note Digitisation project.

Paul Havey
Finance Director

Pressures on medical agency costs continue predominantly covering specialty doctor vacancies in anaesthetics & trust grade posts in orthopaedics.

Agency nursing costs were below trend.

Vacancies in corporate departments being covered by temporary staff whilst departmental reviews take place. The increase in latter months relates to CND project costs.
Pressures on medical agency costs continue predominantly covering specialist doctor vacancies in anaesthetics & trust grade posts in orthopaedics. Vacancies in Head & Neck and Radiology are also being covered by agency staff.

Agency nursing usage overall was below the usual trend. The Division of Medicine still expended at a high level although lower than January. This relates to sickness cover, bed pressures and enhanced care.

Vacancies in corporate departments being covered by temporary staff whilst departmental reviews take place. The increase in corporate areas relates to CND project costs.
Drug Expenditure Position as at 29 February 2012

Drug expenditure is relatively static and following previous years trends. Work is ongoing to review costs, achieve best value for money and ensure pharmacists work closely with divisional teams.

Paul Havey
Finance Director
## Performance for Period

<table>
<thead>
<tr>
<th>Capital Programme</th>
<th>Budget to Date £'000's</th>
<th>Actual to Date £'000's</th>
<th>Variance to Date £'000's</th>
<th>Key Points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Resources Available for Capital Expenditure</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internally Generated</td>
<td>11,428</td>
<td></td>
<td></td>
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<tr>
<td>Capital to revenue re casenote</td>
<td>(469)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>External Financing</td>
<td>2,989</td>
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<td></td>
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<tr>
<td>Carry forward from 09/10</td>
<td>6,199</td>
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<tr>
<td><strong>TOTAL RESOURCES</strong></td>
<td>20,147</td>
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<td></td>
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</tr>
<tr>
<td><strong>Expenditure on Purchased Fixed Assets</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IT</td>
<td>1,474</td>
<td>1,376</td>
<td>1,026</td>
<td>1,026</td>
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<tr>
<td>Sustainability Projects</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHP</td>
<td>1,330</td>
<td>1,263</td>
<td>1,095</td>
<td>168</td>
</tr>
<tr>
<td>Other Sustainability Projects</td>
<td>924</td>
<td>823</td>
<td>499</td>
<td>323</td>
</tr>
<tr>
<td><strong>Backlog Maintenance</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Linac 2 and Stereotactic</td>
<td>915</td>
<td>883</td>
<td>653</td>
<td>230</td>
</tr>
<tr>
<td>X-ray Room 10</td>
<td>870</td>
<td>708</td>
<td>829</td>
<td>121</td>
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<tr>
<td>Reconfiguration Rawcliffe/Winstanley Wards</td>
<td>515</td>
<td>497</td>
<td>603</td>
<td>(106)</td>
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<tr>
<td>Decontamination Phase 2</td>
<td>100</td>
<td>97</td>
<td>60</td>
<td>36</td>
</tr>
<tr>
<td>Linac 3</td>
<td>550</td>
<td>531</td>
<td>280</td>
<td>251</td>
</tr>
<tr>
<td>Other Backlog Maintenance</td>
<td>7,285</td>
<td>5,887</td>
<td>3,907</td>
<td>1,980</td>
</tr>
<tr>
<td><strong>Developments</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Note Digitisation</td>
<td>1,000</td>
<td>857</td>
<td>1,431</td>
<td>(574)</td>
</tr>
<tr>
<td>Catheter Lab Phase 2</td>
<td>1,050</td>
<td>817</td>
<td>750</td>
<td>66</td>
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<tr>
<td>Undergraduate Expansion CDH</td>
<td>350</td>
<td>338</td>
<td>203</td>
<td>135</td>
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<tr>
<td>Mammography</td>
<td>500</td>
<td>479</td>
<td>21</td>
<td>458</td>
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<tr>
<td>Neo-natal</td>
<td>250</td>
<td>241</td>
<td>62</td>
<td>180</td>
</tr>
<tr>
<td>Linac 7/8/ Outpatients</td>
<td>1,791</td>
<td>1,503</td>
<td>1,159</td>
<td>344</td>
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<tr>
<td>Other Developments</td>
<td>1,244</td>
<td>1,189</td>
<td>574</td>
<td>615</td>
</tr>
<tr>
<td>Case Note Digitisation to revenue</td>
<td>(469)</td>
<td>(469)</td>
<td>(469)</td>
<td>469</td>
</tr>
<tr>
<td><strong>TOTAL EXPENDITURE</strong></td>
<td>20,147</td>
<td>17,021</td>
<td>12,683</td>
<td>4,807</td>
</tr>
</tbody>
</table>

---

**Capital Expenditure Position as at 29 February 2012**

Capital expenditure has been reprofiled and a revised capital plan has been submitted to Monitor. This will see more of the programme slip into future years, and will allow the Trust to increase liquidity further to increase the buffer to reduce volatility and provide contingent cash resources. Generally, schemes are underspending in line with expectations.

*Paul Havey*

*Finance Director*
Balance Sheet Position - January 2012

<table>
<thead>
<tr>
<th></th>
<th>RESTATED AT 1 APRIL 2011</th>
<th>ACTUAL AT 29 FEBRUARY 2012</th>
<th>REVISED PLAN AT 29 FEBRUARY 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£'000's</td>
<td>£'000's</td>
<td>£'000's</td>
</tr>
<tr>
<td><strong>NON CURRENT ASSETS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intangible Assets</td>
<td>927</td>
<td>647</td>
<td>647</td>
</tr>
<tr>
<td>Property, Plant and Equipment</td>
<td>228,121</td>
<td>229,506</td>
<td>229,627</td>
</tr>
<tr>
<td>Trade and Other Receivables</td>
<td>46</td>
<td>60</td>
<td></td>
</tr>
<tr>
<td><strong>Total Non Current Assets</strong></td>
<td>229,117</td>
<td>230,198</td>
<td>230,334</td>
</tr>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inventories</td>
<td>4,086</td>
<td>3,992</td>
<td>4,086</td>
</tr>
<tr>
<td>Trade and Other Receivables</td>
<td>19,825</td>
<td>24,536</td>
<td>25,983</td>
</tr>
<tr>
<td>PDC Debtor</td>
<td>84</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cash and Cash Equivalents</td>
<td>16,351</td>
<td>15,976</td>
<td>10,424</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>40,346</td>
<td>44,504</td>
<td>40,693</td>
</tr>
<tr>
<td><strong>Liabilities, Current</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deferred Income</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Provisions</td>
<td>(1,141)</td>
<td>(483)</td>
<td>(416)</td>
</tr>
<tr>
<td>Post-Employment Benefit Obligation</td>
<td>(2,811)</td>
<td>(2,795)</td>
<td>(2,872)</td>
</tr>
<tr>
<td>Current Tax Payables</td>
<td>(5,019)</td>
<td>(4,821)</td>
<td>(5,088)</td>
</tr>
<tr>
<td>Trade and Other Payables</td>
<td>(32,863)</td>
<td>(36,882)</td>
<td>(30,095)</td>
</tr>
<tr>
<td>Capital Creditors</td>
<td>(2,561)</td>
<td>(2,048)</td>
<td>(2,653)</td>
</tr>
<tr>
<td>FTFF Loan</td>
<td>(231)</td>
<td>(473)</td>
<td>(473)</td>
</tr>
<tr>
<td>Finance Leases</td>
<td>(1,217)</td>
<td>(1,217)</td>
<td>(1,237)</td>
</tr>
<tr>
<td>PDC Dividend Creditor</td>
<td>0</td>
<td>(2,958)</td>
<td>(2,971)</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>(45,843)</td>
<td>(51,679)</td>
<td>(45,806)</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS LESS CURRENT LIABILITIES</strong></td>
<td>223,620</td>
<td>223,024</td>
<td>225,021</td>
</tr>
<tr>
<td><strong>Liabilities, Non-Current</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deferred Income</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Provisions</td>
<td>(1,041)</td>
<td>(1,073)</td>
<td>(1,041)</td>
</tr>
<tr>
<td>FTFF Loan</td>
<td>(1,737)</td>
<td>(3,679)</td>
<td>(3,679)</td>
</tr>
<tr>
<td>Finance Leases</td>
<td>(6,932)</td>
<td>(5,812)</td>
<td>(5,729)</td>
</tr>
<tr>
<td><strong>Total Non Current Liabilities</strong></td>
<td>(9,710)</td>
<td>(10,565)</td>
<td>(10,449)</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS EMPLOYED</strong></td>
<td>213,910</td>
<td>221,459</td>
<td>214,572</td>
</tr>
</tbody>
</table>

**Key Points**

- Debitors below plan due to improved cash collection. This has a positive impact on the cash position.
- Cash is above plan and is due to the improvement in cash collection against debts and also cash being held on behalf of the CLRN, hosted by the Trust.
- Trade and Other Payables are above plan which mainly reflects the cash held by the Trust for the CLRN and a timing difference on creditor payments.

The Trust continues to manage its cash position, with improvements in working capital to offset the current I&E deficit.

All Balance Sheets have been adjusted to take into account the new accounting requirements in relation to Donated Assets and Deferred Income.

Paul Havey
Finance Director
Liquidity Position as at 29 February 2012

Capital expenditure has been reprofiled and a revised capital plan has been submitted to Monitor. This will see more of the programme slip into future years, and will allow the Trust to increase liquidity further to increase the buffer to reduce volatility and provide contingent cash resources. The Trust is currently achieving a risk rating of 3 for the liquidity metric, in line with plan.

Cash Position as at 29 February 2012

The impact of the I&E deficit is being managed through reduced capital spend (against original plan) and more rigorous management of the Trust’s receipts and payments. This is reflected in a less volatile cash position than shown in the plan.

The Trust achieved 94% of its invoices paid within 30 days under the Better Payments Practice Code in February. The cumulative for the year is 95%.
Workforce Position as at 29th February 2012

It is pleasing to note the sickness absence rate has reduced slightly in month.

Recruitments pending in February have now come to fruition, and this has resulted in over a 1% decrease in vacancy rate whilst at the same time the headcount continues to decrease. This is due to changes in establishment through PET schemes now being reflected in the figures.

There has been a 3% decrease in pay spend against budget in month and a £81,000 decrease in bank locum and agency expenditure.

Disappointingly the appraisal rate has fallen by a further 3% in month, however it is pleasing to note that the actions taken within the facilities and services directorate have resulted in a 10% increase within this staff group in month.

Karen Swindley
Workforce Director

Comment on the divisional split

Although not technically a division in its own right, this Board report shows Facilities and Services as its own division.
Appraisals

Appraisal rates have dropped 3% over the last month from 76% to 73%. A concerted effort was put in to appraisal in Feb 2011 resulting in a 8% increase in that month. This ‘peak’ of appraisal activity in the same period last year indicates that appraisals that are due to expire are not undertaken in a timely manner.

Mandatory Training

Mandatory Training has risen by 1% in the month of February to 62%. E-Learning is now well underway and Saturday Mandatory Training sessions are being very well attended. Comparison of compliance by ‘Division’ shows the Facilities and Services Directorate have the lowest attendance rate, but it is pleasing to note that in month there has been a 7% increase in this directorate.
Information Governance

Information Governance 'peaked' in the previous month at 74% but has reduced in month by 1% to 73%.
The sickness rate for February was 5.09%, a decrease of 0.24% on January and 1.09% above the Trust target.

Annualised sickness has decreased to 4.17%.

- 15 Directorates AREAS have an absence rate under target of 4%. The outliers are Medicine (8.52%), Anaesthetics (7.18%) and Orthopaedics (7.15%).

Both department and corporate focused absence management training continues to be delivered throughout the Trust. Absence in Anaesthetics is a combination of both long and short term sickness cases with the bulk of long term being in Theatres and Critical Care. These are being proactively managed. There has been an increase in the number of long term cases in Orthopaedics which accounts for the increase in the absence rate. In Medicine, absence is being closely monitored by ward/department and all management plans have been reviewed. Managers within Medicine have been re-trained in absence management and new systems have been developed to record and track individual absence cases. A number of long term cases within Medicine are nearing resolution.

Long-term sickness continues to account for around 2 thirds of the total sickness absence %.

The vacancy rate for February is 6.47%, which is a decrease of 2.30% on the previous month. There continues to be a number of directorates/areas that are not filling posts on a substantive basis pending re-organisations which is contributing to the vacancy rate. The number of vacant posts being actively recruited to is 93 which is an increase of 7 from the previous month. 47 are at the post appointment stage; 46 at pre-recruitment stage.

The staff group with the lowest vacancy rate is with Nursing & Midwifery staff with this sitting at an encouraging level of 2.28%.

Medical and Dental Vacancy rate is 13.90%; 6.85% adjusting for locum cover (this figure does not include Consultant vacancies).
Workforce (HRM) - Sickness & Vacancies

<table>
<thead>
<tr>
<th>Month</th>
<th>WTE</th>
<th>HC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mar</td>
<td>5955.0</td>
<td>7023</td>
</tr>
<tr>
<td>Apr</td>
<td>5948.0</td>
<td>7029</td>
</tr>
<tr>
<td>May</td>
<td>5947.5</td>
<td>7030</td>
</tr>
<tr>
<td>Jun</td>
<td>5949.5</td>
<td>7032</td>
</tr>
<tr>
<td>Jul</td>
<td>5957.3</td>
<td>7038</td>
</tr>
<tr>
<td>Aug</td>
<td>5931.5</td>
<td>7066</td>
</tr>
<tr>
<td>Sep</td>
<td>5926.8</td>
<td>6999</td>
</tr>
<tr>
<td>Oct</td>
<td>5918.9</td>
<td>6990</td>
</tr>
<tr>
<td>Nov</td>
<td>5916.4</td>
<td>6987</td>
</tr>
<tr>
<td>Dec</td>
<td>5907.9</td>
<td>6976</td>
</tr>
<tr>
<td>Jan</td>
<td>5869.2</td>
<td>6936</td>
</tr>
<tr>
<td>Feb</td>
<td>5858.1</td>
<td>6892</td>
</tr>
</tbody>
</table>

Staff in Post

<table>
<thead>
<tr>
<th>Year</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>5965.0</td>
<td>5971.7</td>
<td>5967.5</td>
<td>5945.5</td>
<td>5957.3</td>
<td>5931.5</td>
<td>5926.8</td>
<td>5918.9</td>
<td>5916.4</td>
<td>5907.9</td>
<td>5969.2</td>
<td>5858.1</td>
</tr>
</tbody>
</table>

Turnover

- Pay spend as % of Pay Budget
- Pay spend (including contracted pay, overtime, bank, agency and locum expenditure) as a proportion of pay budget for February was 99% which is below the total pay bill for the month.

- Total bank and agency locum expenditure for February was £1363k a decrease of £81k on the previous month.

- Bank and locum spend was £600k; £171k increase on the previous month.

- The significant increase in bank and locum spend during the month is attributable to significant increases within the Medicine directorate.

- Agency spend was £763k; a £252k decrease on the previous month.

Pay Spend against Budget

- Agency spend was £1363k a decrease of £81k on the previous month.

- 30 medical posts were filled via the Medacs contract in the month. Agency cover at Staff Grade, SHO, SpR level was required by Anaesthetics, Medicine, General, Plastic and Head & Neck Surgery, Orthopaedics, Neurosciences, Women’s Health, Child Health and the Emergency Department. With Consultant cover provided in Medicine, Head & Neck and Child Health. Consultant Agency cover has been used for a variety of reasons including cover for sickness and a vacancy in Medicine, whilst Middle grade cover remains a pressure.

- 309 Admin and Clerical bookings were filled via the Brook Street Contract in the month. There has been a significant increase in usage in the Corporate, Specialist Services and Surgical divisions in the month with Corporate usage due to the Case Note Digitalisation Project.

Medical Agency Usage Via Medacs - February

- Pay spend (including contracted pay, overtime, bank, agency and locum expenditure) as a proportion of pay budget for February was 99% which is below the total pay bill for the month.

- Monthly pay spend as a percentage of total pay budget.

- Pay spend against budget for February 2012.

Annualised Turnover and Staff in Post

- Trust turnover is 8.97% which is slightly lower than the previous month. Turnover continues to show a downward trend and has been consistently under the Trust target of 10% for nearly 2 years.

- The number of staff in post at end of February was 5858 WTE, a decrease of 11 WTE on the previous month. The number of posts being actively recruited has increased slightly when compared to last month, however, it remains lower than December 2011.
A revised Membership Management and Engagement Strategy was approved by the Governing Council in April 2011. The implementation of the strategy is through an annual membership plan, which details how its objectives are met and the membership function is developed.

The attached Membership Management Plan reviews and reflects on the membership activities conducted between 1 April 2011 and 31 March 2012 and outlines the proposed objectives and activities for the membership function during 2012/13.

The draft plan was discussed at the meeting of the Membership and Communication Group on 27 March 2012.

RECOMMENDATION

The Governing Council is asked to note the progress made in developing the membership function in 2011/12 and support the Membership Management Plan 2012/13.

REBECCA CHAPMAN
ACTING MEMBERSHIP MANAGER
Lancashire Teaching Hospitals NHS Foundation Trust


Rebecca Chapman
Acting Membership Manager

Membership and Communication Group

March 2012
Contents

1. Introduction

2. Review of membership activities during 2011/12
   2.1 Membership target and profile
   2.2 Objectives and priorities in 2011/12
   2.3 Membership Communications and Events
   2.4 Members’ Involvement/Targeted Recruitment

3. Objectives and priorities for 2012/13

Appendices:

Appendix one: Membership profile as at 31 March 2012
Appendix two: Framework for membership activities 2012/13
Appendix three: Membership action plan 2012/13
1. **INTRODUCTION**

The purpose of this report is to summarise the membership activities undertaken during 2011/12, specify the objectives for 2012/13 and outline the programme of activities and developments for the membership function during 2012/13 in order to achieve the 2012/13 membership objectives. The programme of activities has been prepared taking into consideration recommendations and actions outlined in the following documents:

1. Trust Annual Plan
3. 2011 Governor Listening Event results
4. Trust Communications Strategy

2. **REVIEW OF MEMBERSHIP ACTIVITIES DURING 2011 / 2012**

2.1 **Membership Target and Profile**

The Trust’s membership currently comprises over 23,000 public, patient and staff members. This is a decrease in numbers when compared to the position at the end of 2010/11 but the Trust still has one of the largest memberships in the country. Emphasis has been placed during the year on ensuring that there continues to be good membership engagement and the database is as accurate as possible.

During 2011/12 only targeted recruitment was carried out amongst under represented members to ensure the membership remains representative of the local population. The Trust will continue to target its recruitment amongst those under represented members during 2012-13.

Full details of the membership profile as at 31 March 2012 are outlined in Appendix 1 (data to be inserted after 31 March 2012).

As illustrated in the membership reports presented throughout the year to the Governing Council and Board of Directors, there has been little change in the age, ethnic origin, gender and geographic breakdowns, resulting in the achievement of the objective of maintaining a membership profile which is broadly representative of the local catchment area and the profile of the Trust’s service users. There will be the opportunity in 2012/13 to update this information to take account of the 2011 census.

2.2 **Objectives and Priorities in 2011/12**

Progress in 2011/12 has been in line with the objectives set out in the 2011/12 Membership Management Plan.

This has included:

- Carry out regular pieces of small scale involvement and engagement work appropriate to member's level of involvement, areas of interest and communication preference. Note: all involvement opportunities will be initially assessed to ensure they are in adherence with the Trust's annual plan in order to identify if appropriate.
Focus On Events at Chorley Town Hall and Royal Preston Hospital

Range of focus groups and opportunities for Foundation Trust members to be involved in the work of the Trust.

Annual Members’ Meeting in the community, which included presentations focusing on a review of 2010/11 and plans for the future.

Targeted recruitment aimed at younger people to increase representation in the 16 – 25 years age group.

Distribution of Trust Matters the patient and public members newsletter twice a year.

Organisation of Listening Event, run by Governors, to enable members to put forward their views on specific issues.

Various ‘ad hoc’ membership activities throughout the year.

Assisting in new ways in which Staff Governors can contribute to the ‘Valuing Your Voice’ initiative aimed at greater staff involvement.

Pre-election workshops for prospective Governors

As referenced previously, membership has decreased in 2011/12. This was because of the new membership engagement, rather than recruitment, should be the focus.

2.3 Membership Communications and Events

2.3.1 Frequency of Mailings

The following pieces of correspondence were sent to patient and public members during the year:

<table>
<thead>
<tr>
<th>Date</th>
<th>Nature of correspondence</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 2012</td>
<td>Flyer publicising the Annual Members’ Meeting – 29 September 2011</td>
</tr>
<tr>
<td>February 2012</td>
<td>Ballot papers for Governing Council 2012 Elections</td>
</tr>
</tbody>
</table>

The information included in the mailings detailed above, where appropriate, was disseminated to staff members via a number of internal communication methods, including the Trust’s intranet site, posters, Connect magazine and Team Brief.

2.3.2 Members’ Events
During 2011/12, the Trust continued to host clinically focused large scale members’ events run at both the Royal Preston Hospital and Chorley Town Hall. The main purpose of the ‘Focus On’ events was to promote and provide information to Members about the Trust’s services. Details of these events are provided in the table below.

The Trust Governor Listening Event held in June was very well attended. The event provided members with the opportunity to talk about how the Trust can improve communication with patients before and after outpatient appointments.

Attendance at the Annual Members meeting in September was lower than in previous years.

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of Event</th>
<th>Name of Speaker(s)</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 2011</td>
<td>Listening Event</td>
<td>Provided members with the opportunity to meet the Governors to establish members views about how the Trust communicates information about outpatient appointments.</td>
<td>Chorley Town Hall</td>
</tr>
<tr>
<td>September 2011</td>
<td>Annual Members’ Meeting</td>
<td>Mr Stuart Heys, Chairman Mrs Karen Partington, Chief Executive</td>
<td>Wellington Park Hotel, Leyland</td>
</tr>
<tr>
<td>January 2012</td>
<td>Pre Election Workshops (two)</td>
<td>Chairman, Acting Membership Manager, Trust Secretary</td>
<td>Royal Preston Hospital and Chorley and South Ribble Hospital</td>
</tr>
<tr>
<td>February and March 2012</td>
<td>Focus On Get Fit for Surgery presentation.</td>
<td>Mr Stuart Heys, Chairman Mr Tom Owen, Consultant in Critical Care Medicine and Anaesthesia Kim Moxham, Colorectal Stoma Specialist Nurse Mr Beveridge, Consultant Colorectal Surgeon</td>
<td>Chorley Town Hall and Royal Preston Hospital</td>
</tr>
</tbody>
</table>
## 2.4 Members' Involvement and Targeted Recruitment

### 2.4.1 Utilisation of Foundation Trust Members and Provision of Involvement Opportunities

The effective utilisation of Foundation Trust members has been a key priority during 2011/12. As detailed in the table below many pieces of small scale work have been carried out with members in accordance with their stipulated level and area of involvement.

All of the involvement work carried out has been in accordance with the Trust strategic priorities and service developments. This consultation work has enabled various different departments of the Trust to benefit from public and patient involvement, many on a long term basis.

<table>
<thead>
<tr>
<th>Department and timescale</th>
<th>Involvement work taken place</th>
<th>Members specifically targeted</th>
<th>Summary of work undertaken and outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust Management Department April 2011</td>
<td>Trust Vision – electronic survey</td>
<td>All members with a communication preference of email</td>
<td>The survey provided members with the opportunity to give their views regarding the Trust Vision; a statement which describes what the local hospital Trust should aspire to. The results of the survey have helped to inform the Board of the Trusts vision and marketing.</td>
</tr>
<tr>
<td>Trust Management Department July 2011</td>
<td>Consultation regarding the feasibility of using electronic communications in the outpatient setting</td>
<td>2,000 public and patient members with an email address were contacted with an online survey</td>
<td>The survey consisted of three simple questions in relation to the use of electronic reminders (specifically text and email) As a result of the feedback the Trust are looking into ways of introducing electronic reminders.</td>
</tr>
<tr>
<td>Imaging Directorate October 2011</td>
<td>Imaging Focus Group</td>
<td>Members participated in a focus group at Royal Preston Hospital and Chorley and South Ribble Hospital which aimed to establish how the services provided by the Imaging Directorate could be improved.</td>
<td>As a result of the feedback the Trust are talking to the Information Governance Team about how to ensure all patient information is up to date, and have introduced a reception checklist that prompts staff to confirm personal details, GP information and that casenotes are available. Staff have been briefed that procedures should be clearly communicated to patients before treatment begins. Staff have been reminded that eyemasks should be offered to patients who have an MR scan as patients reported feeling claustrophobic. The Trust has introduced a daily check on patient examination gowns to ensure the range of sizes and styles required are available to ensure patients are comfortable during their visit. The Trust is talking to local schools about provided some vibrant artwork to brighten up the Imaging Department.</td>
</tr>
</tbody>
</table>
In addition to ad hoc involvement work, members have also continued to have the opportunity to interact with the Trust through the completion of ‘Have your Say’ cards that are made available at all members’ events. Personal responses from the Chairman or Chief Executive are provided to members and if required their queries are investigated.

Informal networking sessions between Governors and members as part of the ‘Focus On’ evenings continue to be a feedback mechanism, with members actively being encouraged to raise issues to their Governors, which can then be referred to Trust Managers to be dealt with.

2.4.2 Targeted Recruitment

Members of the Governing Council and Governors from the Membership and Communication Group have a responsibility to play a key role in the targeted recruitment of members. Various targeted recruitment initiatives summarised below have taken place during 2011/12 with the aim of increasing the number of under represented members:

- Attendance at the 2011 Health Mela
- Attendance at Preston College Student Freshers’ Fair
- Attendance at Cardinal Newman College Freshers Fair
- Attendance at Myrescough College Wellbeing Event
- Attendance at the UCLAN Film Festival
- Attendance at Year 12 Careers Event

4. GOVERNING COUNCIL ELECTIONS

4.1 Review of 2011/12 Elections

During 2011/12 elections were held to fill the following Governor seats, which became vacant on 31 March 2012:

<table>
<thead>
<tr>
<th>Patient:</th>
<th>3 seats</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public:</td>
<td>2 seats</td>
</tr>
</tbody>
</table>

The following two Staff Governor seats were not filled and a by election is scheduled to be held in order to fill the vacancies by August 2012:
Staff: Nurses and Midwifes, Chorley Site 1 seat

Staff: Doctors and Dentists (both hospital sites) 1 seat

The following Staff Governor seat was elected unopposed:

Staff: Non Clinical, Chorley Site 1 seat

During 2012 the Trust held pre-election workshops with the objective of raising awareness about the Governor vacancies and to enable prospective candidates to find out more about the role of the Governor and learn how to navigate the election process. The workshops were not as well attended as in the previous year, which was reflected in the lower number of members standing for election.

<table>
<thead>
<tr>
<th>Voting Turnout</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Constituency</td>
<td>29.5%</td>
<td>22.7%</td>
</tr>
<tr>
<td>Public Constituency</td>
<td>21%</td>
<td>29.9%</td>
</tr>
<tr>
<td>Staff Constituency</td>
<td>16%</td>
<td>N/A</td>
</tr>
</tbody>
</table>

3. **OBJECTIVES AND PRIORITIES FOR 2012/13**

As referenced in the Membership Management and Engagement Strategy 2011-14 the overarching objectives for the Trust membership are to:

1. Enable members to be actively involved in the planning and delivery of services so that they reflect the needs of patients and the local community (as referenced in the Trust’s value of ‘Seeking to Involve’)
2. Communicate to members information about the developments at the Trust ensuring that information received is tailored to their selected level of involvement
3. Ensure that the membership is representative of the community it serves
4. Enable members to stand for election to the Governing Council and to elect Governor representatives

With regard to recruitment of Governors, it is important to work towards generating more interest amongst the membership in standing for election. This is particularly important in the light of indications from Monitor – the Independent Regulator of NHS Foundation Trusts – that the role of the Governor in future years will be significantly enhanced.

In order to work towards the attainment of these objectives during 2012/13 the Trust will follow the detailed and measurable membership action plan as seen in appendix three.
### Membership Profile as at 31 March 2012

<table>
<thead>
<tr>
<th></th>
<th>No. of members as at 1 April 2011</th>
<th>Target for 2011/12</th>
<th>No. of members as at 31 March 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient constituency</td>
<td>9,062</td>
<td>9,067</td>
<td>8,968</td>
</tr>
<tr>
<td>Public constituency</td>
<td>8,525</td>
<td>8,511</td>
<td>8,648</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>17,587</strong></td>
<td><strong>17,598</strong></td>
<td><strong>17,616</strong></td>
</tr>
<tr>
<td>Staff constituency</td>
<td>6,382</td>
<td>6,313</td>
<td>6,272</td>
</tr>
<tr>
<td><strong>TOTAL MEMBERSHIP</strong></td>
<td><strong>23,969</strong></td>
<td><strong>25,891</strong>*</td>
<td><strong>23,888</strong></td>
</tr>
</tbody>
</table>

* Outturn submitted to Monitor as part of the Annual Plan Submission
** Estimate submitted to Monitor as part of the Annual Plan Submission

### Age Group Analysis (Patient and Public Members)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>No. of members as at 31 March 2012</th>
<th>Percentage</th>
<th>Catchment area profile*</th>
<th>Profile of the Trust's patients during 2010/11</th>
<th>Position as at 1 April 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-16</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>16-24</td>
<td>1156</td>
<td>6.5%</td>
<td>13%</td>
<td>10%</td>
<td>7%</td>
</tr>
<tr>
<td>25-44</td>
<td>2811</td>
<td>16%</td>
<td>29%</td>
<td>27%</td>
<td>15%</td>
</tr>
<tr>
<td>45-64</td>
<td>5390</td>
<td>31%</td>
<td>25%</td>
<td>27%</td>
<td>25%</td>
</tr>
<tr>
<td>65-80</td>
<td>5576</td>
<td>31%</td>
<td>11%</td>
<td>20%</td>
<td>25%</td>
</tr>
<tr>
<td>81+</td>
<td>1515</td>
<td>8%</td>
<td>4%</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>Not stated</td>
<td>1171</td>
<td>6%</td>
<td>n/a</td>
<td>n/a</td>
<td>21%</td>
</tr>
</tbody>
</table>
### Gender Analysis (Patient and Public Members)

<table>
<thead>
<tr>
<th>Gender</th>
<th>As at 31 March 2012</th>
<th>As at 31 March 2011</th>
<th>Catchment area profile*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>59%</td>
<td>59%</td>
<td>49%</td>
</tr>
<tr>
<td>Male</td>
<td>39%</td>
<td>40%</td>
<td>51%</td>
</tr>
<tr>
<td>Not Stated</td>
<td>0.2%</td>
<td>1%</td>
<td>n/a</td>
</tr>
</tbody>
</table>

### Ethnicity Analysis (Patient and Public Members)

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Total as at 31 March 2012</th>
<th>Percentage as at 31 March 2012</th>
<th>Catchment area profile*</th>
<th>Position as at 1 April 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>White/British</td>
<td>14,817</td>
<td>84%</td>
<td>91.3%</td>
<td>83%</td>
</tr>
<tr>
<td>White/Irish</td>
<td>213</td>
<td>1.2%</td>
<td>0.9%</td>
<td>1%</td>
</tr>
<tr>
<td>White/Other</td>
<td>222</td>
<td>1.2%</td>
<td>0.9%</td>
<td>1%</td>
</tr>
<tr>
<td>Mixed White/Black Caribbean</td>
<td>30</td>
<td>0.1%</td>
<td>0.4%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Mixed White/Black African</td>
<td>10</td>
<td>0%</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Mixed White and Asian</td>
<td>22</td>
<td>0.1%</td>
<td>0.2%</td>
<td>0.11%</td>
</tr>
<tr>
<td>Mixed White Other</td>
<td>16</td>
<td>0%</td>
<td>0.1%</td>
<td>0.08%</td>
</tr>
<tr>
<td>Asian British/Indian</td>
<td>786</td>
<td>4.4%</td>
<td>3.7%</td>
<td>4.25%</td>
</tr>
<tr>
<td>Asian British/Pakistani</td>
<td>185</td>
<td>1%</td>
<td>1%</td>
<td>0.98%</td>
</tr>
<tr>
<td>Asian British/Bangladeshi</td>
<td>37</td>
<td>0.2%</td>
<td>0.1%</td>
<td>0.20%</td>
</tr>
<tr>
<td>Asian British/Other</td>
<td>63</td>
<td>0.3%</td>
<td>0.2%</td>
<td>0.33%</td>
</tr>
<tr>
<td>Black British/Caribbean</td>
<td>87</td>
<td>0.4%</td>
<td>0.4%</td>
<td>0.49%</td>
</tr>
<tr>
<td>Black British/African</td>
<td>41</td>
<td>0.2%</td>
<td>0.1%</td>
<td>0.21%</td>
</tr>
<tr>
<td>Black British Other</td>
<td>6</td>
<td>0%</td>
<td>0%</td>
<td>0.03%</td>
</tr>
<tr>
<td>Chinese</td>
<td>48</td>
<td>0.2%</td>
<td>0.4%</td>
<td>0.27%</td>
</tr>
<tr>
<td>Other</td>
<td>103</td>
<td>0.5</td>
<td>0.1%</td>
<td>0.59%</td>
</tr>
<tr>
<td>Not Stated</td>
<td>931</td>
<td>5.2%</td>
<td>n/a</td>
<td>5.8%</td>
</tr>
</tbody>
</table>

* Data taken from 2001 Census, provided by the Economic Intelligence Team at Lancashire County Council.
### Socio Economic Grouping Analysis (Patient and Public Members)

<table>
<thead>
<tr>
<th>Socio Economic Grouping</th>
<th>Foundation Trust Members</th>
<th>Local Population (Trusts catchment area)*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ABC1</strong></td>
<td>55.64%</td>
<td>57%</td>
</tr>
<tr>
<td><strong>AB</strong>: Higher and intermediate managerial / administrative / professional</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>C1</strong>: Supervisory, clerical, junior managerial / administrative / professional</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>C2</strong></td>
<td>18.81%</td>
<td>22.66%</td>
</tr>
<tr>
<td>Skilled manual workers</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>D</strong></td>
<td>19.73%</td>
<td>15.71%</td>
</tr>
<tr>
<td>Semi-skilled and unskilled manual workers</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>E</strong></td>
<td>5.82%</td>
<td>4.63%</td>
</tr>
<tr>
<td>On state benefit, unemployed, lowest grade workers</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Data taken from Office for National Statistics, (September 2005)
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Communication</strong></td>
<td>Information to be submitted for inclusion in 2011/12 Annual Report and Accounts 2012/13 Annual Plan</td>
<td>Spring/Summer edition of Trust Matters (to include Governing Council election results and invitation to Bringing Healthcare to Life Event)</td>
<td></td>
<td>Invitation to Annual Members Meeting to be sent to members</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Members’ information giving events</strong></td>
<td></td>
<td>Bringing Healthcare to Life Event</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Involvement and engagement work</strong></td>
<td>Catering Focus Group – 30 April 2012</td>
<td>Values Focus Group – date tbc</td>
<td></td>
<td>TBC</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Elections</strong></td>
<td>Staff by-election - Notice of Election - Nomination forms available to members</td>
<td>Staff by election - Validation of nomination forms - Deadline for receipt of nominations</td>
<td>Staff by election - Voting packs despatched - Election closing date and results announced</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Recruitment (Scheduled activities)</strong></td>
<td>Health Mela - Guildhall</td>
<td>Preston Mela – 24 June 2012 – Avenham Park Presentation to UCLAN/LTH Student Nurses.</td>
<td>Preston College Enrichment Fair.</td>
<td></td>
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<td>--------------------------</td>
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</tr>
<tr>
<td><strong>Communication</strong></td>
<td></td>
<td></td>
<td></td>
<td>Autumn/Winter edition of Trust Matters (to include summary of Annual Members’ Meeting) and Notice of Election and February/March 2013 ‘Focus On’ event invite</td>
<td>Ballot papers to be dispatched.</td>
<td></td>
</tr>
<tr>
<td><strong>Members’ information giving events</strong></td>
<td></td>
<td></td>
<td></td>
<td>Members’ event ‘Focus On’ presentation (Topic TBC closer to the time and to be aligned the Trusts communication plans)</td>
<td>Members’ event ‘Focus On’ presentation (Topic TBC closer to the time and to be aligned the Trusts communication plans)</td>
<td></td>
</tr>
<tr>
<td><strong>Involvement and engagement work</strong></td>
<td></td>
<td></td>
<td></td>
<td>TBC</td>
<td>TBC</td>
<td></td>
</tr>
<tr>
<td>- All focus groups to be ad hoc and determined by communication plans and new developments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Election closing date and results announced</td>
<td></td>
</tr>
<tr>
<td><strong>Elections</strong></td>
<td>- Notice of Election</td>
<td>- Nomination forms available to members</td>
<td>- Validation of nomination forms - Deadline for receipt of nominations</td>
<td>- Notice of poll - Voting packs despatched</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Recruitment (Scheduled activities)</strong></td>
<td></td>
<td></td>
<td></td>
<td>Annual visit to Cardinal Newman College to deliver presentations to students</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>Action</td>
<td>Owner</td>
<td>Timescale</td>
<td>Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----</td>
<td>------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------</td>
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<td></td>
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</tr>
<tr>
<td></td>
<td><strong>Objective</strong></td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td><strong>1) Member Engagement</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Enable members to be actively involved in the planning and delivery</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>of services so that they reflect the needs of patients and the local</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>community</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1</td>
<td>Carry out regular pieces of small scale involvement and engagement work</td>
<td>Membership Manager</td>
<td>Throughout 2012/13</td>
<td>Work currently underway</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>appropriate to member’s level of involvement, areas of interest and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>communication preference. Note: all involvement opportunities will be</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>initially assessed to ensure they are in adherence with the Trust’s</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>annual plan in order to identify if appropriate.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2</td>
<td>In conjunction with the Membership and Communication Group plan</td>
<td>Membership Manager, Trust</td>
<td>September 2012</td>
<td>Work currently underway</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>organise a combined Bringing Healthcare to Life Event and Annual</td>
<td>Secretary and Membership</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Members’ Meeting for public, patient and staff Foundation Trust</td>
<td>and Communication Group</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Members. The Annual Members’ Meeting should summarise the previous</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>year’s performance; inform of key objectives for the coming year;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>showcase services linked to strategic priorities and provide members</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>with the opportunity to ask questions of the Executive Team.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The Bringing Healthcare to Life Event will showcase the work of</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>various directorates and departments across the Trust and there will</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>be a number of promotional stands, with an emphasis on ‘hands on’</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>interactive demonstrations and displays.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3</td>
<td>In conjunction with the Membership and Communication Group plan</td>
<td>Membership Manager, Governing</td>
<td>September 2012</td>
<td>Work currently underway</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>organise a Listening Event aligned to Trust strategic priorities and</td>
<td>Council Members and Membership</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>service developments. Identify topic via Communication Annual</td>
<td>and Communication Group</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Workplan.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.4</td>
<td>Review membership engagement in relation to staff members. This work</td>
<td>Membership Manager, Communications and PR Manager and Staff</td>
<td>Autumn 2012</td>
<td>Work currently underway</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>will form a part of a wider staff engagement project.</td>
<td>Governors</td>
<td></td>
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</tbody>
</table>
### 2) Member Communication

- Communicate to members information about the developments at the Trust ensuring that information received is tailored to their selected level of involvement

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>2.1</td>
<td>Produce two featured led issues of Trust Matters members magazines per year (Spring/Summer and Autumn/Winter) containing:</td>
<td>Membership Manager, Communications and PR Manager and Communications Officer</td>
<td>Spring/Summer 2012 and Autumn/Winter 2012</td>
</tr>
<tr>
<td></td>
<td>• Information about Trust performance against strategic priorities, performance and service developments.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Information about how members have influenced decision making and service development.</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Note: all magazine content should relate to key communication campaigns recommended in the Communication Annual Workplan to ensure consistency with strategic priorities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.3</td>
<td>Plan a ‘Focus On’ event to meet member demand. Topic of event/speaker to be in line with Trust strategic priorities and service developments and to be identified via the Trust’s Communication Annual Workplan.</td>
<td>Membership Manager, Communication and PR Manager, Membership and Communication Group</td>
<td>31/03/2012</td>
</tr>
<tr>
<td>2.4</td>
<td>Maintain and update the Membership section of the Trust website</td>
<td>Membership Manager</td>
<td>Ongoing to 30/04/12</td>
</tr>
<tr>
<td>2.5</td>
<td>Utilise new media (i.e. Twitter) to engage with members following the publication of the Trusts new media strategy (Approx December 2011)</td>
<td>Membership Manager and Communication Officer</td>
<td>Ongoing from 31/12/11 to 30/04/12</td>
</tr>
</tbody>
</table>
3) Targeted Member Recruitment

- Ensure that the membership is representative of the community it serves

3.1 As the Trust now has one of the fourth biggest Foundation Trust memberships in the UK there is no longer a need to increase the number of members. However there is a requirement from Monitor to ensure the membership composition remains representative of the local population. During 2012/13 emphasis will be placed upon carrying out targeted recruitment activities in under represented areas of the membership only.

In order to help maintain its membership, the Trust will continue to run an ‘opt out’ scheme for staff members. However it should be noted that with over 23,000 members the market for potential new members is now becoming saturated.

It is proposed that the Trust will aim to maintain its current membership during 2011/12 as per the target outlined in the table below.

<table>
<thead>
<tr>
<th>Constituency</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public</td>
<td>8,648</td>
</tr>
<tr>
<td>Patient</td>
<td>8,968</td>
</tr>
<tr>
<td>Staff</td>
<td>6,272</td>
</tr>
<tr>
<td>TOTAL</td>
<td>23,888</td>
</tr>
</tbody>
</table>

The 2012/13 membership target has been calculated based on statistical analysis of membership size over the last three years.

3.2 Maintain ethnic minority members via attendance at the annual Health Mela
<p>| | | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td><strong>3.3</strong></td>
<td>Recruit young members via a presentation to UCLAN/LTH Student Nurses.</td>
<td>Membership Manager and Governing Council Members</td>
<td>May/June 2012 dependant upon exact date of event</td>
</tr>
<tr>
<td><strong>3.5</strong></td>
<td>Recruit young members via a membership display stand at Preston College Enrichment Fair.</td>
<td>Membership Manager and Governing Council Members</td>
<td>September 2012 dependant upon exact date of event</td>
</tr>
<tr>
<td><strong>3.7</strong></td>
<td>Recruit young members via annual visit to Cardinal Newman College to deliver presentations to students.</td>
<td>Membership Manager and Governing Council Members</td>
<td>September 2012 dependant upon exact date of event</td>
</tr>
</tbody>
</table>
| **3.8** | Pursue any other member recruitment in the following under represented areas of membership:  
- Males  
- People aged between 16-25 and 25-44  
- Mixed white/black Caribbean and mixed white/black African ethnicities | Membership Manager and Governing Council Members | Ongoing during 2012/13 |

**4) Elections to the Governing Council**

- Enable members to stand for election to the Governing Council and to elect Governor representatives

<p>| | | | |</p>
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<tr>
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</thead>
</table>
| **4.1** | Run a staff by election to recruit to the following posts:  
1. Staff: Nurses and Midwives, Chorley Site 1 seat  
2. Staff: Doctors and Dentists, (both hospital sites) 1 seat | Membership Manager and Trust Secretary | June 2012 | Work currently underway |
| **4.2** | Announce the results of the Staff Elections to the membership via Connect staff magazine, Team Brief and Trust Matters magazine, Trust website, intranet and via public notices on both hospital sites. | Membership Manager | June 2012 |
| **4.3** | Plan and run Pre Election Workshops in January 2013 and February 2013 (subject to election timetable). | Membership Manager and Trust Secretary | 29/02/13 (subject to election timetable) |
4.4 Run elections to recruit to the following vacancies by 1 April 2013:

<table>
<thead>
<tr>
<th>Vacancy</th>
<th>Seats</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient</td>
<td>3</td>
</tr>
<tr>
<td>Public</td>
<td>2</td>
</tr>
<tr>
<td>Staff: Doctors and Dentists, both hospital sites</td>
<td>1</td>
</tr>
</tbody>
</table>

- Membership Manager and Trust Secretary
- 30/04/13

4.5 Announce the results of the Public, Patient and Staff elections to the membership via Trust Matters magazine, Trust website, intranet, Connect staff magazine, Team Brief and via public notices on both hospital sites.

- Membership Manager
- 30/04/13

### 5) Evaluation of Membership Plans 2011/12

<table>
<thead>
<tr>
<th>Task</th>
<th>Responsible</th>
<th>Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 Continue to keep a lessons learned log for each large scale member event</td>
<td>Membership Manager</td>
<td>Ongoing</td>
</tr>
<tr>
<td>5.2 Evaluate success of membership plan 2012/13</td>
<td>Membership Manager, Communication and PR Manager and Membership and Communication Group</td>
<td>31/05/13</td>
</tr>
<tr>
<td>5.3 Provide Governing Council with quarterly status reports of the Membership Annual Workplan 2012/13</td>
<td>Membership Manager and Trust Secretary</td>
<td>Ongoing to 30/04/12</td>
</tr>
<tr>
<td>5.4 Provide Board of Directors with quarterly status reports of the Membership Annual Workplan 2012/13</td>
<td>Membership Manager and Trust Secretary</td>
<td>Ongoing to 30/04/12</td>
</tr>
</tbody>
</table>
Notes of meeting held on 24 January 2012

Present :
Rebecca Chapman Acting Membership Manager
Anne Costich Patient Governor (Chair)
John Coxhead Public Governor
John Daglish Public Governor
Ken Jones Public Governor (Deputy Chair)
Lorraine Kelly Communication & Public Relations Manager
June McGuire Public Governor
David Williams Public Governor
Peter Yates Appointed Governor

Apologies :
Gill Ackroyd Patient Governor
Robert Clark Non Executive Director
Helen Bradley Staff Governor
Michael Welsh Appointed Governor

In attendance:
Stuart Hey Chairman (part)
Nicola Leahey Public Governor (on behalf of Gill Ackroyd)

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<thead>
<tr>
<th>#</th>
<th>Item</th>
<th>Owner</th>
<th>Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>Welcome</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1</td>
<td>AC welcomed everyone to the meeting including Stuart Heys Chairman.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2</td>
<td>NL confirmed she was attending the meeting on behalf of Gill Ackroyd and was not a member of the group.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.0</td>
<td>Notes of the last meeting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1</td>
<td>The notes of the previous meeting held on 1 November 2011 were agreed as a correct record.</td>
<td></td>
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</tr>
</tbody>
</table>
### 3.0 Matters arising

| 3.1 | KJ referred to the recent Governor Briefing and requested if a copy of the schedule for upcoming meetings could be circulated with the next Governor Briefing. RC to liaise with Sandra Stones, PA to the Chairman and Trust Secretary. | RC | ASAP |
| 3.2 | LK advised that the brand guidelines were not yet finalised and would forward them to Steve O’Brien, Associate Nursing Director. | LK | ASAP |
| 3.3 | In discussion, it was noted that one of the speakers on the panel at the AMM could not be heard. LK advised that she would liaise with the speaker to seek a solution. | LK | ASAP |
| 3.4 | KJ provided a de-brief on the recent North West Governors Meeting. |  |

### 4.0 Feedback on volunteering opportunities

| 4.1 | SH reported meeting with Sylvia Turner, Volunteer Co-ordinator and Rebecca Chapman, Acting Membership Manager regarding volunteering opportunities for young people. SH reported that he and Karen Partington, Chief Executive were committed to involve the use of volunteers at the Trust. He reported on the barriers including the administration and cost implications for CRB checks. A debate was held regarding the timing of the new CRB rules. SH reported that Sylvia Turner would be talking to Cardinal Newman College regarding working in partnership to deliver volunteering opportunities. |  |

### 5.0 Bringing Healthcare to Life and Annual Members’ Meeting

| 5.1 | LK reported that a proposal was provided to the Executive Team to hold one AMM combined with Bringing Healthcare to Life event in 2012. The Executive Team were in agreement that this event should take place in late Summer/early Autumn, late afternoon/early evening at Royal Preston Hospital. In discussion, it was noted that events to showcase services on |  |
the Chorley site should be held.

LK reported on the official opening of the Rawcliffe and Winstanley Ward's at Chorley Hospital on 27 January 2012 where the MP Lindsay Hoyle would be invited along with Chairs and Deputy Chairs to view the newly refurbished wards.

LK also reported that the media, Foundation Trust members and Governors would be invited to the opening of the Breast Unit at Chorley and South Ribble Hospital in May 2012.

John Coxhead reported that a ‘Reach Event’ organised by the South Ribble Disability Forum will be held in Market Street in Chorley in 2012. LK advised that she would look into this.

SH proposed the following:

- to hold the AMM on loop throughout the day which should conform with the AMM requirements.
- the event should have a better publicised programme and park and ride facilities for the public.

In discussion, it was proposed that an event planning group should be established to include the following people:

Miles Timperley, Director of Facilities and Services (Chair)
Ken Jones, Public Governor
June McGuire, Public Governor
Peter Yates, Appointed Governor/Trust Volunteer
John Daglish, Public Governor
Donna Kendal, Chief Operating Officer (to provide a representative)
Rebecca Chapman, Acting Membership Manager
Lorraine Kelly, Communications and Public Relations Manager
<table>
<thead>
<tr>
<th></th>
<th>Feedback from Autumn/Winter Trust Matters</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.0</td>
<td>June McGuire reported that the Membership and Communications Group used to look at the draft Trust Matters Newsletter before being distributed to members. LK advised that the group’s key role in producing Trust Matters was to identify content for inclusion, and that the communication team would proof read the articles.</td>
</tr>
<tr>
<td>6.1</td>
<td>LK reported that the Trust has gone live on ‘disabled and go’ and details would be included in the next issue of Trust Matters in Summer 2012.</td>
</tr>
<tr>
<td>6.2</td>
<td>LK to provide a copy of the Connect Magazine to Governors.</td>
</tr>
<tr>
<td>6.3</td>
<td>AC highlighted that the information in the Trust Matters Magazine had been incorrect in stating that it would be held in the Gujarat Centre when it should have stated that it would be held at the Guildhall.</td>
</tr>
<tr>
<td>7.0</td>
<td>Health Mela 21 April 2012</td>
</tr>
<tr>
<td>7.1</td>
<td>It was reported that Stephanie Iaconianni, Equality and Involvement Lead was the lead for the Health Mela on 21 April 2012 and Governors were invited to help on the Membership stand.</td>
</tr>
<tr>
<td>8.0</td>
<td>Any Other Business</td>
</tr>
<tr>
<td>8.1</td>
<td>KJ raised concerns that Governors had not been receiving information on how the Trust is progressing to deliver the efficiency savings. KJ asked if Governors could attend the change for the future staff workshops. LK advised that the workshops were intended for staff, but had no objection to Governors attending. LK agreed to discuss this with Stuart Heys, Chairman and report back at the next meeting.</td>
</tr>
<tr>
<td>9.0</td>
<td>Next meeting</td>
</tr>
<tr>
<td>9.1</td>
<td>Tuesday 27 March 2012 at 10am in the Gordon Hesling Room, Royal Preston Hospital.</td>
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</table>
## Lancashire Teaching Hospitals NHS Foundation Trust
### Membership & Communication Group

#### Notes of meeting held on 27 March 2012

<table>
<thead>
<tr>
<th>Present</th>
<th>Apologies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rebecca Chapman</td>
<td>Acting Membership Manager</td>
</tr>
<tr>
<td>Robert Clark</td>
<td>Non Executive Director</td>
</tr>
<tr>
<td>Anne Costich</td>
<td>Patient Governor (Chair)</td>
</tr>
<tr>
<td>John Coxhead</td>
<td>Public Governor</td>
</tr>
<tr>
<td>John Daglish</td>
<td>Public Governor</td>
</tr>
<tr>
<td>Ken Jones</td>
<td>Public Governor (Deputy Chair)</td>
</tr>
<tr>
<td>Lorraine Kelly</td>
<td>Communication &amp; Public Relations Manager</td>
</tr>
<tr>
<td>Nicola Leahey</td>
<td>Public Governor</td>
</tr>
<tr>
<td>June McGuire</td>
<td>Public Governor</td>
</tr>
<tr>
<td>Malcolm Phillips</td>
<td>Public Governor</td>
</tr>
<tr>
<td>David Williams</td>
<td>Public Governor</td>
</tr>
<tr>
<td>Peter Yates</td>
<td>Appointed Governor</td>
</tr>
<tr>
<td>Michael Welsh</td>
<td>Appointed Governor</td>
</tr>
</tbody>
</table>

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<tr>
<th>#</th>
<th>Item</th>
<th>Owner</th>
<th>Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>In memory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1</td>
<td>AC invited everyone to pause before the meeting started to remember Lynn Hamer, Vice Chair, who sadly passed away this month.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.0</td>
<td>Welcome</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1</td>
<td>AC welcomed all to the meeting and in particular recently appointed Public Governor Malcolm Phillips.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2</td>
<td>AC thanked Stuart Heys, Chairman, for attending the previous meeting.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.0</td>
<td>Notes of the last meeting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1</td>
<td>The notes of the previous meeting held on 24 January 2012 were agreed as a correct record.</td>
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</tbody>
</table>
### 4.0 Matters arising

| 4.1 | RC confirmed that a Governor Briefing had been circulated recently. |
| 4.2 | RC agreed to arrange for Sandra Stones to circulate the events schedule. | RC | ASAP |
| 4.3 | LK confirmed that the branding guidelines had been provided to Steve O'Brien for discussion by the Patient Information Group after which the policy will be finalised and disseminated. |
| 4.4 | LK reported that she would buy a new ‘operation’ game as an attraction for membership engagement events. | LK | ASAP | Complete |
| 4.5 | LK agreed to ensure that governors are invited to the opening of the Breast Unit at Chorley. | LK |

### 5.0 Terms of reference

| 5.1 | The group discussed the revised terms of reference, which were approved without amendment. |
| 5.2 | RC agreed to confirm the ratification process for terms of reference. | RC | ASAP |

### 6.0 Chair and Deputy Chair nominations

| 6.1 | AC was confirmed as Chair and Ken Jones as Vice Chair of the group. |

### 7.0 Membership Plan

| 7.1 | RC presented the Membership Plan and invited comments. |
| 7.2 | The group discussed the review of the constitution to consider the effectiveness of the use of different categories of public and patient membership. RC agreed to raise with the recently appointed Trust Secretary when he joins the organisation in May. | RC | May 2012 |
| 7.3 | MW advised that we need to be clear about the purpose of a membership and what role we want members to play in the management of the organisation and in service delivery. RC agreed to raise with the recently appointed Trust Secretary when he joins the organisation in May and to consider devoting the next meeting to progressing this issue. | RC | May 2012 |
7.4 The membership plan was approved pending further discussions about membership and constitution.

8.0 **Get fit for surgery feedback**

8.1 RC tabled an evaluation of the recent ‘get fit for surgery’ focus on events.

8.2 It was agreed that future events should include a rehearsal for all speakers, microphone training, and technical support to ensure effective audio.

8.3 RC advised that the executive team is currently considering possible topics for future events.

9.0 **Community events**

9.1 RC confirmed that a membership stand has been booked at the Health Mela on 21 April and that a number of governors had volunteered to support the event.

9.2 AC requested volunteer leaflets to be provided at the event. LK 21/4/12

9.3 The group agreed to attend the Caribbean Carnival in June as Black British/Caribbean is an under represented group in our membership.

9.4 The group agreed to make a decision as to whether attendance at the Preston Mela on 24 June 2012 at Avenham Park would be beneficial when the membership profile is reviewed after attending the above events.

10.0 **Bringing Healthcare To Life**

10.1 RC advised that the Bringing Healthcare to Life event would be held on 10 July, 3.30pm-7.30pm.

10.2 JM suggested that any governors who wish to make suggestions about the event should contact herself, PY or KJ who are members of the Bringing Healthcare To Life planning group. 29/3/12

10.3 It was the M&C group’s suggestion that signage for the event should be improved, that more guides are required, and to consider providing a presentation on NHS careers. RC 29/3/12

11.0 **Annual Members Meeting**

11.1 RC confirmed that the AMM will be held as usual in September.
<table>
<thead>
<tr>
<th>12.0</th>
<th>Listening events</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.1</td>
<td>RC advised that the executive team is currently considering options for future listening events in line with the priorities being developed for the Annual Plan 2012-13.</td>
</tr>
<tr>
<td>12.2</td>
<td>AC suggested feedback about the discharge process could be useful for the organisation and a topic that would engage the membership.</td>
</tr>
<tr>
<td></td>
<td>RC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13.0</th>
<th>Trust Matters</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.1</td>
<td>LK advised that the next issue of Trust Matters would need to be in production before the group next meets, to include an invitation for the Bringing Healthcare to Life event.</td>
</tr>
<tr>
<td>13.2</td>
<td>LK suggested including trauma, cancer developments and centre expansion, stroke rehabilitation, vascular services and the rapid assessment unit.</td>
</tr>
<tr>
<td>13.3</td>
<td>JM requested that Trust Matters should also include a summary of the work that governors have been undertaking to represent the membership including an overview of achievements of the subgroups.</td>
</tr>
<tr>
<td></td>
<td>LK ASAP</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14.0</th>
<th>Next meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.1</td>
<td>10am 17 May 2012 in Education Centre 3, Chorley and South Ribble Hospital.</td>
</tr>
</tbody>
</table>
1. CHAIR’S OPENING REMARKS

Viv Culshaw welcomed everyone to the meeting including Jan Hodges, Chief Information Officer and Chris Brockbank, Staff Governor and advised the group that both were attending as observers.
2. **APOLOGIES FOR ABSENCE**

Helen Bradley

3. **MINUTES OF THE LAST MEETING**

The minutes of the last meeting held on 8 November 2011 were agreed as a correct record.

4. **MATTERS ARISING**

Brandon Morgan had forwarded via email his actions from the previous meeting to Sandra Stones, which included Nicola Leahey’s enquiry regarding a facility in the hospital for persons to access the disabled go web site on-line to which his reply stated this was not available at the moment.

Brandon had also responded to Viv Culshaw’s proposal on signage to clarify distance to entrances for wheelchair and walking wounded, his reply stated this is an ongoing project and could be something for the future.

Steve O’Brien updated the group that he was not currently aware of any changes to the previously provided list of wards that did not permit flowers. However, he advised the group that views on this matter may change periodically and he would keep the group appraised of any further developments.

5. **FOLLOW UP ON GOVERNOR VISITS AND ISSUES**

David Williams gave a briefing to the group when visiting Ward 18 with Peter Yates and John Daglish. They had found the visit to be very informative and generally good over all. Sister Clayton had taken away a few questions and the feedback had been positive.

Viv Culshaw gave a short explanation to Jan Hodges and Chris Brockbank regarding the purpose of the ward visits, mainly being to enhance the patient pathway.

Ken Jones informed the group that on the original date arranged of 1 December 2011 to visit the Emergency Department/MAU/RAU, Royal Preston Hospital had experienced a power failure which led to a decision for this visit to be rescheduled.

On the rescheduled date of 19 December 2011, Steve Edwards, Vincent Murphy and Ken Jones met with Michael Dudley (matron) in the Emergency Department which was very busy due to the icy conditions causing many falls. All patients were happy with staff attitude and the way they had been received and appreciated that at busy times there would be more than normal delays. Between 9.00am and 11.30am 58 patients had presented to the department.

MAU had 4 more patients than capacity which were accommodated in beds, 2 in the waiting area which had inadequate screens and 2 in the examination rooms. The hand gel dispenser at the entrance was empty and was reported to the ward sister who would ask the housekeeper to refill. The protected mealtime worked well with 8 staff serving individual meals to patients, all patients served within 20 minutes.
Jan Hodges informed the group that there was a full bed management team constantly assessing and proactively working on capacity.

Ken Jones informed the group that the GP Assessment Unit had now been renamed to Rapid Assessment Unit (RAU) a high standard of cleanliness was observed and the patients spoken to were generally happy with the standard of care and no problems with waiting times.

Steve Edwards recommended that for future visits perhaps Governors should explain to the matron what they wanted to gain from their experience.

Nicola Leahey reminded the group of their aide memoir.

6. **GI FORM**

Ken Jones raised the issue of cigarette butts which had been trampled into the carpet of the Emergency Department stretcher entrance.

A discussion took place around stopping smoking in the hospital grounds, Steve O'Brien advised the group this would be very difficult to enforce as may increase the risk of people smoking secretly with subsequent risk issues

Peter Yates enquired about the meet and greet post at the entrance of the ATC at Chorley and South Ribble Hospital, Steve O'Brien to pick up with Sylvia Turner.

**Action: Steve O'Brien**

7. **VISITS 2012**

Viv Culshaw recommended that Chris Brockbank join with Steve Edwards' group.

Anne Costich would organise a second visit to Rookwood at Chorley and South Ribble Hospital.

8. **FOLLOW UP FROM BUILDINGS GROUP**

June McGuire informed the group that they were up to date following the Governing Council meeting which had been held on Monday 16 January 2012. At the Buildings and Environment Group Peter Hickey had given a verbal presentation on the Estates Information System and an overview about the system how the estates priority levels 1 – 5 were assigned to reported faults and minor works, of which they received around 3,000 each month across both sites. Following a discussion it was recommended to repeat the overview at one of the Governor workshops.

9. **STEVE O'BRIEN FOLLOW UP AND INFORMATION**

Steve had spoken to Sellers Ward about the use of hand gel and will take up with Infection Control. Steve acknowledged that there may be a need for a renewed focus on hand hygiene and will discuss Governors concerns with the infection control team

**Action: Steve O'Brien**

Ken Jones enquired whether the routine of using hand gel was fading and Steve's response was that we are possibly victims of our own success.

Steve informed the group that it had been over twelve months since the last MRSA outbreak and Cdiff was well within target this year.
10. INVITATION TO JAN HODGES – CHIEF INFORMATION OFFICER

Viv Culshaw thanked Jan for attending the meeting and her input.

11. ANY OTHER BUSINESS

The National Peat Audits

Preston – Friday 17 February 2012 starting at 9.00am – 9.30am.

Chorley – Tuesday 21 February 2012 starting at 9.00am – 9.30am.

Proposal for new Chair Person

A proposal was put forward for Nicola Leahey to take up the position of Chair for the Patient Experience Group when Viv Culshaw retires from the post.

It was also proposed that Peter Yates would continue as Vice Chair for the group.

Thank you and farewell to Viv Culshaw

At the close of the meeting, Steve O’Brien thanked Viv on behalf of the group for all her effort and hard work.

12. DATE AND TIME OF NEXT MEETING

Tuesday 20 March 2012 at 2.00pm in the Gordon Hesling Room, Royal Preston Hospital.
AGENDA ITEM NO. 10bii

LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST

GOVERNING COUNCIL - PATIENT EXPERIENCE GROUP

NOTES OF THE MEETING HELD ON 20 MARCH 2012
GORDON HESLING ROOM, ROYAL PRESTON HOSPITAL

PRESENT

Public Governors
Patrick Bracewell
John Coxhead
Steve Edwards
Ken Jones
Nicola Leahey (Chair)
Vincent Murphy
June McGuire

Patient Governors
Tony Bonser
Anne Costich

Staff Governor
Chris Brockbank

Appointed Governor
Ahmed Patel
Peter Yates (Deputy Chair)

IN ATTENDANCE:

Iain Hall Non-Executive Director
Sue Ireland Acting Trust Secretary
Steve O’Brien Associate Director – Quality
Paula Nuttall Clinical Risk Co-Ordinator
Malcolm Phillips Public Governor - Designate

APOLOGIES

Gill Ackroyd Patient Governor
Helen Bradley Staff Governor
John Daglish Public Governor
Jan Hodges Chief Information Officer
Elizabeth Rawcliffe Public Governor
David Williams Public Governor

1. OPENING REMARKS

Malcolm Phillips, who had been appointed Public Governor from 1 April 2012, was welcomed to the meeting.

2. SAFETY EXPRESS

In her presentation, copies of which were circulated, Paula Nuttall explained that the Safety Express project was a national initiative, which was organised in the North West into four clusters, with Lancashire Teaching Hospitals being part of Cluster One (with Morecambe Bay Hospitals and East Lancashire). It was noted that this involvement had commenced fifteen months previously and there were clear targets for enhancing the delivery of harm free care.
The progress that had been made and the reporting arrangements that were in place were outlined, with attention being drawn to key areas for improvement. It was explained that a strategy group had been established, which was overseeing the implementation of effective joint working across primary and acute care providers. Reference was also made to the efforts to engage with nursing homes and data was being collected from two nursing homes and also from Longridge Community Hospital.

Progress in relation to the following areas was detailed:

- Falls
- Catheter related urinary tract infections
- Pressure ulcers
- Venous thromboembolism
- Intentional rounding

In discussion, the benefits of this work in terms of sharing good practice across health and social care providers were emphasised. It was noted that data was provided on a 'snapshot' basis but Steve O'Brien gave an assurance that it was supplemented by ongoing data collection, of which the Group were aware, of other patient safety events. He also highlighted the advantages to be gained by triangulating all this data to demonstrate its consistency. Iain Hall supported efforts to reduce the burden of audits for staff by simplifying the process where possible. Steve O'Brien acknowledged that care needed to be taken to avoid duplication in view of the pressures on the staff involved in data submission and analysis. He emphasised that the focus had to be to reduce harm and not simply to enhance monitoring.

The issue of patient falls was raised and the progress that had been made by the Falls Team to reduce incidence was noted. Steve O'Brien explained that the aim was to achieve a 5% year on year reduction and there was a positive reporting culture within the Trust, which was good but currently relevant data was being validated to enable there to be a clear distinction between information recorded on actual falls and near misses. Malcolm Phillips asked about falls prevention initiatives for when patients were discharged and vulnerable in their homes in the community. It was confirmed that there was a range of joint work between the hospitals and community services and Sarifa Kabir, Falls Prevention Co-ordinator, would be attending the July Patient Experience Group to outline the work of her team.

Steve Edwards supported the measures that were being taken within the Trust to continue to reduce the incidence of pressure ulcers, the treatment of which put a significant strain on community services.

It was noted that considerable work had been done with junior doctors in particular towards a reduction in venous thrombo-embolism (VTE). Ken Jones asked how this had been achieved and was informed that it had been through a mixture of factors including early mobilisation after surgery and timely identification of risk factors.

An example of the intentional rounding information tool was included in the presentation, which it was explained had been modified within ward areas to fit the needs of specific types of patients. The recent national media attention relating to the basic needs of elderly patients not being met was highlighted and Steve O'Brien pointed out that staffing levels at the Trust were significantly higher than those quoted in adverse reports about other hospitals in the press. Ken Jones emphasised the importance of ongoing positive publicity to counter sometimes negative perceptions from the public about the Trust's services. The measures to promote intentional
rounding were supported, which it was agreed were extremely important in view of
the layout of wards, where patients were not as visible because of the cubicle
configurations.

Paula Nuttall was thanked for her informative presentation, which the Group
had found extremely interesting. She thanked members for their observations
and agreed that for a lay audience it was important in the future that the use of
NHS acronyms was minimised.

3. APPOINTMENT OF CHAIR AND DEPUTY CHAIR

Further to the discussion at the previous meeting, the appointments of Nicola
Leahey as Chair and Peter Yates as Deputy Chair of the Patient Experience
Group were confirmed.

4. CHAIR’S INTRODUCTION

(a) Timing of Meetings

It was noted that some of the new Governors might have problems attending day time
meetings and it would be appropriate for this to be reviewed.

A suggestion was made that this issue should form part of the wider
discussion at the Governing Council meeting in April, when the outcome of the
Governor Effectiveness Review was reported.

(b) Viv Culshaw

A letter from Viv Culshaw, former chair of the Group, was circulated in which she had
thanked colleagues for their help and friendship and had wished the Patient
Experience Group well for the future.

(c) Lynn Hamer

Tribute was paid to Lynn Hamer, Vice Chair of the Trust, whose funeral a number of
Governors were attending the following day. It was agreed that she had made a
strong contribution to the work of the Patient Experience Group and to the Trust as a
whole.

5. MINUTES OF THE LAST MEETING

The minutes of the last meeting held on 17 January 2012 were agreed as a correct
record.

6. MATTERS ARISING

An update on the following items from the previous meeting was provided:

- 1. Chair’s opening remarks – As Jan Hodges was not present, it was not
   possible to follow up on the issue of assisting patients with sight and hearing
   problems with her. Anne Costich confirmed that the Membership and
   Communication Group would be discussing elements of this issue at their next
   meeting as part of the review of the ‘Get Fit for Surgery’ evenings, when
   patient information for patients with visual problems had been raised.

- 4. Matters arising – Steve O’Brien reported that there had been no further
developments with regard to the issue of flowers on wards.
5. Governor Visits – Steve Edwards confirmed that he and Ken Jones had not been back to the Medical Assessment Unit yet to check on the privacy and dignity issues related to screening of patients. A visit would be arranged within the next few weeks.

The pressures on this area were accepted but Steve O'Brien gave an assurance that innovative ways of working more effectively to cope with peaks in patient flows continued to be explored. In addition, he emphasised that staff were urged to assess the vulnerability of patients as effectively and quickly as possible and take steps accordingly, with privacy and dignity issues at the forefront of decisions on where they should be accommodated. Ahmed Patel outlined his personal experience, which it was considered should be discussed with Steve O'Brien outside the meeting.

Action – A Patel/S O'Brien

It was agreed that negative staff attitudes should not be accepted and that clear explanations should be given to patients and their relatives about delays in treatment.

5. Governor Issue (GI) Form – Steve O'Brien confirmed that he would contact Sylvia Turner about the 'Meet and Greet' post in the Assessment and Treatment Centre (ATC) and email Nicola Leahey with the information required for her to circulate to the Group.

Action: S O'Brien

Steve Edwards referred to a lack of response to a GI form that he had submitted some months ago, which included concerns about signage in the ATC. Sue Ireland agreed to follow up on this matter with the Chief Executive/Chairman.

Action: S Ireland

9. Steve O'Brien – Follow Up and Information – Following the concern raised about hand gel on Sellers Ward at Chorley, Steve O'Brien reported that the infection control teams would be monitoring the position and ensuring that the containers were filled appropriately.

7. FOLLOW UP ON GOVERNOR VISITS AND ISSUES

As discussed previously, Steve Edwards and Ken Jones would be doing a repeat visit to Accident and Emergency, Medical Assessment Unit and Rapid Assessment Unit.

June McGuire reported that she and Liz Rawcliffe had visited Ribblesdale Ward again on 14 March 2012. Feedback from the visit had been recorded and they had been impressed by the way the mealtime process operated effectively, with blue tray assistance being given where necessary. Attention was drawn to the display on the ward, which explained how the process worked and the roles of staff, to ensure that new staff and agency workers understood the systems in place.

Reference was made to a comment about the red identification band that had been used previously as an alert to indicate allergies. Steve O'Brien explained that the National Patient Safety Agency did not support their usage as they took the view that risks must be assessed prior to interventions and there could be an over-reliance on the bands. He confirmed that other solutions to this issue were being sought.

Tony Bonser gave feedback on visits in which he had been involved with Patrick Bracewell, June McGuire and Liz Rawcliffe, to Rawcliffe and Winstanley Wards and
the Outpatient Department at Chorley and South Ribble Hospital. They had all been impressed with the areas visited. An issue was raised about confidentiality at the Outpatient Reception Desk and a suggestion was supported that there should be a line on the floor (similar to airport check-ins) behind which patients should wait. It was also agreed that innovative ways to remind patients of their appointments such as text messaging should be used to prevent non-attendances, which were costly. Ken Jones referred to the feedback from the Listening Event in the summer, which had advocated such approaches. It was noted that feedback from the Outpatient Reform Group was expected to feature on the agenda of the Governing Council formal meeting in April.

Although it was usual for Governors to conduct a follow up visit six weeks after the first visit, Patrick Bracewell questioned the need for this when no significant concerns had been raised.

8. FUTURE VISITS

As discussed previously, Nicola Leahey proposed that, as well as deciding on areas to visit, the timing of the visits should be reviewed, including consideration being given to evenings and weekends, which would be more appropriate for some areas such as the Radiotherapy Unit.

It was agreed that arrangements should be made for a visit to Physiotherapy and Occupational Therapy at Royal Preston Hospital. Nicola Leahey confirmed that the departments at Chorley and South Ribble Hospital had been visited.

9. NATIONAL PATIENT SURVEY

Steve O’Brien reported that a preliminary report on the Outpatient Survey had been received, with the full report being published in April/May. He considered that the initial results were disappointing but would present further details to the May Patient Experience Group meeting.

Action: S O’Brien

10. STEVE O’BRIEN – FEEDBACK AND INFORMATION

An update was provided on the following:

Dementia Audit

Reference was made to the requirement in the National Commissioning for Quality and Innovation (CQUINs) for all patients over 75 years to be screened for dementia, with an initial screening, risk assessment for those failing the screening questions and then referral into specialist diagnostic services. He highlighted some of the concerns raised by providers about the clinical appropriateness of the proposals in some cases and summarised the measures that were being taken to train staff on a multi-professional basis on the identification of and care required by patients with dementia.

Steve O’Brien explained that a number of staff were attending a conference hosted by the King’s Fund, which was focusing on environmental and service improvements to improve care for elderly patients with dementia. June McGuire expressed interest in gaining feedback from those attending the conference or copies of the presentations. Steve O’Brien agreed to follow up on this matter.

Action: S O’Brien
11. **FUTURE PRESENTATIONS**

It was noted that the following presentations to the Patient Experience Group had been arranged:

- Smoking Policy – Denise Morris, Public Health Co-ordinator (May)
- Falls Prevention – Sarifa Kabir, Public Health Co-ordinator (July)

Other suggestions were as follows:

- Outpatient Reform Group
- Pressure ulcer prevention
- Patient Advice and Liaison Service
- Case management – Sara Darbyshire
- Specialist Mobility and Rehabilitation Service – rehabilitation of soldiers from Afghanistan

12. **ANY OTHER BUSINESS**

(a) **Patients with Learning Disabilities**

Anne Costich outlined an issue that had been brought to her attention about the outpatient care given to a young man with learning disabilities in outpatients. Steve O'Brien detailed the work that had been carried out by the Learning Disabilities Team to prevent such problems, which had been accompanied by an extensive campaign to raise awareness of the measures in place to cater for patients with learning disabilities. **He was unsure whether there was specific information on appointment letters with necessary contact details for the Learning Disabilities Champion but agreed to check this issue.**

*Action – Steve O'Brien*

(b) **Conflict Resolution Training**

Sue Ireland agreed to ensure that the necessary training was offered to Governors to enable them to commence visits.

*Action: Sue Ireland/Sandra Stones*

(c) **Names on Consulting Room Doors**

Nicola Leahey expressed the view, arising from a recent meeting with a member of the Psychology Services, about the signage on consulting room doors in some public areas in terms of potentially compromising confidentiality. Opinions were mixed on this issue, **which it was agreed should be discussed further before a recommendation was made.**

*Action – N Leahey/S O'Brien*

(d) **Institute for Innovation and Improvement**

Copies of a document ‘Top Ten Things leaders should do to support the patient experience’ were circulated, which it was agreed was a helpful checklist.

13. **DATE AND TIME OF NEXT MEETING**

Tuesday 15 May 2012 at 2.00pm in Seminar Room A, Education Centre 3, Chorley and South Ribble Hospital.
AGENDA ITEM NO. 10c

LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST

BUILDINGS AND ENVIRONMENT GROUP

NOTES OF THE MEETING HELD ON 14 FEBRUARY 2012

HELD IN THE GORDON HESLING ROOM, ROYAL PRESTON HOSPITAL

PRESENT: Gill Ackroyd Patient Governor
Patrick Bracewell Public Governor
John Coxhead Public Governor
John Daglish Public Governor
Steve Edwards Public Governor
Amelia Hall Patient Governor
Ken Jones Public Governor
Nicola Leahey Public Governor
June McGuire Public Governor (Chair)
Liz Rawcliffe Public Governor
Vincent Murphy Public Governor
Pat Vice Public Governor
David Williams Public Governor
Peter Yates Appointed Governor (Deputy Chair)

IN ATTENDANCE: Richard Fraser Non-Executive Director
Sue Ireland Acting Trust Secretary
Miles Timperley Director of Facilities and Services
Anne King Facilities Project Manager

The meeting was preceded by a visit to the refurbished plant room at Royal Preston Hospital.

1. WELCOME AND INTRODUCTION

Liz Rawcliffe was welcomed to her first meeting of the Group.

2. NOTES OF THE PREVIOUS MEETING

The notes of the meeting held on 6 December 2011 were agreed as a correct record, subject to an amendment to the wording in the first bullet point in Note 7 – Car Parking, which should have read “Tarmac has been laid at the Grasshoppers car park to increase off-site parking.”

3. MATTERS ARISING

3.1 Main Entrance – RPH – Stretcher Cases

It was noted that the number of stretcher cases at the main entrance had reduced but still remained a problem for patients being transferred elsewhere. Miles Timperley confirmed that the pathway for inward bound patients was clearly defined through the Rapid Assessment Centre but agreed that there was a need to check why patients leaving the hospital were still exiting this way.

Action – M Timperley
3.2 Update on the Investigation of the Power Interruption – December 2011

Miles Timperley reported that the systems across Royal Preston Hospital had been checked thoroughly following the power interruption and all the necessary remedial work had been completed. It was confirmed that the Board had established a panel to investigate the incident, which included representation from the Strategic Health Authority and an independent expert. Richard Fraser, who was the Non-Executive Director representative on the panel, explained that it would be meeting the following day and the aim was to review the sequence of events in detail and determine any lessons to be learned, which could be disseminated across the Trust and might be useful to other organisations.

Ken Jones requested that the Group were informed of the outcome of the investigation. Miles Timperley agreed that feedback on the panel’s findings would be shared with Governors, after the report had been produced and presented to the Board.

**Action – M Timperley**

3.3 Car Park Update

It was noted that a variety of work was being carried out around the Royal Preston site to create more car parking spaces, including the removal of the old entrance to Car Park B. In addition, Miles Timperley confirmed that five additional disabled spaces would be created outside the Gordon Hesling Block and there were plans for further disabled spaces linked to the Oncology development.

John Coxhead raised the issue of people displaying blue badges, who were not the owners of the badge. It was acknowledged that there was sometimes abuse in the use of the spaces and the car parking staff had the facility to challenge offenders and apply financial penalties. The publicity for the sanctions that could be imposed was described and it was suggested that the signage on disabled bays should be checked to ensure that this was suitably explicit.

**Action – M Timperley**

Vincent Murphy asked about the volume of complaints that had been received since the car parking charges had been increased. Miles Timperley did not consider that there had been an excessive number of complaints and reiterated that the charges had not been increased since 2004. However, it was agreed that there was some misunderstanding amongst patients and the public about £3 being a daily charge and not a charge per visit. The view was also expressed that the 15 minutes free parking provision should be extended to 30 minutes, which would prevent those who were only on site for very short stays, for example to drop of specimens in the Pathology Department, being penalised. Miles Timperley confirmed that all these issues would be addressed through the car parking management group.

David Williams referred to problems which he understood were being caused on the local residential roads as a result of people not wishing to pay the charges. He also asked how the revenue from the car park charges was used. Miles Timperley explained that previously this had met the costs of upkeep of the car parks, security and car park management but decisions had not yet been taken on the application of the additional funding from the increased charges. It was pointed out that the car park barriers were old and there would be a need shortly to consider installation of other systems, which were very expensive.
Pat Vice pointed out that the increase was relatively small and the charges compared favourably with those applied in other hospitals.

Car parking provision at Chorley was discussed and concerns were expressed at the congestion on this site. Peter Yates asked whether there had been any impact from the removal of car park management staff from Chorley at night. Miles Timperley considered that the remote access to Royal Preston Hospital staff was working well. He confirmed that options for a ‘park and ride’ scheme at Chorley continued to be explored.

June McGuire requested that there should be a further update on car parking at the next meeting.

4. INTEGRATED DISTRIBUTION SYSTEM

Miles Timperley reported that there had been some examination of private companies with regard to the provision of an integrated distribution system and the possibility of working in conjunction with other Trusts had been explored. It was noted that there were few companies with this expertise and there was also a possibility of the service being provided by Sterile Supplies staff but no decisions had yet been made.

It was noted that there had been significant improvements to stockholding across the Trust as a result of the productive ward initiative.

5. CAR SPEEDS – FEEDBACK ON DATA

Information had been circulated on data obtained from the speed information device on the west road of the Royal Preston site opposite the Gordon Hesling Block. Concern was expressed at the fact that only 20% of vehicles were adhering to the advisory speed limit of 15mph.

It was confirmed that information was being put in team brief to raise staff awareness of the results of this exercise and the need to publicise this to patients and the public was also emphasised.

Members of the Group were reminded that the device had been installed, following concerns raised by Governors on the Chorley site. It was noted that it would be moved to Chorley and the results would be reported in a similar way. In discussion, it was pointed out that the main problem at Chorley was people parking on the internal roads, which created hazards for pedestrians and potential problems for emergency vehicle access.

The results of the speed monitoring on the Chorley site would be presented to a future meeting.

Action – M Timperley

6. PATIENT ENVIRONMENT ACTION TEAMS (PEAT) – PROGRAMME FOR 2012

Anne King confirmed that the national PEAT visits were taking place on 17 February 2012 (Preston) and 21 February 2012 (Chorley), with an external assessor from Wrightington, Wigan and Leigh. Ken Jones and Peter Yates were thanked for
agreeing to be the Governor representatives on these teams. It was noted that reports on the visits would be received by the Trust prior to their publication.

With regard to the local PEAT arrangements, details of the remit of the teams and their Governor representatives at Preston and Chorley had been circulated. Anne King explained that there was now an additional team at Preston and the need to fill the Governor positions vacant from 1 April 2012 and provide appropriate training as soon as possible after that date was agreed.

Nicola Leahey considered that the areas covered by her team were limited and offered to assist elsewhere if required. Anne King agreed that this might be helpful but pointed out that there would be opportunities after the next round of visits for some change in Governor representation. Similarly, Liz Rawcliffe could be nominated to a PEAT group and receive training after the March round of visits.

It was confirmed that team leaders would be contacting Governors shortly to set up the visits. June McGuire emphasised the need for this to be done as soon as possible because of the arrangements that were already being made for other visits by members of the Patient Experience Group to various areas during March.

**Action – Anne King**

Patrick Bracewell requested some refresher training as he had not yet carried out a visit. He was advised to contact Anne King so this could be arranged.

**Action – Patrick Bracewell/Anne King**

Vincent Murphy asked how the impact of the PEAT groups could be measured. It was explained that the scoring methods had been refined over time and which, when consolidated, could demonstrate improvements. Pat Vice, who had been a PEAT representative since the inception of the visits, praised the work of Anne King in developing the arrangements, which were now so well regarded and taken very seriously by the Trust’s staff.

Steve Edwards questioned the disparity in the number of teams at Preston (9) and Chorley (4), which was explained as a reflection of the size of the respective areas to be covered on the two sites.

7. **WAYFINDER EXERCISE – UPDATE FROM TEAMS AT PRESTON AND CHORLEY**

Anne King reported that Phases 1 and 2 of the signage at Royal Preston Hospital were complete, which included the coloured corridors and the signage at the crossroads before the main ward block. Amelia Hall and Pat Vice confirmed that they had walked round the site and were satisfied with the work that had been done, although it was acknowledged that there would always be areas that would be subject to signage changes.

It was noted that the external review was complete and the signage had been ordered. Patrick Bracewell emphasised the difficulty of locating the ENT Department on the Royal Preston site because of signage linking it to Audiology. Reference was also made to the signage that had been ordered for the service lifts.

With regard to the signage review at Chorley, it was noted that Anne King had contacted Nicola Leahey, Steve Edwards and Peter Yates to arrange a date to take this work forward.
June McGuire circulated copies of maps/leaflets for the Blackpool Trust site, which had been passed to her by Viv Culshaw. Anne King confirmed that the Preston and Chorley site maps were being updated.

June McGuire expressed surprise that the ‘Disabled Go’ initiative was not displayed prominently on the homepage of the Trust’s website. **Miles Timperley agreed to follow up on this matter.**

Action – Miles Timperley

8. **GOVERNOR REPORTING OF MINOR FAULTS**

June McGuire tabled a paper, which set out proposals for improving the existing arrangements for Governors to report minor faults. She explained that, when Governors visited areas of the hospital, they became aware of work required that was often of a relatively minor nature. Also, she pointed out that sometimes Governors did not know whether these had already been reported by staff. Her proposals involved the use of the Governor Issue Reporting Forms, which would enable a grouping of work to be submitted to the Facilities Directorate and be more controlled than the current ‘ad hoc’ arrangements. It was emphasised that, if Governors came across issues that needed to be addressed urgently, they should report them immediately. Gill Ackroyd referred to an instance where she and Nicola Leahey had taken such action.

Miles Timperley referred to the Facilities Helpdesk (Ext 8282), which provided a service for dealing with and prioritising maintenance issues. Peter Yates expressed concern that a lift at Royal Preston Hospital had been out of action for several months. It was noted that there were similar problems with a lift at Chorley. It was agreed that an update on these faults would be included in the notes of the meeting. Ken Jones asked whether service contracts were in existence for the lifts, which was confirmed. However, Miles Timperley explained that the lifts at Royal Preston were thirty years old and there would be a need to have a replacement programme over the next few years.

In summary, it was agreed that Miles Timperley would review the proposals outside the meeting, in discussion with June McGuire, to ensure that Governors were given clear and unambiguous guidance on the processes that should be followed.

Secretary’s note: A replacement lift generator has been ordered for the Royal Preston Hospital lift, which will be repaired by mid March. For the lift at Chorley and South Ribble Hospital, there were problems with the control unit and a part has been ordered, which will be fitted within four weeks time.

9. **INVESTMENT PLAN UPDATE**

Miles Timperley gave an update on the following schemes:

- Oncology, Royal Preston Hospital – the work was now progressing well.
- Catheter Laboratory, Royal Preston Hospital – was commissioned on time at the beginning of January
- Combined Heat and Power System, Chorley and South Ribble Hospital – the chimney and engine had been installed in January and commissioning runs were taking place.
- Radiotherapy Unit, Royal Preston Hospital – plans were in place for the extension to the Radiotherapy Unit for Linear Accelerators 7 and 8.
• Accommodation Blocks – the demolition of the accommodation blocks at the rear of the Oncology Unit had commenced.
• Improvement to the Gordon Hesling entrance – this was due to commence in March.

With regard to the 2012/13 investment programme, it was noted that this would cover provision for medical equipment replacement, a range of infrastructure work, including that connected with health and safety requirements, and there would also be part of the allocation identified for sustainability issues.

10. TERMS OF REFERENCE UPDATE

Copies of the terms of reference had been circulated. **Group members were asked to feed back any proposed additions and/or amendments to June McGuire so the document could be revised if necessary.**

**Action - All**

11. FACILITIES DIRECTORATE FOCUS GROUP

Governor volunteers were requested to participate in a Facilities Directorate Focus Group to take place on the afternoon of 30 April 2012.

Gill Ackroyd, Steve Edwards and Peter Yates agreed to be involved.

**Action – Gill Ackroyd/Steve Edwards/Peter Yates**

12. CHAIR AND DEPUTY CHAIR NOMINATIONS

The reappointments of June McGuire as Chair and Peter Yates as Deputy Chair of the Buildings and Environment Group were unanimously supported.

13. ANY OTHER BUSINESS

13.1 Hospital Catering

Ken Jones referred to a television programme featuring the chef, James Martin, who had been improving the catering at Scarborough Hospital, which he thought colleagues would find interesting.

13.2 Amelia Hall and Pat Vice

On behalf of the Group, June McGuire thanked Amelia Hall and Pat Vice for their commendable contribution to its work over several years. It was agreed that they would both be missed.

14. DATE OF NEXT MEETING

17 April 2012 at 4.30pm in Seminar Room A, Education Centre 3, Chorley and South Ribble Hospital.
Present: Stuart Heys, Chairman (Chair)
Karen Partington, Chief Executive
June McGuire, Public Governor
Peter Yates, Appointed Governor
David Williams, Public Governor
Anne Costich, Patient Governor
Ken Jones, Public Governor
Viv Culshaw, Patient Governor

Apologies: Maxine Hogbin, Staff Governor

In attendance: Karen Brewin, PA to the Chief Executive (minute taker)

1. FEEDBACK ON ISSUES RAISED AT THE MEETING ON 19 SEPTEMBER 2011

Whilst there were no minutes of the meeting held on 19 September 2011, Karen Partington confirmed that there were a number of outstanding items where feedback had been requested and the following information was provided on individual queries raised:-

New GPAU at Royal Preston Hospital

The name of the area had been changed to the Rapid Assessment Unit and patient referrals, both GP-referred and redirected patients, were attending the Unit. Peter Yates drew attention to incorrect signage at the entrance to the hospital and Karen Partington agreed to accompany him on a walk around the area.

Rawcliffe and Winstanley Wards

Following a request from the Governors to consider renaming the areas to Rawcliffe and Winstanley Suite, Karen Partington confirmed that this suggestion had been discussed by the Executive Team and views from staff on the Wards had been obtained. Staff had requested that the names of the Wards remain as there would be a variety of difficulties in renaming these areas which would not be operating as a Suite but as individual Wards. The Governors confirmed that they were happy for the Wards names to remain.

Karen Partington confirmed that arrangements had now been made for Lindsay Hoyle MP to officially open the Wards at a ceremony to be held on Friday, 27 January commencing at 11.30am and invitations would be extended to Governors and local press representatives. In response to a query regarding how the Wards were being promoted to ensure the public was aware of the treatment undertaken on the Wards, it was confirmed that this would be through information provided to patients and articles in the local press regarding the change of use.
Privacy and Dignity Issues at the Main Entrance of Royal Preston Hospital

Peter Yates confirmed that the situation had improved although some patients were still coming through the main entrance on stretchers en route to the Wards and Viv Culshaw stated that congestion around the main entrance did not give a good impression of the Trust. It was felt that there were more appropriate entrances where through traffic was not as intense and therefore afforded better privacy and dignity for patients, such as the Gordon Hesling Block entrance or the Renal Unit, which had been suggested some time ago.

Whilst recognising that the situation would never be perfect, Karen Partington confirmed that she was aware that the Director of Facilities and Services was looking at alternative entrances, including the Gordon Hesling Block. However, it was recognised that ambulance crews attending the hospital who were not familiar with the hospital may experience difficulties in locating alternatives entrances and be unaware of any local agreements. It was also felt that designating the Gordon Hesling Block as an entrance for patients would provide limitations when considering future usage of this area. However, Karen Partington agreed that the logistics of an alternative entrance would be looked at particularly as the issue appeared to be congestion rather than privacy and dignity.

TNT Postal Service

In response to the issues identified on delayed delivery of bulky items, Karen Partington confirmed that the TNT postal service operate a track and trace system and from audits undertaken it had been identified that the problems lay with Royal Mail delivery. It was noted that the Trust has a clear service level agreement with TNT which works well and the Trust would continue to monitor and rectify problems as they arise. Ken Morris confirmed that he was aware that Royal Mail was currently coming out of a major reorganisation and it was expected that the service would improve.

Porters Insurance Issues

Concerns had been raised at the previous meeting regarding transfer of patients externally from building to building and the use of Lancashire Ambulance Services to undertaken such transfers, owing to porters not being covered by insurance to undertake such duties. Karen Partington stressed that this issue was not related to insurance but that porters were not equipped for bad weather. Karen Partington would ensure that the Director of Facilities and Services was aware that the porters needed to be appropriately equipped to undertake these duties, along with any training that was required to support this role. It was noted during discussion that the issues were more of a culture change with anecdotal information being provided on recent observations where one porter had refused to undertake this task although another porter was happy to transfer a patient. Information would be provided to porters to ensure that this was included as part of their duties.

In response to a query raised by Viv Culshaw regarding responsibility for transferring patients from the car park, Karen Partington confirmed that this was part of the Car Park Attendants role.

Members Volunteering

The Governors had asked for consideration to be given to Members who wish to volunteer and Karen Partington reported on recent discussions with Sylvia Turner. There were a number of Members who wished to volunteer although there appeared to be rigid views on the duties they can or want to undertake. During this discussion Karen Partington informed Sylvia Turner that the upcoming Health Mela would welcome the assistance of volunteers and Governors were asked to encourage Member involvement.
Stuart Heys also confirmed that from his discussions on volunteers it was apparent that students offering their services tend to stay only for a short time and the paperwork required when signing up volunteers was onerous and time consuming. It was intended to try to work with the College on completion of the paperwork which would assist the process when recruiting volunteers. It was noted that Sylvia Turner would be attending the Membership and Communications Sub Group meeting next week where this could be further explored.

Reference was made to the meeter/greeter currently working in the Assessment and Treatment Centre (ATC) at Chorley and South Ribble Hospital who would be moving away from this function. Karen Partington was aware of the concerns raised by this member of staff through the soon to be launched Chief Executive’s Valuing Your Voice and the concerns that had been raised had been forwarded to the Chief Operating Officer and Divisional Director of Surgery who were responsible for operations in this area. Whilst comment could not be made on this individual’s concerns, Karen Partington understood that a volunteer would be used in future as a meeter/greeter in the ATC.

In response to a query regarding whether the volunteer would have local knowledge, Karen Partington confirmed that training would be provided and appropriate tools would be available to assist the volunteer in this role.

Discussion was held regarding training for volunteers across the Trust and Anne Costich suggested that an initial walkabout on appointment would assist volunteers in undertaking their duties. Stuart Heys stated that he understood that volunteers were provided with an induction, as with all other Trust staff, and Karen Partington agreed to check that this was provided and look at the content of the induction. In response to Anne Costich’s suggestion that customer service training should be seen as essential training, Karen Partington confirmed that it may be possible to provide this for any newly appointed volunteers however it would not be possible to provide for the current 600 volunteers. It was suggested that volunteers be required to sign up to a Code of Conduct when appointed to ensure that they were aware of the accepted standards that were required by the Trust.

**Membership Recruitment Letters**

In response to the previous suggestion that membership recruitment letters were no longer issued with appointment letters, Karen Partington confirmed that an agreed statement was now included at the bottom of appointment letters which read:

‘Become a member of Lancashire Teaching Hospitals NHS Foundation Trust. For further information or to join online, visit: www.lancashireteachinghospitals.nhs.uk or phone the membership enquiry line: FREE 0800 073 0663. This is your opportunity to have your say on how our hospitals are run.’

2. **UPDATE ON KEY TOPICAL ISSUES**

There was no further information on key topical issues to add to those presented and discussed at the formal Governing Council meeting on Monday, 16 January.

3. **GOVERNING COUNCIL GROUPS – SUMMARY OF KEY ISSUES**

A general discussion was held regarding the terms of reference for individual sub groups and Anne Costich stated that the terms of reference for each sub group had not yet been signed off. It was suggested that sub group Chairs should submit existing and proposed terms of reference and Stuart Heys agreed to check with the Trust Secretary which terms of reference were outstanding.
Ken Morris referred to the North West Governors’ forum to be held on Monday, 23 January and suggested that the changing role of Governors would impact on the terms of reference. Stuart Heys confirmed that the changing roles would not be introduced until 2016 therefore there was a need to concentrate on current roles as it was not appropriate to pre-empt any future agreements and guidance would be provided by Monitor to assist when the changed roles and responsibilities were due to be introduced to allow for evolution of Governor roles.

In response to a query regarding whether this group required terms of reference, as historically the meeting had been informal, Karen Partington confirmed that as minutes were produced and actions generated from this meeting then terms of reference were required and would be drawn up.

Following a request regarding timings of the Chairs and Deputy Chairs’ meeting it was confirmed that the new arrangements within the Trust Secretary’s office would allow for meetings to be reviewed and scheduled prior to formal Governing Council meetings.

**Patient Experience**

Viv Culshaw recorded her thanks to Governor colleagues for their recent kind thoughts. It was noted that Nicola Leahey had been nominated as Chair of the Patient Experience Sub Group when Viv Culshaw stepped down in March this year and Peter Yates was happy to continue in the role of Deputy Chair. There would be no problems with handover and continuity, particularly with facilitating groups to visit the Wards which had been coordinated by Viv. Peter Yates confirmed that as he was also involved with the Buildings and Environment Sub Group he was better placed in the deputy role.

It was reported that the Chief Information Officer had attended the last Patient Experience Group as a guest and Viv Culshaw reported that the Sub Group had engaged with her and found this very effective. The Chief Information Officer had confirmed that she would be pleased to attend a future meeting.

**Human Resources**

David Williams confirmed that Stephen Bullock had joined the Sub Group as the Non-Executive Director representative and Karen Swindley, since her appointment as Workforce Director, had been heavily involved. Whilst appreciating the positive comments on Stephen Bullock’s representation on the Sub Group, the Chairman explained that the advertisement for replacement Non-Executive Directors would include expressions of interest from candidates with human resources experience therefore the Non-Executive Director representative may change. David Williams asked that the Sub Group be kept informed to ensure continuity of the important role of the Non-Executive Director and Executive Director. Clerical support to the Sub Group was being provided by the Trust Secretary which was welcomed.

The Sub Group had been updated on the Equality Strategy and the Workforce Director would provide a further update at the next meeting. Reference was made to the performance report and the positive increase in appraisals to 86% although the Workforce Director was striving to achieve a higher percentage. The Sub Group felt that it had a large role to play over the next 6-9 months and interaction with the Chief Executive and Board of Directors would be imperative.

The Chairman was thanked for providing information on the Health Lottery and David Williams confirmed that Governors were not aware that this initiative was for profit. The Chairman confirmed that it was important to understand the composition of the Health Lottery as some Governors and Members were involved in smaller charities which allows approaches to be made to the Health Lottery for funding.
Buildings and Environment

June McGuire did not have anything to add to the report that was provided to the formal Governing Council meeting and confirmed that copies of the minutes of the last two Sub Group meetings had been provided at that meeting.

The Chairman confirmed that he had provided the list of issues around car parking to the Director of Facilities and Services and a feedback report would be provided to a future Governing Council meeting. Peter Yates confirmed that he had walked around the Trust car parks and photographs had been taken of specific areas where it was felt that improvements could be made to free spaces for parking, including instances of bad parking. It was agreed that a walk around the hospital site with the Director of Facilities and Services would be appropriate to allow Peter Yates to identify the areas in the photographs and give the opportunity to identify any viable suggested space as some of the photographs produced at the meeting were currently used as working areas.

It was also reported that the internet currently explains that the drop off point for patients was clearly signposted however this was not the case. Karen Partington agreed to pick this up with the Director of Facilities and Services. Peter Yates also mentioned that some patients were still receiving appointment information stating that car parking at the Trust was £1.50. However, it was accepted that this information was issued prior to the increases being introduced and these letters would disappear in time.

Attention was drawn to minor works within departments that needed to be completed and Peter Yates would be meeting with Peter Hickey to determine how to progress the outstanding work. Peter Yates referred to the lift at the front entrance and confirmed that it was not working for the third time this year. Reference was also made to a pocket face mask within outpatients that was on the wall but was not labelled.

Discussion was held regarding crutches and the fact that they were not labelled for return to the Trust and Peter Yates asked whether this equipment was for reuse. Viv Culshaw stated that she was not aware of any information available on the issue or return of this equipment and there was potential to save money in this area. Karen Partington confirmed that checks would be undertaken on where this equipment was provided, how many returns were made, and volume of usage of this equipment to try to determine costs. Anne Costich referred to hospital property in general and stated that it may be worth exploring and discussing at a future members meeting. Reference was also made to declaring an amnesty which had proved successful in the past when equipment stores had been provided historically.

Peter Yates referred to the changes within admissions and the unavailability of cover to provide wheelchair support during 8am and 9am. Anne Costich stated that she felt the changes in admissions were working well and that there was potential to use volunteers during this hour to support wheelchair provision.

The Chairman explained that a large number of the items discussed so far should more appropriately be reported through the Governing Council Reporting Issues forms. Viv Culshaw supported this suggestion and confirmed that there was an effective chain of reporting and action using this process. It was suggested that this reporting mechanism be reiterated to Governors.

Membership and Communication

Anne Costich confirmed that the next meeting of the Sub Group was scheduled to be held next week. There would be a need to elect a Chair and new Deputy Chair and clarification was requested on whether a formalised system was now in place or whether nomination was by informal arrangement.
The Chairman confirmed that a formal arrangement to elect Chairs and Deputy Chairs did not exist and it had been agreed that individual groups should arrange for succession to these roles from within the membership of their Sub Groups.

Discussion was held regarding the appropriateness of appointing new Governors to these roles as it was felt that they would need time to integrate and understand the role before taking up such a position. The Chairman agreed with this statement to a certain degree, however Sub Group membership would be better placed to judge the appropriateness of such an appointment bearing in mind Governor experience and background and the degree of understanding of the workings of the NHS.

It was noted that Robert Clark was the Non-Executive Director representative on the Sub Group and his involvement had been very useful.

The Sub Group had proposed that a fundraising workshop would be helpful in understanding the different charities within the organisation. Karen Partington agreed that this would be helpful and arrangements would be made to provide this workshop.

Reference was made to the combined Annual Members Meeting and Bringing Healthcare to Life event to be held towards the end of summer 2012. Karen Partington confirmed that the event could not be held any sooner due to the information on the Annual Report and Annual Plan that would require approval by Parliament before this could be delivered at the Annual Members Meeting. Anne Costich asked that consideration be given to Guild 2012 to ensure that the two events did not clash. It was agreed that Anne Costich would liaise with the Acting Membership Manager regarding co-ordination of the date.

Ken Morris referred to the Listening Event held last summer and asked how this year’s event would fit into the programme to ensure that the time of year attracted the maximum interest during the summer months. Anne Costich stated that the Listening Event may be scheduled for June, however this would be discussed at the next Membership and Communications Sub Group meeting next week.

Anne Costich suggested that there needed to be an event at Chorley and South Ribble Hospital to showcase developments and suggested that this could be held early summer 2012, possibly as part of a Listening Event.

The Chairman confirmed that the Trust Secretary and Acting Membership Manager were looking at holding a rolling event at the Annual Members Meeting to allow for maximum throughput of the local community at both this and the Bringing Healthcare to Life event. Anne Costich reported that a working group was being convened to assist with organising the event and Governors were putting forward suggestions for inclusion on the programme, e.g. orthopaedic demonstration.

Information was currently being collated on numbers confirming their attendance at the forthcoming Focus On Surgery events and to date there had been an enthusiastic response. The Consultant who would be presenting at the Focus On events was attempting to identify a patient to be available at the events.

Attention was drawn to the incorrect date of the Health Mela that had been included in the last edition of Trust Matters. The Acting Membership Manager was providing stickers to amend the information and the correction would be publicised.
Annual Report 2011/12 and Annual Plan 2012/13

The Chairman referred to the Annual Report and Annual Plan and the requirement to consult on the documents and suggested that the working group comprise Governing Council Chairs and Deputy Chairs, members of the Nominations Committee plus a number of nominated Governors. The Chairs and Deputy Chairs supported this suggestion as the way forward to consult on the Annual Report and Annual Plan.

4. ANY OTHER BUSINESS

Trust Secretary

In response to a query regarding an update on the position with the Trust Secretary role, the Chairman confirmed that the recruitment process had commenced and the post had been advertised. The Governors expressed their thanks for the recent support provided by Sue Ireland who had taken on this role since November and the Governors confirmed that they felt her interventions had pulled the Governors into a cohesive group again.

Recent Appointments

Katherine Regan had been appointed and commenced this week to cover the 12 month secondment of the Press Officer.

Paula Richardson had been appointed to support the Lifesaver Fundraising Appeal and commenced with the Trust this week. It had been recognised that the appeal was significantly behind target and the Trust did not have the expertise to co-ordinate this important venture. It was recognised that this was an enormous role and in discussion with charity organisers and the Chief Officer of the Rosemere Cancer Centre it was recognised that additional specialist support was required and Paula had come highly recommended. It was accepted during discussions that whilst the Trust had the backing of the Lancashire Evening Post in advertising the appeal, local people tend to support local events and as the fundraising was concerned with major trauma it was not something that local people could relate to, therefore it was intended to re-launch and repackage the appeal. The Chairman explained that originally the Lancashire Evening Post had invited the Trust to be involved in a joint venture to raise funds for this appeal and it was categorically understood at the time that the local media would co-ordinate this. However, several months later the local media stepped back therefore the Trust’s role had changed from co-ordinator to collector, with the Lancashire Evening Post dealing with advertising the appeal fund.

In response to a query from Viv Culshaw on the Trust’s current Endowment Committee facilities and the Incubator Appeal Committee, the Chairman confirmed that these along with other initiatives had been looked at and discussed although the best process was the one that had been introduced, i.e. a dedicated fundraiser.

Karen Partington confirmed that the cost of the appointment was approximately £20K for the life of the project and Paula would be working part time for the next 9-12 months. However, there would be accessibility to the fundraiser 7 days a week (at some stage). The Trust obviously want the appeal to be successful and would not want to underwrite the scanner. At the end of the project the Trust would be looking to assess whether it wanted to progress a fundraising team to raise the profile of the Trust.

Viv’s reservations were appreciated but it was agreed that this was the best option going forward as the Trust needed to be successful with this.

The Chairman asked that Governors allow time for the fundraiser to produce a strategy and plan of action and further information would be provided on progress in the future as this became available.
In response to a query regarding why this information had not been communicated
previously to the Governors, Karen Partington confirmed that there had been difficulties in
the previous four months due to circumstances within the Trust Secretary’s office, however
this was now back on track and the Governor Briefing would start to be produced and
circulated as previously to ensure up-to-date information was provided to Governors.

**Lead Governor Role**

The Chairman explained that the Lead Governor role was an intermediary between the
Governing Council and Monitor and there was a need to ensure that there was no
hierarchical structure or perceived higher PR role within the Governors which would create
conflict.

5. **VIV CULSHAW**

The Chairman thanked Viv Culshaw for her contributions as Governor over the past six
years and wished her well for the future.

6. **DATE AND TIME OF NEXT MEETING**

To be confirmed.
1. PURPOSE

To present details of feedback from the survey on Governing Council effectiveness and to highlight issues raised at the workshop on 23 February 2012 (see Appendix 1).

2. NARRATIVE

2.1 Introduction

The Governing Council agreed previously that towards the end of each financial year, in line with good practice and the expectations of Monitor's Foundation Trust Code of Governance, the opportunity should be taken to reflect on the activities of the Governing Council and its Groups. The aim would be to use this information to identify areas for improvement and future development.

2.2 Governing Council

The Trust is required to include a summary of Governing Council membership and attendance of Governors at formal meetings in its 2011/12 Annual Report, which is in the process of being prepared for submission to the Trust’s external auditors in early May.

In addition to formal meetings, the Governing Council holds workshops, which are not as well attended as formal meetings but which provide opportunities for informal discussions on important strategic issues, as well as for information giving, training and development.

2.3 Nominations Committee

The Nominations Committee has an important role, on behalf of the Governing Council, in relation to the appointment of the Chairman and Non-Executive Directors, their remuneration and performance review.

2.4 Governing Council Groups

The following Governing Council Groups exist:
During 2011/12, efforts have been made to provide enhanced engagement between the Governing Council and Board and one development has been the attendance of a Non-Executive Director at meetings of each of the groups, in addition to Executive Director/senior manager representation.

It is appropriate to review the appropriateness of these groups in terms of their remit/terms of reference and also to address other issues such as the timing of their meetings to increase attendance of Governors who find daytime meetings difficult.

The purpose of the Chairs/Deputy Chairs meeting with the Chairman and the Chief Executive, held quarterly, is to share issues across the groups and to avoid duplication.

RESULTS FROM THE GOVERNOR EFFECTIVENESS TOOL

The online questionnaire was completed by a total of 22 Governors. The questionnaire consisted of a total of 103 questions which were broken down under the following headings:

1. Holding to Account
2. Engagement and Direction
3. Information
4. Role Clarity
5. Chair’s Leadership
6. Sub Group Membership
7. Group Dynamics
8. Training and Development
9. Support to the Council
10. Composition

The results have been collated and the free text comments analysed for reoccurring themes and information to help explain the quantitative data. For the purpose of this report the 10 highest scoring questions and the 10 lowest scoring questions are provided.

It is important to note that whilst this report only details the highest and lowest scoring questions the large majority of questions were answered positively, indicating a high degree of satisfaction across the full range of headings. The results indicated that the Governors are clearly committed to the Trust and their role as a Governor, feeling that they are part of a worthwhile and meaningful group which has made a different to the quality of care provided by the FT.
## 10 Highest Scoring Questions

The highest scoring questions are those questions in which over 35% respondents or above ‘strongly agreed’ to the question.

<table>
<thead>
<tr>
<th>Question</th>
<th>Percentage Agree</th>
<th>Percentage Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Holding to Account</strong></td>
<td></td>
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<tr>
<td>13. I always prepare thoroughly for Governing Council meetings by reading the papers provided to me in advance</td>
<td>35% Strongly Agree 65% Agree or Slightly Agree</td>
<td></td>
</tr>
<tr>
<td>14. I prepare for the meeting by thinking about questions I want to ask based on the documents provided in advance of the meeting</td>
<td>35% Strongly Agree 60% Agree or Slightly Agree</td>
<td>5% Disagree</td>
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<tr>
<td><strong>Role Clarity</strong></td>
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<tr>
<td>47. As a Governor, I am clear about my role and statutory duties</td>
<td>37% Strongly Agree 58% Agree or Slightly Agree</td>
<td>5% Disagree</td>
</tr>
<tr>
<td>51. I understand the difference between governing and managing and I am clear that Governing Council has no role in the operational running of the FT</td>
<td>47% Strongly Agree 53% Agree or Slightly Agree</td>
<td></td>
</tr>
<tr>
<td>52. I understand what is expected from me in the meetings/sub groups that I attend</td>
<td>37% Strongly Agree 53% Agree or Slightly Agree</td>
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<tr>
<td><strong>Chairs Leadership</strong></td>
<td></td>
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<tr>
<td>57. The Chair/Sub Group Chair is approachable and listens to what I have to say</td>
<td>37% Strongly Agree 63% Agree or Slightly Agree</td>
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<tr>
<td><strong>Sub Group Membership</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>69. I feel the Sub Group adds value to the FT</td>
<td>58% Strongly Agree 26% Agree or Slightly Agree</td>
<td>5% Disagree 10% Cannot say</td>
</tr>
<tr>
<td><strong>Group Dynamics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>70. The Governing Council has an agreed code of conduct</td>
<td>42% Strongly Agree 53% Agree or Slightly Agree</td>
<td>5% Cannot say</td>
</tr>
<tr>
<td>74. Governors are motivated by a desire to improve the quality of care provided to patients</td>
<td>53% Strongly Agree 47% Agree or Slightly Agree</td>
<td></td>
</tr>
<tr>
<td>80. By being a Governor I feel part of a worthwhile group</td>
<td>37% Strongly Agree 63% Agree or Slightly Agree</td>
<td></td>
</tr>
</tbody>
</table>
10 Lowest Scoring Questions
The lowest scoring questions are those in which a total of 20% or more respondents ‘slightly disagreed, disagreed or strongly disagreed’ with the statement

<table>
<thead>
<tr>
<th>Question</th>
<th>Percentage Agree</th>
<th>Percentage Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Holding to Account</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Members of the Governing Council tend to be influenced by their own personal agenda at the expense of other issues</td>
<td>65% Strongly agreed, Agreed or Slightly Agreed</td>
<td>35% Slightly Disagree, Disagree, Strongly Disagree</td>
</tr>
<tr>
<td><strong>Engagement and Direction</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. As a Governor I feel able to personally influence the future direction of the FT</td>
<td>80% Strongly agreed, Agreed or Slightly Agreed</td>
<td>20% Slightly Disagree, Disagree, Strongly Disagree</td>
</tr>
<tr>
<td><strong>Information</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>41. Information we receive as Governors is easy to understand – jargon is avoided and when technical terms are used they are explained clearly</td>
<td>63% Strongly agreed, Agreed or Slightly Agreed</td>
<td>37% Slightly Disagree, Disagree, Strongly Disagree</td>
</tr>
<tr>
<td>44. The Governing Council receive information on key risks facing the FT</td>
<td>79% Strongly agreed, Agreed or Slightly Agreed</td>
<td>21% Slightly Disagree, Disagree, Strongly Disagree</td>
</tr>
<tr>
<td><strong>Group Dynamics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>81. The Governors share work and responsibilities (e.g. it is not the same few people who attend every meeting and speak up)</td>
<td>47% Strongly agreed, Agreed or Slightly Agreed</td>
<td>53% Slightly Disagree, Disagree, Strongly Disagree</td>
</tr>
<tr>
<td><strong>Training and Development</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>83. Every Governor has received an effective induction on the role of the Council of Governors and its statutory powers, the service provided by the FT and how the organisation is structured</td>
<td>58% Strongly agreed, Agreed or Slightly Agreed</td>
<td>42% Slightly Disagree, Disagree, Strongly Disagree</td>
</tr>
<tr>
<td>84. The Governing Council completes a training needs analysis on an annual basis</td>
<td>58% Strongly agreed, Agreed or Slightly Agreed</td>
<td>21% Slightly Disagree, Disagree, Strongly Disagree</td>
</tr>
<tr>
<td>87. Governors who have service on the Governing Council for a while support the development of new Governors (e.g. buddy system)</td>
<td>74% Strongly agreed, Agreed or Slightly Agreed</td>
<td>26% Slightly Disagree, Disagree, Strongly Disagree</td>
</tr>
<tr>
<td><strong>Composition</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100. The Governing Council is not too large in size</td>
<td>74% Strongly agreed, Agreed or Slightly Agreed</td>
<td>26% Slightly Disagree, Disagree, Strongly Disagree</td>
</tr>
<tr>
<td>101. I am aware of the skills and background of each Governor</td>
<td>58% Strongly agreed, Agreed or Slightly Agreed</td>
<td>42% Slightly Disagree, Disagree, Strongly Disagree</td>
</tr>
</tbody>
</table>
Comments from the Free Text Questions

The free text comments were analysed looking for common themes, as a result three clear themes were identified. Quotes have been used to illustrate points.

Group Dynamics

A number of the comments provided by the respondents indicate that there is some level of dissatisfaction with how the Governors operate as a team for example in meetings or Sub Group meetings. This is illustrated by the following quotes:

“Meetings of Governors can, on occasions, be severely influenced by over dominant characters.”

“At times, I feel that individual governor issues can dominate Council meetings at the expense of other very important general issues. No one single issue should be allowed to dominate!”

“Very strong chair sometimes dominates meetings”

“There seems to be little cohesion in the challenge from Governors”

Further to comments were made in relation to how the behaviours of Governors could influence how they are perceived across the Trust, for example:

“In the past the Governing Council has not acted in a way calculated to inspire confidence on the part of the Management or the Board of the Trust. The replacement of a number of long serving foundation Governors is an opportunity for a new start and early signs are that things will improve.”

“As governors, we seem to have very different ideas as to what is acting in the best interests of the Trust. This would be a very useful topic of discussion for a future workshop.”

Attendance at Meetings and Relevance of Meetings

From the feedback gathered it was indicated that a number of the respondents feel that some of the sub group meetings are not effective as illustrated below:

“Lots of time spent by sub groups not all of it effectively”.

However this goes against the feedback given in the main body of the questionnaire in which it was found that the majority of those who completed the questionnaire felt the sub group’s added value to the FT.

Further comments were provided by the respondents in relation to how the work load is distributed across the Governors as a group and this mirrors the feedback from question 81. The Governors share work and responsibilities (e.g. it is not the same
few people who attend every meeting and speak up), the following quotes highlight
dissatisfaction in this area:

“There is a band of regular Governors, about 30% of the Governing Council, who
attend sub-groups and Governor/Trust initiatives and projects.”

“It is often the usual suspects who dominate”

Support

A number of the comments provided indicated that there was more that could be
done in order to better support the Governors in their role. The themes identified
indicated that some Governors would welcome more feedback, and opportunity to
share knowledge, experience, as demonstrated below:

“I do not feel that we as governors have the opportunities to have feedback on how
we operate. This feedback would be very useful.”

“Opportunities to swap attitudes with colleagues don't often occur. Encouragement to
do so is also lacking”

“It would have been very useful over the years to have been aware of each
governor's skills and background. This could have been part of induction on an
ongoing basis.”

“I only know the relevant experience / skills of the 'regular band of governors'”

It was highlighted in the free text comments that a number of the respondents would
welcome the provision of more practical support arrangements such as computer
facilities, the buddy scheme and a more formal training needs analysis.

“I think a training needs analysis on an annual basis would be extremely useful.”

“I used to be a XXX at the Royal Preston, so my knowledge of how the system works
is very different from the other governors. The training and development offered to
them is good.”

“Buddy scheme only recently introduced.”

“A number of Governors have commented that it would be beneficial for Governors to
have a facility / room with desk, PC and printer, stationery at each hospital to be able
to use when visiting hospitals on official visits, to write up reports etc whilst with
colleagues. Also it would be good to be offered the use of a kettle (we could bring our
own mug and tea bags!) this would save on the expense of having to use the
canteens for refreshments.”
RECOMMENDATION

It is recommended that the Governing Council consider the feedback from the Governor Effectiveness Survey and from the Effectiveness workshop in order to determine how as a group they would wish to progress.

This could be facilitated through a workshop should the Governors wish to progress in this way.

STUART HEYS  KAREN SWINDLEY
CHAIRMAN       WORKFORCE AND EDUCATION DIRECTOR
ATTENDEES

**Patient Governors**
Gill Ackroyd  
Anne Costich

**Public Governors**
Patrick Bracewell  
John Coxhead  
John Daglish  
Steve Edwards  
Nicola Leahey  
June McGuire  
Alan Morrow  
Elizabeth Rawcliffe  
David Williams

**Staff Governors**
Chris Brockbank

**Appointed Governors**
Hilary Mairs  
Ahmed Patel  
Michael Welsh  
Peter Yates

**In attendance**
Sue Ireland – Acting Trust Secretary  
Karen Swindley – Workforce Director

**INTRODUCTION**
Karen Swindley explained the purpose of the workshop, which was to give Governors an opportunity to reflect on issues related to their effectiveness. She gave a short presentation, which included a reminder of the Governor role. In addition, she outlined the process for the
issue of a survey questionnaire on Governor effectiveness, which was linked to the one produced by the NHS Leadership Academy for that purpose.

**GROUP DISCUSSIONS – SUMMARY FEEDBACK**

**Group 1**

The group was asked to consider the following questions, which aimed to gather views on the relationship between the Trust and Governors.

1. Is the information you get as Governors enough, too much or too little? Is the information presented in a way which you are able to fully understand?

   **Feedback**
   
   - Have to get the balance right between too much or too little information. In recent months there has not been enough information.
   
   - A view was expressed that Governors were not informed and consulted adequately about some of the Trust’s major decisions, with the main example cited being the recent increase in car parking charges. If Governors are challenged by the public and patients, who elect them, on such issues they need to understand fully the reasons behind decisions taken by the Board/managers.

   - A request was made for more information to the Governing Council on issues raised through PALS and the complaints processes at formal meetings, although it was pointed out that the Patient Experience Group did discuss the Patient Experience Report presented to the Board. In addition, there had been a Governor workshop in December on complaints.

   **Proposals**
   
   - Governor briefings should be issued every two weeks.

   - Agendas and notes of each sub-group should be available to each Governor. Although notes of all the groups are included on the agenda of formal meetings of the Council, timeliness of receipt of this information is important.

2. Do you understand the changing face of the NHS at national level and the impact this may have on the Trust?

   **Feedback**
   
   - The general view is that Governors do not understand sufficiently the changes occurring, primarily because there have been too many changes in too short a time due to political expediency. There is recognition that the position both nationally and locally is uncertain and subject to further revisions in the light of ongoing discussions.

   **Proposal**
   
   - Updates should be given to Governors as further information becomes available through workshops, formal meetings and briefings.
3. How do you think the local population perceives our hospitals?

Feedback

- Appreciative in particular of emergency services.
- Relatively low number of complaints compared to the number of patient contacts is a good indication of satisfaction.

4. Do you feel you are adequately engaged with the wider community to ensure you feedback their views to the Board of Directors to support strategic development?

Feedback

- There are currently insufficient opportunities to engage with patients and the public apart from members’ events.

Proposals

- Consideration should be given to holding Governor ‘surgeries’. In discussion there were some concerns raised about the difficulty of dealing with the wide range of issues that could be raised at such events – Governors have a role to ‘signpost’ members as appropriate.
- Networking prior to ‘Focus On’ events should be more structured.
- There should be ‘Meet the Governors’ events at Chorley and Preston.
- Governors should be fully involved in the Trust’s wider engagement strategy to promote the ‘Valuing your Voice’ initiative.

Group 2

The group was asked to consider the following questions which aimed to gather views on the Governing Council and its sub groups

1. Do you receive information and papers for meetings in good time?

Feedback

- Governing Council - papers should be circulated at least one week before the meeting, a standard which is not currently met.
- Sub-groups – the standard should also be one week, with the flexibility to add additional papers if appropriate.

Proposals

- Targets as detailed above should be set.
Papers from groups should be made available to those who are not members (consideration should be given to establishing a Governor zone on the Trust website, where these could stored)

2. In meetings, do you think all members make an equal contribution to the meeting?

Feedback

- Difficult to assess as some members can make a significant contribution to discussion in a meeting but not in a constructive way. Estimates by this group are that 15% of Governors did a disproportionate amount of work in their role, with 25% making a substantial contribution.

- Some Governors because of work commitments cannot attend as many meetings/events as others but can still make a good contribution to the work of the Council. Consideration should be given to holding more meetings in the evening.

3. Do you think action points from meetings are adequately identified and do the Governors responsible for actions consistently follow up on them?

Feedback

- Generally considered that there are few actions from formal Council meetings for Governors to follow up as the main purpose of the meetings seems to be presentation and receipt/approval of reports.

- Identification of action points at sub-group meetings is good, with the Chair of the group responsible for ensuring that relevant issues are raised with managers and the added linkages through the Non-Executive Director representatives to the Board for follow up as required.

4. Do you feel the sub-groups in place are appropriate and productive?

Feedback

- Yes but their remit should be revisited at some point to decide whether there should be change/merger or whether new groups should be established.

Proposal


Group 3

The group was asked to consider the following questions which aimed to gather views on their contribution to the Governing Council and its sub groups

1. Are you clear about your role and responsibilities as a Governor

Feedback
• Yes – but there should be an annual update to reinforce these.

2. Do you understand what it means to hold the Board to account?

Feedback
• Generally yes - it is the Chairman’s responsibility to feedback issues around the Trust and the Board performance.

• The view was expressed that Governors do not have enough influence in the decision making process although the respective roles of the Board, Governing Council and managers in the way the Trust are acknowledged. Although an issue like the increase in car parking charges is ultimately a Board/management decision, Governors should have been kept informed and made aware of the rationale underpinning the decision.

Proposal
➢ Any decisions taken by the Board/managers where there is potential for negative backlash from the public must be shared with Governors in a timely way.

3. Do you adequately prepare for meetings?

Feedback
• Some of the group considered that they could do better!

4. Do you feel all members of the Governing Council have the opportunity to participate equally in the Governing Council and its associated activities?

Feedback
• No – Governors should have more say in the work of the Trust. They should have more involvement in, for example, major projects and developments, giving the patient/public perspective. Engagement between the Board and Governing Council could be improved.

In discussion, counter views were expressed, with Governors commenting that discussions with colleagues at the NW Governors’ Forum had confirmed that levels of engagement and involvement at LTH are significantly greater than in other Trusts

5. Do you feel you had an appropriate induction to your role?

Feedback
• No. For those new to the NHS, it is essential that they understand the complexity of the organisation. Special mention was made of the use of acronyms and jargon, which caused confusion.

Proposal
Comprehensive induction, tailored to the needs of the individual, should be provided, on the understanding that this forms the basis for further training and development.

6. Do you feel you have had adequate training and development since then to enable you to be effective in the role?

Feedback

• Yes – in some areas but could be enhanced in others.

Proposal

Train reviewing and development for Governors should be developed, taking account of the points made at the workshop and feedback from the survey questionnaire.

CONCLUSION

It is expected that feedback from the workshop will be used with the results from the survey to prepare an action plan. The feedback will be included in a report to the Governing Council meeting on 16 April 2012.

KAREN SWINDLEY          SUE IRELAND
WORKFORCE DIRECTOR       ACTING TRUST SECRETARY
1. PURPOSE

To present an update on issues raised by Governors through the Governor Issue Reporting system.

2. NARRATIVE

As Governors are aware, a process is in place for submission and receipt of reporting forms through the Chairman’s Office, which are then passed to the Chief Executive for feedback.

The attached schedule details the types of requests, which have been dealt with or are in the process of investigation, since the last report to the Governing Council.

3. RECOMMENDATION

The Governing Council is asked to note the summary of issues. Copies of the reporting forms are available from the Chairman’s Office.

STUART HEYS
CHAIRMAN
**Procedure for Governors to report issues**

<table>
<thead>
<tr>
<th>Issue No</th>
<th>Date received</th>
<th>Summary of Issue Raised and relevance to Governing Council Group (where appropriate)</th>
<th>Response</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011/16</td>
<td>10.09.12</td>
<td>The accumulation of litter in the refuse bin at Royal Preston Hospital.</td>
<td></td>
<td>23.9.11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A planned programme was arranged for the area concerned by the Senior Building Manager. The cleaning frequency for this area is weekly and cleaning is usually carried out each Saturday morning. Access problems to the front entrance of the hospital meant the area to not be cleaned. Arrangements should have been made to revisit the area during the following week and, unfortunately, this did not occur. The area is the receiving point for waste generated by the shops. All occupiers have a responsibility under the lease to place their waste in the bins provided and not to leave items on the ground. Should any of the bins become full the occupiers have a responsibility to inform the waste manager to enable arrangements to be made for the bins to be emptied. The bins are normally emptied once each day. The letting agents, KnightFrank, have been requested to write to all occupiers of the units to remind them of their obligations under the terms of the lease.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2011/17</td>
<td>15.11.12</td>
<td>Proposal for a facility to be provided on both hospital sites for working dogs.</td>
<td></td>
<td>12.12.11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Discussed by the Equality and Diversity Group (with user involvement) on a number of occasions and scoping exercise carried out to establish the potential use of such a facility. Having balanced the number of patients involved and the investment required, it was felt that this could not be supported at this time.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Assessment and Treatment Centre at Chorley re:
1. Lack of signage
2. Delays in meeting appointment times
3. Problems with computer sign-in screen

Problems acknowledged – passed to GC Buildings and Environment Group to include in their review of signage on the Chorley site.
Staff reminded of the standards expected and also the need to provide patients with reasons for delays.
Changes made to operational procedures in reception to ensure administration staff routinely check the screen.

**Chief Executive responded to Chair on 5 January 2012 but delay in response being forwarded to Governor concerned.**

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>2011/18</td>
<td>15.11.12</td>
<td>Problems acknowledged – passed to GC Buildings and Environment Group to include in their review of signage on the Chorley site. Staff reminded of the standards expected and also the need to provide patients with reasons for delays. Changes made to operational procedures in reception to ensure administration staff routinely check the screen. <strong>Chief Executive responded to Chair on 5 January 2012 but delay in response being forwarded to Governor concerned.</strong></td>
<td>21.3.12**</td>
<td></td>
</tr>
<tr>
<td>2012/001</td>
<td>14.2.12</td>
<td>Privacy and dignity compromised, ward at Chorley and South Ribble Hospital</td>
<td>A review of the incident was undertaken following verbal feedback received on the day. Meeting held between one of the Governors concerned and the Divisional Director. Acknowledgement that the patient’s privacy and dignity had been breached and action was taken by the Ward Sister when she became aware of the situation. Ward Sister made clear that the actions of the agency nurse concerned were unacceptable and he apologised. Issue raised with the agency and his services will no longer be used until further assurances can be given about his competencies.</td>
<td>27.3.12</td>
</tr>
<tr>
<td>2012/002</td>
<td>14.2.12</td>
<td>Lift in main lift area, RPH, not working</td>
<td>A new generator (major part) was required and had to be ordered. The lift was back in action in early March.</td>
<td>17.2.12</td>
</tr>
<tr>
<td>2012/003</td>
<td>17.2.12</td>
<td>Request for removal of Lancashire County Council information facility at Royal Preston Hospital</td>
<td>Agreed that current location of this facility is not appropriate. Facilities and Services Directorate is looking at options for moving it into the waiting area and use the space created (adjacent to the Information Desk) for additional seating.</td>
<td>29.2.12</td>
</tr>
<tr>
<td>Date</td>
<td>Code</td>
<td>Description</td>
<td>Details</td>
<td>Date</td>
</tr>
<tr>
<td>--------</td>
<td>--------</td>
<td>-----------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>2.3.12</td>
<td>2012/004</td>
<td>Suggestion that there should be a one way system at Chorley and South Ribble Hospital to allow roadside parking</td>
<td>In theory this could work but further investigation is needed on how many additional spaces could be created, balanced against the inconvenience to patients and visitors. This will be considered further by the Buildings and Environment Group.</td>
<td>27.3.12</td>
</tr>
<tr>
<td>5.3.12</td>
<td>2012/005</td>
<td>Conditions of corridor leading to Medical Assessment Unit at Chorley and South Ribble Hospital</td>
<td>Repair works have been carried out in the areas identified by the Governor concerned.</td>
<td>27.3.12</td>
</tr>
<tr>
<td>5.3.12</td>
<td>2012/006</td>
<td>Inconsiderate parking on roads at Chorley and South Ribble Hospital</td>
<td>This will form part of the discussions referred to in the response to 2012/004</td>
<td>27.3.12</td>
</tr>
<tr>
<td>9.3.12</td>
<td>2012/007</td>
<td>Health and safety hazard Assessment and Treatment Centre and Fracture Clinics, Chorley and South Ribble Hospital</td>
<td>When the ATC was established, space was limited and it was agreed that staff sharing facilities was the only alternative. Two staff rooms exist and there is also a pantry on the Accident and Emergency side, which is apparently not being used, an issue to be raised with the General Manager. There was an agreement that the existing staff toilets in the cafe area of the ATC would be for both public and staff use.</td>
<td>27.3.12</td>
</tr>
</tbody>
</table>
1. **PURPOSE**

To confirm and update the interests declared by the Governors of Lancashire Teaching Hospitals NHS Foundation Trust.

2. **NARRATIVE**

2.1 **Introduction**

The elected and appointed Governors of the NHS Foundation Trust are required to declare any conflicts of interest (as defined in the Constitution), which will be recorded in the Register of Interests maintained by the Trust Secretary, with details published on the Trust website.

2.2 **Requirements**

Within the Constitution a material interest is defined as:

- any directorship of a company;

- any interest held by a member of the Governing Council in any firm or company or business which, in connection with the matter, is trading with the Foundation Trust, or is likely to be considered as a potential trading partner with the Foundation Trust;

- any interest in a voluntary or other organisation providing health and social care services to the National Health Service;

- a position of authority in a charity or voluntary organisation in the field of health and social care;

- any connection with any organisation, entity or company considering entering into or having entered into a financial arrangement with the Foundation Trust including but not limited to lenders or banks.

The exceptions which shall not be treated as material interests are as follows:
- shares not exceeding 2% of the total shares in issue held in any company whose shares are listed on any public exchange;
- an employment contract held by a Staff member;
- a contract with their PCT held by a PCT member;
- an employment contract with a local authority held by a Local Authority member;
- an employment contract with a partnership organisation held by a Partnership member.

2.3 **Interests declared**

The information received from Governors to date is attached in the Appendix.

3. **RECOMMENDATION**

The Governing Council is asked to note and amend if appropriate the interests they have declared, which will form the Register, available to the public.

SUE IRELAND
ACTING TRUST SECRETARY
GOVERNING COUNCIL

DECLARATION OF INTERESTS

**Gill Ackroyd**
Volunteer tutor for PCT
Award catering purchase products from the company run by husband and son

**Brian Atkinson**
No interests declared

**Gita Bhutani - Lancashire Care NHS Foundation Trust**
No interests declared

**Tony Bonser**
Fundraiser and spokesperson for MacMillan Cancer Support
Trustee with the National Council for Palliative Care and the Dying Matters Consortium

**Patrick Bracewell**
Director Preston Playhouse Ltd
Director Preston Little Theatre Co. Ltd
Director Preston Masonic Hall

**Helen Bradley - Nurses and Midwives (Preston)**
Bereavement and Donation Coordinator

**Priscilla Coates**
Director of Private Company - Magna Digital Ltd

**Chris Brockbank - Other Health Professionals**
Clinical Principal Scientist
Tracey-Callaghan-Hayes

Employed by Lancashire Primary Care Trusts Commissioning Network Team
(involved in performance and monitoring contractual discussions with acute/general
Trusts in Lancashire)

Pat Case CBE – Councillor - Chorley Borough Council

No interests declared

Ian Cherry – NHS Central Lancashire

Non-executive director NHS Central Lancashire
CEO/Owner A.I Cherry LTD Chartered Accountants
Chairman audit committee NHS Central Lancashire
Chairman audit committee LASCA
Chairman audit committee LDAAT
Chairman audit & governance committee Institute and Faculty of Actuaries
Chairman audit committee ICAEW
Member Presidents Appointment Panel ICAEW

Linda Cole - Non-Clinical (Preston)

Support Secretary

Anne Costich

Secretary of the Preston & District Diabetes UK Voluntary Group
Hospital Manager at Kemple View Psychiatric Hospital Partnerships in Care Limited
Hospital volunteer with Lancashire Teaching Hospitals NHS Foundation Trust -
Rosemere Coffee Shop, Royal Preston Hospital and Information desk at Royal
Preston Hospital

Alison Cookson

Supervisor/Team Lead in Diagnostic Imaging

John Coxhead

Chair of the Disability, Equality North West
Vice Chair of South Ribble Disability Forum
Member of Physical Disability Partnership Board
Member of Royal Preston Hospital Wheelchair Users Group
Lecturer in Disability Issues at the University of Central Lancashire
Member of Comensus at the University of Central Lancashire
Member of Access Group at the University of Central Lancashire

**John Daglish**

No interest declared

**Faruk Desai**

No interests declared

**Brian Duckworth**

No interests declared

**Stephen Edwards**

No interests declared

**Christopher Harris**

Director - Christopher Harris Consulting Ltd

**Javed Iqbal**

No interest declared

**Ken Jones**

No interests declared

**Nicola Leahey**

No interests declared

**Hilary Mairs**

Employee - University of Manchester

Honorary Contract - Lancashire Care

**June McGuire**

Member of Fairfield Independent Hospital in St Helens, Merseyside which is a registered charity

**Alan Morrow**

Lay Assessor for Central Lancashire PCT
Vincent Murphy
No interests declared

Ahmed Patel – Councils for Voluntary Services (Chorley/Preston)
No interests declared

Malcolm Phillips
Associate Manager - Mental Health Act Review - Calderstones Partnership NHS Foundation Trust

John Rainsbury – Councillor - Chorley Borough Council
Chair of the South Ribble Local Children
Lead Member: Regeneration, Leisure and Healthy Communities: SRBC
Member of South Ribble Borough Council Planning Committee
Member of South Ribble Borough Council Appeals Committee
Member of the Central Area Committee for South Ribble

Elizabeth Rawcliffe
No interests declared

Michael Welsh - Lancashire County Council
Chairman, Lancashire County Development Ltd
Executive Board, Preston Strategic Partnership
Executive Board, NW Employers Organisation
Member, Preston Community Safety Partnership

David Williams
Commercial Director Radio Preston

Peter Yates - Trust Volunteer
No interests declared