

Chairman's Office
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22nd September 2015

Dear Colleague

Blackpool Teaching Hospitals NHS Foundation Trust – Board of Directors Meeting

A meeting of the Board of Directors of the Blackpool Teaching Hospitals NHS Foundation Trust will be held in public on Wednesday 30th September 2015 at 9.30 am in the Board Room, Trust Headquarters, Victoria Hospital, Whinney Heys Road, Blackpool, FY3 8NR.

Members of the public and media are welcome to attend the meeting but they are advised that this is a meeting held in public, not a public meeting.

Any questions relating to the agenda or reports should be submitted in writing to the Chairman at the above address at least 24 hours in advance of the meeting being held. The Board may limit the public input on any item based on the number of people requesting to speak and the business of the Board. Enquiries should be made to the Foundation Trust Secretary on 01253 956856 or judith.oates@bfwhospitals.nhs.uk.

Yours sincerely

J A Oates (Miss)
Foundation Trust Secretary

AGENDA

Agenda Item Number	Agenda Item	Time
1	Chairman's Welcome and Introductions – Mr Johnson to report. (Verbal Report).	9.30 am
2	Declaration of Board Members' Interests Concerning Agenda Items – Mr Johnson to report. (Verbal Report).	9.32 am
3	Apologies for Absence – Mr Johnson to report. (Verbal Report).	9.34 am
4	Patient Story DVD – Professor O'Donnell to report.	9.35 am

5	Minutes of the Previous Board of Directors' Meeting held in Public on 29th July 2015 – Mr Johnson to report. (Enclosed).	9.50 am
6	Matters Arising:- a) Action List from the Previous Board of Directors' Meeting held in Public on 29th July 2015 – Mr Johnson to report. (Enclosed). b) Action Tracking Document – Mr Johnson to report. (Enclosed).	9.55 am
7	Overview of Challenges and Debates Outside Formal Board Meetings from Non-Executive Directors and Executive Directors - Board Members to report. (Verbal Report).	10.00 am
8	Executive Reports:- a) Assurance Report – Mr Doherty to report. (Enclosed):- <ul style="list-style-type: none"> • Strategic Compliance Measures • Quality • Workforce • Audit • Finance • Strategy/Risk 	10.05 am
BREAK		
	b) Focus on Workforce – Mrs Ingham to give a presentation. Ms Paula Roles, Deputy Director of Workforce & OD, and Mrs Jane Meek, Associate Director of People Effectiveness and Development, to attend for this item. c) Medical Appraisal and Revalidation Report – Professor O'Donnell to report. (Enclosed). d) Chief Executive's Update – Mr Doherty to report. (Enclosed).	10.45 am
9	Chairman's Report:- a) Chairman's Update. (Enclosed). b) Schedule of Board Meetings 2016. (Enclosed). c) Feedback from Blackpool CCG Meeting (1st September 2015) – Mrs Ibbs to report. (Verbal Report).	12 noon
10	Key Themes for Team Briefing – Mr Doherty to report. (Verbal Report).	12.10 pm
11	Trust Values / Examples of Value of the Month – Mr Johnson to report. (Verbal Report).	12.15 pm
12	Attendance Monitoring – Mr Johnson to report. (Enclosed).	12.20 pm
13	Any other Business – Mr Johnson to report. (Verbal Report).	12.21 pm
14	Items Recommended for Decision or Discussion by Board Committees. (Verbal Report).	12.22 pm
15	Questions from the Public – Mr Johnson to report. (Verbal Report).	12.23 pm
16	Trust's Position on the Board Assurance Framework – Mr Johnson to report. (Verbal Report).	12.33 pm

17	Date of Next Meeting – Mr Johnson to report. (Verbal Report).	12.34 pm
18	Resolution to Exclude Members of the Media and Public The Board of Directors to resolve “That representatives of the media and other members of the public be excluded from Part Two of the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.” in accordance with Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960) and the Public Bodies (Admissions to Meetings) (NHS Trusts) Order 1997.	12.35 pm
		Total Duration: 3 hours, 6 minutes



RESEARCH MATTERS AND SAVES LIVES - TODAY'S RESEARCH IS TOMORROW'S CARE

Blackpool Teaching Hospitals is a Centre of Clinical and Research Excellence providing quality up to date care. We are actively involved in undertaking research to improve treatment of our patients. A member of the healthcare team may discuss current clinical trials with you.



Chairman: Mr Ian Johnson M.A., LL.M.

Chief Executive: Mr Gary Doherty

Minutes of the Blackpool Teaching Hospitals NHS Foundation Trust
Board of Directors Meeting held in Public
on Wednesday 29th July 2015 at 10.30 am
in the Conference Room, Research Centre, Trinity Hospice

Present: Mr Ian Johnson – Chairman

Non-Executive Directors

Mrs Karen Crowshaw
Mr Jim Edney
Mr Doug Garrett
Mrs Michele Ibbs
Dr Malcolm McIlmurray
Mr Alan Roff
Mr Tony Shaw

Executive Directors

Mr Gary Doherty – Chief Executive
Mr Tim Bennett – Director of Finance & Performance
Mrs Nicky Ingham – Director of Workforce & OD
Professor Mark O'Donnell – Medical Director
Mrs Pat Oliver – Director of Operations
Mrs Wendy Swift – Director of Strategy/Deputy Chief Executive
Mrs Marie Thompson – Director of Nursing & Quality

In Attendance: Mr Mark Towers – Governance Adviser
Miss Judith Oates – Foundation Trust Secretary

Governors (observers) – 6

Members of Public (observers) – 7

Members of Staff (observers) – 3

72/15 Chairman's Welcome and Introductions

The Chairman welcomed members of the public, including Governors, to the meeting and commented on the change of venue for the meeting which, hopefully, had good acoustics.

The Chairman outlined the house-keeping rules relating to fire alarms, fire exits and mobile phones.

It was noted that the Chairman had not received any questions from members of the public in advance of the meeting, however, there would be an opportunity for questions at the end of the meeting.

73/15 Declarations of Interests

The Chairman reminded Board members of the requirement to declare any interests in relation to the items on the agenda.

It was noted that there were no declarations of interests in relation to the items on the agenda.

74/15 Apologies for Absence

There were no apologies for absence.

75/15 Patient Story DVD

The Chairman stated that it was important for the Board to receive patient feedback and that, in addition to the feedback received by Board members from the Patient Safety Walkabouts, patient stories were captured on DVD, one of which was presented at each Board meeting.

The Chairman explained that this month's DVD was from a patient who was a former nurse and who had written two books about her hospital experiences.

Professor O'Donnell advised Board members that the DVD was a positive story about a patient who had eagle syndrome and had attended the Day Surgery Unit for a rare throat operation.

Professor O'Donnell referred to a comment within the CQC report about treatment to patients being given in a caring manner and he pointed out that this had been described by the patient in the DVD. Mr Garrett stated that it was reassuring to hear about good communication between staff and patients. Mrs Thompson stated that it was a reminder about the most important issues for patients and that it was a good example of compliance with the Trust's vision and values.

RESOLVED: That the Chairman would write to the patient to convey the Board's thanks for the positive feedback.

That the Chairman would write to Mr Nigam to congratulate him and his team for the care being provided to patients.

Action To Be Taken Following The Meeting

An email was sent to the patient on 12th August 2015.

Arrangements have been made for the Chairman to meet with Mr Nigam on 14th August 2015.

76/15 Minutes of the Previous Board of Directors Meeting Held in Public

RESOLVED: That the minutes of the previous Board of Directors Meeting held in public on 20th May 2015 be approved and signed by the Chairman.

77/15 Matters Arising:-

a) Action List from the Board of Directors Meeting held on 20th May 2015

The Chairman reported that 16 actions had been completed and 4 actions were not yet due to be completed.

b) Action Tracking Document

Strategic Compliance Measures

It was confirmed that Chairman's action had been taken in respect of the Strategic Compliance Measures and that they would be incorporated within the IPR.

78/15 Overview of Challenges and Debates Outside Formal Board Meetings from Non-Executive Directors and Executive Directors

The following challenges/debates had been raised by Board members:-

Mrs Crowshaw had raised a question about the plans in place to contain agency spend within the budget submitted for 2015/16. It was noted that, under normal circumstances, this issue would have been escalated from the Strategic Workforce Committee to the Board, however, the figures had not been available at the time of the committee meeting. It was further noted that, once the issue had been raised, immediate action had been taken and additional time had been given at the Finance Committee meeting for discussion. Mrs Crowshaw confirmed that she was comfortable with the arrangements in place.

Mr Garrett had raised a question about the governance arrangements in terms of Board members acting as the Corporate Trustee for the Blue Skies Hospitals Fund. It was noted that Mr Garrett had taken legal advice and would provide feedback at the Corporate Trustee meeting in August 2015.

79/15

Executive Reports:-

a) Cancer Care Management

The Chairman advised Board members that Mrs Oliver would give a presentation about Cancer Care Management which was critical to the Trust.

Mrs Oliver gave a detailed and informative presentation, explaining that there were three component parts, i.e. Access Standards, Patient Experience and Peer Review Clinical Standards.

The presentation incorporated the following:-

- Structure
- Cancer Services Review
- Performance
- Peer Review
- Patient Experience
- NICE Guidance
- Tripartite Requirements
- Achieving World Class Cancer Outcomes

Structure

A detailed structure in relation to cancer care management was highlighted which included internal leads/committees and external stakeholders.

Cancer Services Review

It was noted that a cancer services review had taken place in June 2015 and work was on-going to collate the operational part of the cancer strategy.

Performance

Miss Oates circulated information about the cancer waiting times and Mrs Oliver commented on the excellent work being undertaken by the "cancer trackers".

Mrs Oliver advised the Board that work was continuing in respect of the national 62 days cancer waiting targets.

It was noted that the NHS England five-year plan stated that, by 2020, all patients symptomatic of cancer would have a definite diagnosis within two weeks and have their cancer test results within four weeks of referral.

Peer Reviews

It was noted that the outcomes indicated either concerns, serious concerns or immediate concerns, some of which had mitigating circumstances and all of which had appropriate actions in place.

Dr McIlmurray asked about the requirement for patients to be seen within 24 hours by an Oncologist; it being noted that the way forward would be to employ additional Consultant Oncologists. Mrs Oliver advised that the Trust was in discussion with Lancashire Teaching Hospitals regarding this issue.

RESOLVED: That Dr McIlmurray and Mrs Oliver would discuss this issue outside the meeting.

Mr Edney asked for assurance that, where actions were within the Trust's control, actions were being taken and were having an impact and that where the actions were not under the Trust's control, the Trust was influencing others to take the necessary actions. Mrs Oliver assured the Board that this was the case.

Professor O'Donnell stated that the language used in the peer review process was not particularly helpful and advised that the concerns related to organisational issues and not the quality of care provided to patients.

Action To Be Taken Following The Meeting

Arrangements are being made for Dr McIlmurray to meet with a clinical expert and appropriate manager.

Patient Survey

It was noted that there would be increased engagement with the public and that the next survey would be undertaken in Autumn 2015.

NICE Guidance

It was reported that the guidance issued in June 2014 indicated a change of emphasis for GPs reporting cancer from suspected cancer to a range of symptoms to support early detection; it being noted that this would need to be introduced in a controlled manner.

It was also reported that the one stop model for breast care presented challenges for the group of patients who had suspected cancer because it would include the symptomatic patients.

Tripartite Requirements

Reference was made to the eight key priorities for the tripartite cancer waiting time standards.

Achieving World Class Cancer Outcomes

It was acknowledged that there were significant challenges around the achievement of world class cancer outcomes.

Following the presentation, Mrs Crowshaw referred to her recent attendance at an MDT meeting and commented that she had been amazed at the level of detail and the degree of care dedicated to each patient. Mrs Crowshaw also expressed thanks to the action trackers for the excellent work undertaken.

The Chairman thanked Mrs Oliver for her comprehensive presentation and commented on the new developments around cancer care management.

b) Assurance Report

Mr Doherty gave a presentation highlighting key issues around assurance for the Board.

Strategic Compliance Measures

It was noted that discussion regarding the strategic compliance measures had taken place at recent Board committee meetings and that the focus for this meeting would be in relation to those themes that were rated red or amber.

Harm Free Care (amber rating)

- Performance was 94% against a target of 95% and further work needed to be undertaken, particularly in relation to pressure ulcers.

Delays (amber rating)

- The Trust was currently 1% below the target.

Information Technology ((amber rating)

- There were three projects underway at present, however, the amber rating was due to a mobile functionality issue on EMIS (Egton Medical Information Systems).

Mortality Rates (red rating)

- Mortality rates had reduced during the winter period, however, they were still above the expected level.
- Work was continuing with AQUA in terms of best practice from other Trusts and it was anticipated that their report would be available by the end of September, following which the Trust's action plan would be reviewed.
- There had been national reports about whether SHMI was a helpful measure in terms of reporting avoidable deaths and the conclusion was that it was not particularly helpful, however, it did track the Trust's progress.

Compliance Measures

- There had been a national review of these targets; it being noted that the cancer targets had been referred to in the earlier presentation.

Mr Shaw challenged the C Diff target of 40 per annum when the current number of cases was 16. Mr Doherty confirmed that the Trust was very focused on whether or not they were avoidable cases and he anticipated that 7 of the 16 cases were unavoidable. Professor O'Donnell confirmed that individual cases were reviewed to ensure that lessons were learned.

Other Quality Measures

- Reference was made to the CQC Action Plan, CQC Visit to Maternity, Safe Staffing and Friends & Family Test.

Quality Committee

At this juncture, Mr Roff provided feedback from the Quality Committee meeting held on 23rd July 2015:-

- The revised terms of reference had been approved, with the exception of the section relating to quoracy which the Chairman would be addressing following feedback from other Board Committees regarding their revised terms of reference.
- There had been positive reporting in respect of harm free care and there had been agreement around the recommendation of significant assurance.
- The strategy for streamlining committee processes had been agreed in terms of an improved Scheme of Delegation.
- Consideration had been given to the strategic and compliance measures and the committee was able to provide significant assurance on the key risks, i.e. mortality and performance standards, which would be addressed at the next Quality Committee meeting.
- Detailed discussion had taken place regarding nurse staffing which was just below the required level and the committee was assured by the action being taken by the Director of Nursing & Quality and her team.
- It had been agreed that the concern around focusing on the short term staffing levels should be escalated to the Board and that the Director of Nursing & Quality should provide a report regarding the long term staffing issues.
- Discussion had taken place regarding progress on the development of the Dementia Care Strategy which should be in place by the end of the year, which linked in with the timescale for the Trust's strategy review.

In conclusion, Mr Roff reported that a number of issues had been highlighted to the Quality Committee and that the Committee had been assured that actions were in place to remedy them.

The Chairman thanked Mr Roff for his valuable input to the Quality Committee.

Workforce

Mr Doherty continued his presentation as follows:-

- The new developments were highlighted, i.e. Project Search, Talent for Care Strategy and Physicians Associates.
- Work was on-going in respect of staff engagement which was reflected in the results.
- The areas of limited assurance were highlighted as follows:-
 - Sickness Absence – the Trust's average was 4.1%, with the score for June being 3.9%.
 - Job Planning – this was currently on target for the year, however, there was further work to be undertaken to engage all consultants in the process.
 - Consultant Recruitment – some excellent appointments had been made recently, however, eleven posts had been out to advert for more than three months.

- Non-Medical Appraisal – compliance at the end of June was 10.4% and this poor performance would be communicated to staff via Team brief.

Mr Garrett challenged the appraisal window process and suggested that appraisals should be on-going throughout the year. Mrs Ingham advised that this suggestion had already been canvassed amongst members of the Operational Workforce Committee and subsequently rejected. Mrs Ingham reported that the divisions had been requested to provide details of their trajectory of targets for compliance by the deadline of the end of August.

- Mandatory Training – some improvements had been made.

At this juncture, Mrs Crowshaw provided feedback from the Strategic Workforce Committee meeting held on 21st July 2015:-

- The inaugural meeting had been about setting parameters and agreeing the purpose of the committee.
- Consideration had been given to the Annual Work Plan, Scheme of Delegation and Board Assurance Framework. With regard to the Board Assurance Framework there were two key risks, namely, workforce and staff engagement.
- Discussion had taken place regarding the strategic measures and seven had been agreed to date.
- Nurse revalidation had been discussed, in particular applying the lessons learned from the local workforce to the nursing staff.

Finance

Mr Doherty continued his presentation as follows:-

- The current deficit of £0.9 m was an improved position on the plan and the year to date deficit of £6.2m was in line with the plan.
- The major concern was around pay costs, particularly agency costs.
- The contract had been signed with Blackpool CCG and Fylde & Wyre CCG but not with Lancashire North CCG or the Specialist Commissioner.
- The cost improvement programme was on plan, however, further work needed to be undertaken to move from red to amber and from amber to green.
- In summary, the Trust had a CoSRR of 1 and the position for resilience and sustainability was significant assurance and limited assurance respectively.

At this juncture, Mrs Ibbs provided feedback from the Finance Committee meeting held on 27th July 2015:-

- The Committee had reviewed the contractual performance and discussed the outstanding issues and financial impact of this and associated mitigations.
- An item relating to DNAs had been carried forward to consider the financial impact and how to encourage attendance.
- The revised Terms of Reference had been reviewed as part of the Board review.

- The CIP plans had been reviewed and, although the trajectory had improved, there was significant risk in terms of delivery in October and this would be reviewed at the next meeting as part of the quarterly review.
- There had been significant assurance around resilience but with a caveat that there were significant challenges.
- There had been significant focus on agency spend and limited assurance had been given due to the fact that the detail of the plan would not be discussed until the next meeting.
- There had been agreement that there was limited assurance in terms of sustainability.

Mr Doherty continued his presentation as follows:-

Strategy

- Reference was made to the seven step cycle for the strategic plan and also to the Strategic Review Assurance Report (agenda item 8c) which included a report from McKinsey confirming that the work completed by the Trust to date had followed the guidance within Monitor's Strategy Development Tool.
- Reference was made to the Vanguard Fylde Coast Programme Board Terms of Reference (agenda item 8d) which were included for Board members' information.

Dr McIlmurray asked about the recruitment process for the Care Co-ordinators and was advised that this was progressing, however, there was an issue regarding the medical recruitment. It was noted that Professor O'Donnell had received a proposal from a GP practice to undertake four sessions per week, however, it had been decided to await the substantive recruitment. The Chairman pointed out that this was a national project and that the medical recruitment issue should be escalated to the Secretary of State if necessary.

- Work was continuing with Morecambe Bay Foundation Trust regarding the Better Care Together programme.
- Work was continuing with three Lancashire Trusts to develop the Vanguard application for collaborative provision of acute services.

Risk and Assurance

- Amendments had been made to the BAF and CRR following discussion at the Risk Committee.

Mr Shaw queried the partnership working risk on page 10 which had increased to a score of 15. Mrs Swift advised that it had been agreed not to merge the financial risk and the strategy risk but confirmed that they were linked in terms of the scores.

- Reference was made the Summary Annual Report, Well Led Governance Review Progress Report and Governors Survey.

RESOLVED: That the Board Assurance Framework, Corporate Risk Register and Summary Annual Report be approved.

Emergency Preparedness, Resilience and response NHS Core Standards

The Chief Executive reported that the Trust had assessed itself against the 47 NHS Core Standards for Emergency Preparedness, Resilience and Response and confirmed that the Trust was compliant with all the core standards.

c) Strategic Review Assurance Report

It was noted this item had been considered as part of the Strategy section of the Chief Executive's Assurance Report.

d) Fylde Coast Vanguard Programme Board Terms of Reference and Membership

It was noted this item had been considered as part of the Strategy section of the Chief Executive's Assurance Report.

e) Quarterly Monitoring Return to Monitor

The Quarterly Monitoring Return to Monitor for Quarter 1 was presented to the Board for approval.

RESOLVED: That the submission of the required healthcare targets and indicators be approved.

That the submission of the Board of Directors' Governance Statement be approved.

Action To Be Taken Following The Meeting

The Quarterly Monitoring Return was submitted to Monitor by the deadline of 31st July 2015.

f) Chief Executive's Update

The Chief Executive's Update was provided for information.

80/15

Chairman's Report

a) Chairman's Update

The Chairman's Update was provided for information.

b) Confirmation of Chairman's Action

It was confirmed that Chairman's action had been taken in respect of the Strategic Compliance Measures.

RESOLVED: That the action taken by the Chairman on behalf of the Board of Directors be confirmed.

c) Affixing of the Common Seal

Board members were requested to confirm the affixing of the Common Seal.

RESOLVED: That the affixing of the Common Seal be approved.

d) Feedback from Blackpool CCG Meeting – 7th July 2015

Mrs Crowshaw provided feedback from the Blackpool CCG Meeting held on 7th July 2015 as follows:-

- The CCG was experiencing financial challenge and difficulty in managing activity.
- The CCG was positive about the work being undertaken in respect of the extensivist model but was concerned about the lack of resources to deliver within the timescales.
- The CCG had complimented the Trust for managing the A & E challenge.
- The CCG had received £0.5m from the Prime Minister's Challenge Fund to improve access to GPs.

81/15 Three Key Themes for Team Briefing

Board members discussed the key themes from the meeting to be cascaded to staff via the Team Brief and "Cancer Care Management" and "Staff Engagement" were suggested.

It was also suggested that one of the messages from the Executive Team should be "Strategy Review Update".

RESOLVED: That the above key themes would be included in the Team Brief.

Action To Be Taken Following The Meeting

This item has been actioned.

82/15 Trust Values / Value of the Month

It was noted that the Value of the Month for July was People Centred and that this had been evidenced during the patient story early in the meeting.

RESOLVED: That the Value of the Month for August would be determined in advance of the Team Brief on 4th August 2015.

That, in future, Board members would provide examples in respect of Value of the Month.

Action To Be Taken Following The Meeting

The Value of the Month for August is People-Centred.

The item regarding examples of Value of the Month will be included on the agenda for future meetings.

83/15 Attendance Monitoring

The attendance monitoring form indicated continued good attendance from Board members.

84/15 Any other Business

i) Dock Street Development

Mrs Swift reported that Fylde & Wyre CCG had given approval the previous week to proceed with the Dock Street development and that the tendering process would now commence in respect of the services to be provided from the Dock Street premises.

85/15 Items Recommended for Decision or Discussion by Board Sub-Committees

RESOLVED: That items to be recommended for decision or discussion by Board Committees would be noted from the minutes of the meeting.

86/15 Questions from the Public

The Chairman gave members of the public the opportunity to ask questions.

i) Health MELA

Mr Gandhi reported that the Health MELA would take place on Saturday 3rd October 2015 at Lytham High School.

RESOLVED: That Mr Gandhi would forward the details to Miss Oates for circulation to Board members and Governors.

Action To Be Taken Following The Meeting

The event details have been circulated to Board members and Governors.

ii) Hybrid Theatre

Mr Gandhi asked whether a proposal would be submitted to the Charitable Funds Committee regarding funding for a Hybrid Theatre.

The Chairman advised that the Hybrid Theatre would be considered as part of the Trust's overall strategic review.

Mrs Swift reported that specialist services, including cardiac, were being reviewed by a working group and consideration would be given to the way forward in terms of developing facilities and staffing. It was noted that the review was scheduled for completion at the end of November, following which feedback would be provided to the Charitable Funds Committee.

iii) Patient Experience

Mr Gandhi advised the Board that he had recently visited Wards 3, 15a, 15b, 23 and 25, plus AMU, as a member of the public and was pleased to report that there had been no issues of concern, with the exception of staff shortages, and that the improvements made were reflected in patient care and patient feedback.

87/15 Trust's Position on the Board Assurance Framework

The Chairman reminded Board members that an additional standard item had been included on the agenda relating to the Board Assurance Framework.

The Chairman asked Board members whether there was anything they had heard during the meeting that altered the Trust's position with regard to the Board Assurance Framework.

RESOLVED: That Board members had not heard anything during the meeting that altered the Trust's position with regard to the Board Assurance Framework.

88/15 Date of Next Meeting

The next Board Meeting in Public will take place on Wednesday 30th September 2015 at 9.30 am.

Board of Directors Meeting Held In Public
Action List - 29th July 2015

Minute Ref	Date of Board Meeting	Issue	Item to be Actioned	Person Responsible	Date To Be Completed	Change of Date	Progress	Current Status	RAG Status
75/15	29.7.15	Patient Story DVD	Write to the patient to convey the Board's thanks for the positive feedback.	Chairman	12.8.15		An email was sent to the patient on 12.8.15.	Complete	Green
75/15	29.7.15	Patient Story DVD	Write to Mr Nigam to congratulate him and his team for the care being provided to patients.	Chairman	12.8.15		Arrangements have been made for the Chairman to meet with Mr Nigam on 14.8.15.	Complete	Green
79/15 (a)	29.7.15	Cancer Care Management - Peer Reviews	Discuss with Malcolm McIlmurray the issue of patients being seen within 24 hours by an Oncologist.	Pat Oliver	30.9.15		Arrangements are being made for Dr McIlmurray to meet with a clinical expert and appropriate manager.	Not Yet Due	White
79/15 (e)	29.7.15	Quarterly Monitoring Return to Monitor	Submit the Quarterly Monitoring Return to Monitor by the deadline of 31.7.15.	Judith Oates	31.7.15		This item has been actioned.	Complete	Green
81/15	29.7.15	Three Key Themes for Team Brief	Include the agreed themes in Team Brief.	Nicky Ingham	4.8.15		This item has been actioned.	Complete	Green
82/15	29.7.15	Trust Values/Value of the Month	Determine the Value of the Month in advance of Team Brief on 4.8.15.	Nicky Ingham	4.8.15		This item has been actioned.	Complete	Green
82/15	29.7.15	Trust Values/Value of the Month	Provide examples in future in respect of Value of the Month.	Board Members	26.8.15		This item will be included on the agenda for future meetings.	Complete	Green
86/15	29.7.15	Questions from the Public - Health MELA	Obtain event details from Ramesh Gandhi for circulation to Board members and Governors.	Judith Oates	19.8.15		The event details have been circulated to Board members.	Complete	Green

RAG Rating	
Green	Complete Within Date For Delivery
Amber	Incomplete But Within Date For Delivery
Red	Not Complete Within Date For Delivery
White	Not Yet Due

Board of Directors Meeting
Action Tracking Document

Minute Ref	Date of Board Meeting	Issue	Item to be Actioned	Person Responsible	Date To Be Completed	Change of Date	Progress	Current Status	RAG Status
26/15 (c)	25.2.15	Implementation of the Fit & Proper Persons Test Requirements	Ensure that future pre-election information for Governors includes details about the Fit and Proper Persons Test and the requirement for candidates to complete the declaration if and when elected to the Council.	Wendy Swift	31.12.15		Pre-election information will be produced for the next Governor elections in May 2016 which will take account of the Fit & Proper Persons Test and the recommendations from the KPMG Governance Review.	Not Yet Due	White
61/15 (b)	20.5.15	Corporate Documents	Complete the process for the corporate documents.	Wendy Swift	26.11.15		This item is being addressed and was completed for the Audit Committee meeting in September and will be completed in advance of the Audit Committee meeting in November.	Not Yet Due	White
62/15 (d)	20.5.15	Presentations - Healthier Workforce Project	Arrange for a further update to be given to the Board in twelve months' time.	Chairman/ Judith Oates	May-16		This item has been included on the Work Plan for May 2016.	Not Yet Due	White

RAG Rating	
Green	Complete Within Date For Delivery
Amber	Incomplete But Within Date For Delivery
Red	Not Complete Within Date For Delivery
White	Not Yet Due

Board of Directors Meeting

30th September 2015

Chief Executive's Assurance Report

1. Introduction

The Chief Executive's Assurance Report aims to highlight key issues for Board attention/discussion. The aim of the report is to inform the Board of the issues that are progressing well, the issues which are not progressing as planned, and therefore the level of assurance that can be provided to the Board in terms of achieving a range of targets/objectives. Where Board members would like further assurance, detailed reports can be accessed from the Reference Folder. Wherever I am in a position to do so I will either give a rating of:

- None - little or no prospect of recovering the position/delivering going forward.
- Limited Assurance - improvements are expected but full delivery is considered high risk.
- Significant Assurance - improvements are expected and full delivery is considered likely.
- Full Assurance - full delivery is expected.

The report is divided into key sections as shown below, although each area is interlinked to each other/the whole.

2. Strategic Measures

To be reported quarterly as agreed, therefore will be covered in the report to the Board on 28th October 2015.

3. Compliance Measures

Waiting Times in the Emergency Department (A&E) - Significant Assurance

The A & E 4 hour performance standard was achieved in both July and August, with August performance showing 96.9%.

18 Week Open Pathways – Significant Assurance

The Trust achieved the RTT compliance measure in August, with the % of patients still waiting for a procedure ("Open Pathways") who had waited over 18 weeks standing at 95.3% (target 92%). We also delivered the other RTT targets with Admitted performance at 93.5% (target 90%) and Non-Admitted performance at 95.4% (target 95%). Proactive management of the PTL continues to focus on areas to achieve RTT at speciality level. Areas of concern include Cardiac, Orthopaedic and Gynaecology services.

Cancer Waiting Times – Limited Assurance

The Trust achieved the 62 day urgent GP referral to treatment (target 85%) standard in July at 86.8%. The cancer targets are measured on a quarterly basis and there is a significant lag in finalising the figures as diagnostics and the need to agree shared breeches with other Trusts takes time. The unvalidated position for August is currently at 83.2%. Work continues with the Divisions to proactively manage the risks within the system and ensure no avoidable delays occur. Formal escalation processes are in place across each element of the pathway. Pathway reviews, Capacity & Demand analysis and targeted action plans are being driven alongside micro-management of the Patient Target Lists. The 62 day screening target was achieved in July – 100% (Target 90%). The unvalidated position for August is currently at 78.3%.

The Breast symptomatic 2 week target was not achieved in July – 90.2% (target 93%). This is due to a significant volume of patient choice in the system. Commissioners have been advised and GPs have been asked to ensure patients availability before referring.

The cancer targets for 2 week wait from urgent GP referral to outpatient appointment, 31 day wait from diagnosis to treatment, 31 day subsequent treatment (surgery) and 31 day subsequent treatment (drugs) were all achieved.

C Difficile – Significant Assurance (wrt lapses of care)

To date we have had 32 cases of C Diff. Of these 7 are confirmed as a lapse in care and 8 are confirmed as no lapse in care. Of the other 17 cases 14 are under review/waiting the RCA and 3 are, in our view, not a lapse of care (to be agreed with the CCGs on 24th September).

4. Other Quality Measures/Plans

CQC Inspection

We received a CQC inspection on 21st/22nd September which focused on A&E (and associated admission pathways e.g. into AMU) and Obstetrics & Gynaecology, as well as our overall approach to the 5 CQC domains (responsive, caring, safe, effective and well led).

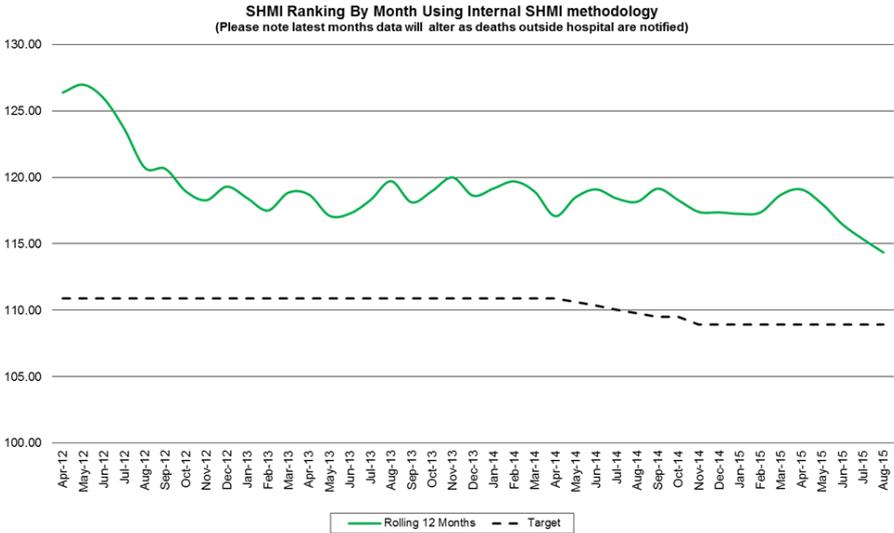
I am pleased to report that the feedback was positive, with a number of areas of excellent practice listed and a small number of concerns. A detailed verbal report was given at the Quality Committee meeting on 23rd September. The CQC aims to have their report published within 50 days of the inspection.

Never Event

We have had a never event in the Ophthalmic Surgical Unit (Day Case Theatre). The incident occurred on 8th April 2015 and was reported on the 27th August 2015, following corrective/replacement surgery. The patient underwent cataract surgery on 8th April 2015 but, unfortunately, despite completing the Safe Surgery Checklist prior to commencing the procedure, it has transpired that the wrong size lens was inserted, which has necessitated the patient undergoing further surgery to compensate and to replace the lens. A SUI investigation is underway, with immediate steps taken to guard against any future occurrence, and the Duty of Candour process has been instigated.

Mortality – Limited Assurance

Our rolling position on SHMI is 114 as at August as shown below:



“In month” SHMI for both July and August have been below 100.

As previously discussed, earlier in the year we asked AQuA for support to understand how other acute provider organisations have improved and maintained improvements with their SHMI. AQuA identified five organisations nationally - Calderdale and Huddersfield NHS Foundation Trust, East Lancashire Hospitals NHS Trust, George Eliot Hospital NHS Trust, Hull & East Yorkshire Hospitals NHS Trust and Northern Lincolnshire & Goole Hospitals NHS Foundation Trust. We have now received the AQuA report and are meeting with our CCGs to agree any implications for our existing action plans.

MRSA – Limited Assurance

We have had 3 bacteraemia in August. One case in CITU was assessed as unavoidable (East Lancs CCG) however the patient was readmitted to ELHT Cardiology 5 days post discharge from BTH with a further MRSA bacteraemia. A further post infection review has been held between BTH, ELTH and East Lancs CCG and there is disagreement about which organisation this further case is attributed. East Lancs CCG has raised this case to region via the post infection review arbitration process to request a third party assignment. If this is agreed it will mean a fourth case of MRSA Bacteraemia attributable to BTH. We had one case in general ITU which was due to a lapse in care of screening and one at Clifton Hospital with no obvious lapse in care determined at this stage.

Harm Free Care – Limited Assurance

The combined Acute/Community figures for the Trust for Harm-Free care (old and new harms) is worse than target at 93.6% vs a target of 95%. New harms only are better than target in both acute and community. Patient Falls resulting in harm have improved to be below target for the last 3 months, however, at the end of Quarter 1 the current reduction is 6% against a 20% reduction by 2017. A Fylde Coast Falls Awareness Week is planned for 19th-23rd October with a number of events taking place in the Trust. Hospital acquired pressure ulcers are below trajectory year to date. Non hospital acquired pressure ulcers are above trajectory year to date.

Overall Nursing, Midwifery and Care Staffing Levels – Significant Assurance

During August, the planned Nursing and Midwifery staffing and care staff levels for the 40 planned inpatient wards at Blackpool Teaching Hospitals were compared with the actual staffing levels on a daily basis. This provided the Trust with a percentage fill rate for each ward day and night and an overall percentage fill rate. In August the percentage fill rates for registered Nurses/Midwives at the Victoria and Clifton sites and for the Trust overall have improved and are above the 90% safe staffing fill rate.

Patient Experience/Friends and Family Test – Significant Assurance

For A&E in July (the latest figures published) we had a recommend rate of 94% against the England average of 88%, with a response rate of 22% against an England average of 15%. Of the 1314 A&E patients that completed the form, 991 were extremely likely to recommend the service, and 19 patients were extremely unlikely to recommend the service.

For inpatients we had a recommend rate of 97% against the England average of 96%, with a response rate of 20% against an England average of 27%. Of the 1535 inpatients that completed the form, 1271 were extremely likely to recommend the service with 5 patients extremely unlikely to recommend the service.

The Quality Committee recommends that the Board takes the following actions:-

- To **NOTE** that the Chair has been **AUTHORISED** to report to the October Board meeting on behalf of the committee on the Q2 data for the quality related strategic measures.
- To **NOTE** that a **Never Event** had occurred and was the subject of a SUI review.
- To **NOTE** the **ASSURANCE** given by the Committee on the 2 key risks.
- To **NOTE** the extra pressure being put on A&E by the number of **mental health** patients being referred by the **Harbour**.
- To **NOTE** progress on the development of the **Quality Strategy** around the themes of Informed, Timely and Safe care.

- To **NOTE** the **concern** of the Committee about **potential risks to stroke patients** if the investment needed to meet the requirements of the Stroke Action Plan (agreed with the CCGs following their review of stroke services) is not made.
- To **NOTE** the **LIMITED ASSURANCE** items identified – all of which have action plans in place to enable a higher level of assurance to be achieved by a specified date.

5. Workforce

Staff Engagement and Staff Friends and Family Test – Significant Assurance

Engagement scores for both the Trust as a whole and Medical staff as a group for Quarter 2 are shown below. We have achieved our highest engagement score to date as a Trust – 4.00 out of a possible 5.00. Trend data is shown below:

	National Staff Survey 2014	Qu4 2014	Qu 1 2015	Qu 2 2015
National Average	3.74	N/A	N/A	N/A
BTHFT - all staff	3.74	3.91	3.94	4
BTHFT - Medical and Dental	3.65	3.9	3.82	3.89

Our Staff FFT scores for this quarter are:

- Recommend for care or treatment = 80%
- Recommend as a place to work = 70%

For medical and dental staff, 74% recommended BTH as a place to work.

In terms of a benchmark to compare against, national data has been published for Quarter 1 showing:

- Recommend for care or treatment = 79%
- Recommend as a place to work = 63%

Overall Workforce Assurance – Limited Assurance

Agency spend has decreased from last month across all areas with bank/bench spend increasing which is expected in line with the Trust's plans to increase the usage of bank/bench nursing staff. Any nurse on the bank/bench will be offered the option to move to weekly pay from the beginning of October to encourage staff to join the bank/bench and work additional hours in favour of having to rely on agency staff. The number of qualified nurse leavers remained typical and constant with 17 leavers (13.66 full time equivalents) with only 5 people (4.43 FTE) reported as joining the Trust from the same staff group. Benchmarking data available for the year July 2014 to June 2015 shows that our turnover rate for the nursing and midwifery staff group is in line with the average for the North West region at 12.1% and higher than the Health Economy at 10.2%. Monthly meetings take place with the Lead Nurses focusing on retention to identify and implement actions needed to improve it. The Trust is currently preparing a bid for funding offered by Health Education North West of up to £50k to invest into interventions to reduce the turnover of qualified nurses, in particular targeting newly qualified staff where the attrition is the poorest.

Improvements to the time to hire process and increased scrutiny of the recruitment process at the Workforce Assurance Group are key contributing factors to the recent positive changes in recruitment activity. In addition to current nursing recruitment activity, the Workforce Assurance Group has selected two new agencies to support with international recruitment campaigns to take place in Greece and Spain in October 2015. The key issues affecting the delivery of the nursing workforce plan link to poor retention and a need to reduce the number of leavers by 8 per month. In terms of medical recruitment, emphasis on workforce planning and transformation is required in order to address long term issues associated with hard to recruit to positions. It is anticipated that the recruitment activity being completed in September (12 middle and junior grade doctors) will have a significant impact on reducing agency/locum spend.

Sickness Absence – Limited Assurance

Sickness absence has increased marginally at 4.05% but still continues to show an improvement when compared to the same month last year.

Appraisal Rates – Limited Assurance

At the close of the appraisal window at the end of August, the non-medical completion rate is 78% which has failed to reach the target completion of 90% or higher. An action plan has been devised to follow up on areas of non-compliance.

Mandatory Training – Limited Assurance

This is unchanged at 86% against the target of 90%. The majority of subjects continue to fluctuate by 1% reflecting the timing of renewals.

Induction - Significant Assurance

Trust Induction remains 100% with all new starters attending on their first day in post. Local induction remains at 84% and the Learning & Development Department will continue to chase non-completion with escalation to divisional leads to ensure this improves.

6. Audit

The Trust's Audit Committee met on 8th September. Alongside reports from both internal and external auditors, the Committee considered the findings from a recent NHS Cost Recovery Support Team visit to the Trust, a review of non-core income and updates on counter fraud activities. The Chair of the Audit Committee has written an assurance report for the Board on the work of the committee.

There are two recommendations for the Board:-

- With regard to the Well-Led Review, the Committee recommends early discussion of the position by the Board as there is a risk that the work will be delayed and provide insufficient preparation time for the full review.
- With regard to the Audit Committee's Terms of Reference, the Committee recommends that its quorum be increased from two NEDs to three NEDs.

7. Finance

Income and Expenditure

The Trust incurred a deficit (pre-mitigations) of £2.4m in August which is £0.9m worse (pre-mitigations) than the Annual Plan submitted to Monitor. The Trust has identified a number of further one-off and / or non-recurrent mitigations which have been utilised to offset the underlying month 05 financial performance. The mitigations have been utilised to provide time to understand the impact of the financial performance on the year end income and expenditure and cash forecasts and to develop a Trust Recovery Plan. The reported deficit (post mitigations) is £2.0m in August which is £0.6m worse than the Annual Plan submitted to Monitor. The year to date deficit of £8.7m (post mitigations) is £1.0m worse than the Annual Plan. The Trust is producing a forecast outturn position including a number of scenarios. This was presented to the Finance Committee on 23 September.

Cash

Cash is £0.2m lower than the plan at the end of August: The main components of the lower than planned cash balance are:-

- Cash impact of I&E under plan (£1.5m);
- Increase in receivables due to delayed settlement of prior year activity overperformance by commissioners (£0.9m);
- Increase in receivables due to delayed settlement of prior year SLAs (£0.2m);

- Favourable payment terms from Specialist Commissioners £3.1m;
- Non-cash impact of provision reversals (£0.5m);
- Capital expenditure cash undershoot £0.5m;
- Other working capital movements (£0.7m).

CIP Performance

The Trust has delivered £1.2m CIP in August against a plan of £1.6m. The worse than planned delivery in month predominantly relates to the Workforce, Better Care Now – Alternative to Hospital, Extensivist and Outpatients Themes. In addition, the Workforce, Better Care Now – Alternative to Hospital, Outpatients, Extensivist and Diagnostics – Kendall Bluck Themes are all significantly behind plan year to date. It is essential that action is taken to deliver the required level of savings from all of the underperforming Themes.

Continuity of Services Risk Rating (CoSR)

The Trust has delivered a Continuity of Services Risk Rating (CoSR) of 1 in line with the Annual Plan submitted to Monitor. From the 1st August the Continuity of Services Risk Rating (CoSR) has been replaced by the Financial Sustainability Risk Rating (FSRR) as prescribed by Monitor in the Risk Assessment Framework which was updated in August. The Trust has delivered a Financial Sustainability Risk Rating (FSRR) of 2. A verbal update on these changes will be given at the Finance Committee meeting.

Capital Expenditure

Capital expenditure is under plan to the end of August: The underspend is predominantly due to slippage in the signing of contracts relating to the electronic information project. The Trust is still planning to spend £7.3m on capital in 2015-16 in line with the Annual Plan submitted to Monitor.

Financial Assurance

The 2015-16 Annual Plan submitted to Monitor includes the following: -

- Income and Expenditure Deficit of (£11.3m);
- CIP of £20.6m;
- Year-end cash balance of £7.8m;
- CoSR of 1 across the financial year.

The Board of Directors has reviewed the outlook for the Trust beyond 2015-16 and concluded that our existing strategy is not sufficient to ensure financial and clinical sustainability at 3 and 5 years. The Board has commissioned a major strategy refresh to take place during the summer of 2015.

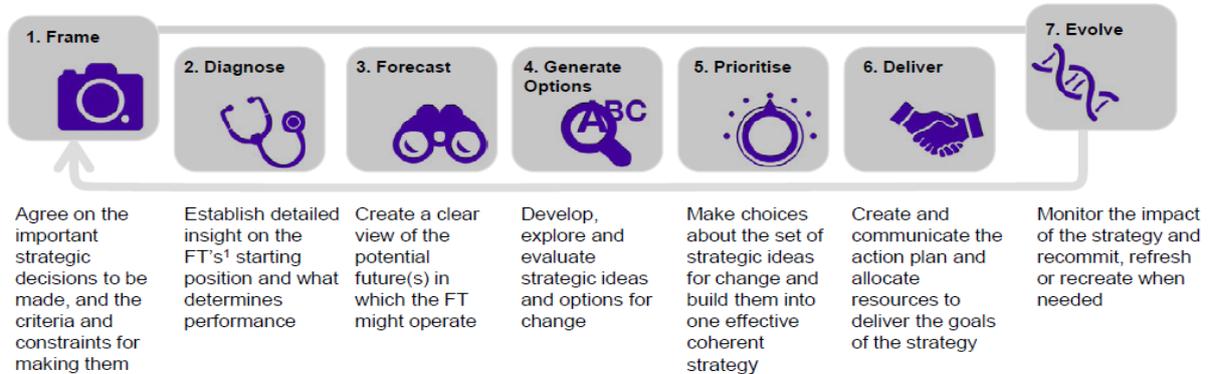
The Board is asked to:-

- Endorse the view of the Director of Finance and Performance that there is **Limited Assurance** related to **Financial Resilience** (based on current delivery of a CoSRR of 1 in line with the Trust's 2015-16 financial plan) and **Limited Assurance** related to **Financial Sustainability** (because the existing strategy is not sufficient to ensure financial sustainability at 3 and 5 years).
- Discuss and approve the quarterly reforecast and Trust Recovery Plan.
- Approve Option 3 and the EPR business case in order that the project can progress to the next stage.
- Note the identified 'Trigger Points' for cash, and the associated actions which the Trust would be required to take should cash levels fall to these amounts.

8. Strategy/Risk

8.1 Strategic Review

At the Board of Directors' Seminar on 25th February 2015, discussions were held regarding the Trust's resilience and sustainability, and the need to refresh/recreate the strategic plan. It was agreed that the Trust should follow the seven stage strategy development framework issued by Monitor in October 2014:

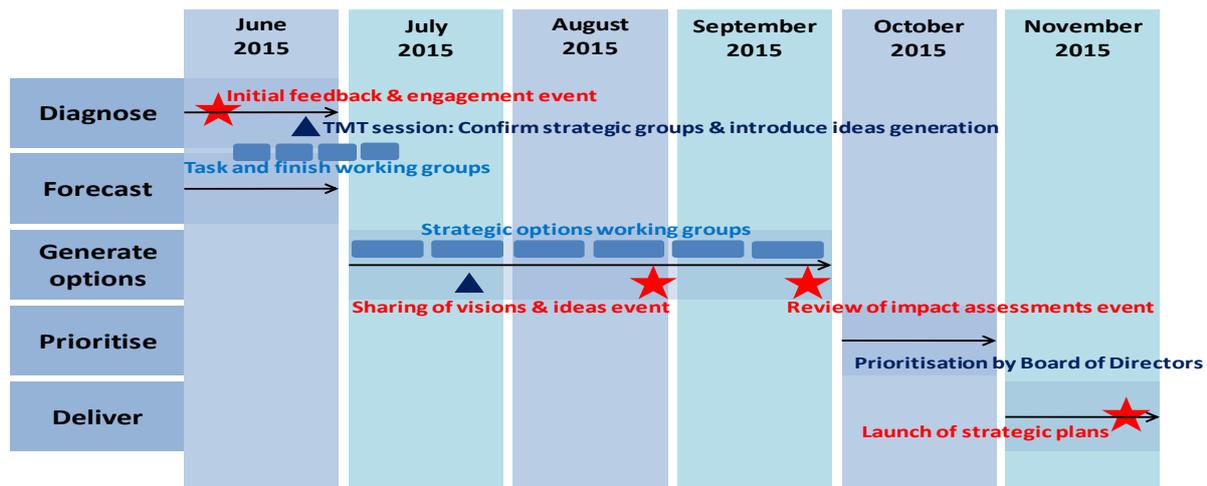


The Trust has completed the 'Diagnose' and 'Forecast' stages of the review, and has now entered the 'Generate Options' stage. This stage was launched at an event on 22nd July 2015, at which the expected outputs were identified and shared with stakeholders from within the Trust and across the local health economy. There are six Strategic Working Groups as follows:

- Long Term Conditions / Out of Hospital Care
- Urgent and Emergency Care
- Elective Care
- Families Services
- Specialist Services – Cardiac
- Specialist Services – Haematology

Each group is chaired by a senior clinician, with nominated link Executive Directors and membership including clinicians, operational managers, finance leads, and HR/OD colleagues.

The diagram below sets out the overall timeframe for the strategic review:



Key next steps are:

- Completion of impact assessments for all ideas generated
- Finalise portfolio of initiatives and identify resources required to implement
- Presentation of portfolio of initiatives to wider stakeholders (internal and external)
- Presentation of strategic plan to Strategy and Assurance Committee

Fylde Coast Out of Hospital Strategy (Multispecialty Community Provider)

The Fylde Coast health and social care economy has been selected as a Vanguard site, for the provision of the Extensive Care Service and Enhanced Primary Care. The health economy's 'value proposition' will be submitted and reviewed by the NHS England New Models of Care Team by the end of September 2015.

Extensive Care Service

The service went live across two sites – Moor Park (Blackpool CCG) and Lytham (Fylde and Wyre CCG) – on 29th June 2015. Key risks remain around the recruitment of medical staff and the associated ability to provide cross cover for Dr Weatherburn during annual / study leave. An evaluation day is scheduled for 25th September 2015, at which commissioner and provider representatives will assess the success of the service to date, including patient referral and assessment processes, the use of electronic patient records, and the clinical / non-clinical staffing model (particularly the new role of the Wellbeing Support Worker).

Enhanced Primary Care (EPC)

Blackpool CCG has focused on the establishment of neighbourhood-based teams, with the Trust's community nursing and therapy teams now assigned into these neighbourhoods. Fylde and Wyre CCG has focused on the design of revised care models that will better support patients with one or two long term conditions, with clinically-led design groups established (which are linked to the work being undertaken as part of the Trust's strategic review).

Better Care Together (Primary and Acute Care System)

The Morecambe Bay health and social care economy has been selected as a Vanguard site for its Better Care Together programme, which seeks to review and redesign pathways of care across in-hospital and out-of-hospital workstreams. The Trust is a partner in this, since it provides community services to the population of Lancashire North CCG. The 'value proposition' has been submitted and funding allocation confirmed. Discussions are ongoing regarding the organisational form that will be used to support this in the Morecambe Bay / Lancashire North region.

Acute Collaboration across Lancashire (Acute Vanguard)

Although not explicitly mentioned within the APR submission, the Trust did refer to its willingness to work collaboratively with other providers in the development of federated models of service provision. The Trust is working in partnership with the three other NHS Trusts in Lancashire (Lancashire Teaching Hospitals NHS Foundation Trust, University Hospitals of Morecambe Bay NHS Foundation Trust, East Lancashire Hospitals NHS Trust) in the development of The Lancashire Group of Hospitals. An expression of interest to be a Vanguard location for collaborative provision of acute services was submitted in August 2015. The application was shortlisted and representatives from the four organisations attended a session on 7th/8th September 2015. The outcome of this is awaited.

8.2 Risk

Board Assurance Framework (BAF) – for approval

At the September Risk Committee meeting, the Committee reviewed the BAF and agreed that there were no score changes required, that the current actions were correct, and that no new risks had been identified. The BAF is included in the Reference Folder for discussion and ratification.

Corporate Risk Register (CRR) – for approval

The CRR was discussed at the Risk Committee meeting on 22nd September and the Committee was asked to consider;

- Adding 7 risks to the CRR, however, 1 risk assessment regarding the extensivist programme was requested to be reviewed further by the division and 6 were accepted as follows:-

- New Risk - Door to needle times for Oncology patients suffering from suspected Neutropeunic Sepsis – score 10.
- New Risk - Excessive Surge in attendances to the Emergency Department poses a risk to the delivery of safe care – score 20.
- New Risk - Excessive Surge in attendances to the Acute Medical Unit poses a risk to the delivery of safe care – score 16.
- Escalated Risk - Records Storage Area - inadequate storage space, risks, unavailable for patient care – score 15.
- Escalated Risk - Failure to Maintain Health Record Availability Risks, accurate information available at point of care – score 15.
- Escalated Risk - Records Storage Area - inadequate storage space, risks, unavailable for patient care – score 15.
- Archiving 3 risks from the CRR as follows:-
 - An Increased Orthopaedic Service Demand risks achieving the 18 week wait - score 12.
 - Failure to have restrictors /locks on windows above ground floor level risks fatal falls from height at Clifton – score 8.
 - A failure to have Appointed and Competent Persons risks staff and patient safety – score still 10, however being merged with risk 236CRR.

The Corporate Risk Register, which was validated at the Risk Committee meeting on 22nd September 2015, is included in the Reference Folder for discussion and ratification.

Gary Doherty
Chief Executive

Board of Directors Meeting

30th September 2015

Subject:	Medical Appraisal and Revalidation
Report Prepared By:	Kate Stannard, Head of Medical Education Ravi Gulati, Clinical Appraisal Lead
Date of Report:	15 th September 2015
Service Implications:	To ensure safe delivery of care to patients of the Trust
Data Quality Implications:	None Identified
Financial Implications:	None Identified
Legal Implications:	None Identified
Links to the Principles of The NHS Constitution:	The NHS aspires to the highest standards of excellence and professionalism, and aspires to put patients at the heart of everything it does.
Links to the Trust Way Core Values:	Providing excellence, positive, compassion and people centre staff
Links to Key Organisational Objectives:	Quality, Safety, People, Delivery
Links to Care Quality Commission Quality and Safety Standards	Risk, Quality, Safety
In case of query, please contact:	Kate Stannard, Head of Medical Education, Ext 5245

Purpose of Report/Summary:

To provide an update to the Board on the progress of Revalidation and Appraisal.

Key Issues:

Appraisal rate has increased from 64% (April 13 to March 14) to 82.5% (April 14 to March 15) and continues to rise. The Revalidation team are now focusing on sustaining this engagement and to improve the Quality of the appraisals.

The Board is asked to:

Accept the report and approve that the organisation, as a Designated Body, is compliant with the Responsible officer Regulations

Risk Rating (Low/Medium/High): BAF/CRR Number:		Board Review Date:	
Report Status: the Author must indicate whether the document is "for information", "for discussion" or "for approval" (please indicate).			
1 <input type="checkbox"/> For Information	2 <input type="checkbox"/> For Discussion	3 <input checked="" type="checkbox"/> For Approval	
Document Status: the Author must indicate the level of sensitivity of the document (please indicate). This relates to the general release of information into the public arena.			
1 <input checked="" type="checkbox"/> Not sensitive: For immediate publication	2 <input type="checkbox"/> Sensitive in part: Consider redaction prior to release.	3 <input type="checkbox"/> Wholly sensitive: Consider applicable exemption	
Reason for level of sensitivity selected:			

Trust Board- 30th September

Revalidation and Medical Appraisal Briefing Paper

1. EXECUTIVE SUMMARY

Blackpool Teaching Hospitals NHS Foundation Trust has 287 doctors with a prescribed connection and within the appraisal year of April 2014 to March 2015 a total of 237 appraisals were completed (82.5%).

2. PURPOSE

The expectation of regulators (GMC, CQC, Monitor and the NHS Trust Development Authority) is that the boards of designated bodies monitor the organisations progress in implementing the Responsible Officer Regulations. The purpose of this paper is to update the Board on the progress with implementing these Regulations

3. BACKGROUND

Medical revalidation was launched in 2012 to strengthen the way that doctors are regulated, with the aim of improving the quality of care provided to patients, improving patient safety and increasing public trust and confidence in the medical system.

The Designated Body has a statutory duty to support their Responsible Officers in discharging their duties under the Responsible Officer Regulations and it is expected that executive teams will oversee compliance by:

- monitoring the frequency and quality of medical appraisals in their organisations;
- checking there are effective systems in place for monitoring the conduct and performance of their doctors;
- confirming that feedback from patients and colleagues is sought periodically so that their views can inform the appraisal and revalidation process for their doctors; and
- Ensuring that appropriate pre-employment background checks (including pre-engagement for locums) are carried out to ensure that medical practitioners have qualifications and experience appropriate to the work performed.

Up to May 2015, Revalidation and Appraisal has been part of the Medical Workforce function. It has now become part of the Medical Education Team.

4. CURRENT POSITION

4.1 Governance Arrangements

The Head of Medical Education and the Revalidation and Appraisal Lead have reviewed all current processes around Revalidation and Appraisal. As part of this review a new document has been produced (Appendix 1) which brings all processes together. This

document will be reviewed regularly and updated to provide assurance to the board that they are discharging their statutory responsibilities.

The Revalidation team have this year reviewed their Governance arrangements to ensure progress is monitored monthly/quarterly through various meetings and committees. The full details of the structure are outlined in Appendix 1.

These new arrangements ensure that the Board will receive assurance on the progress with revalidation regularly and any concerns are escalated appropriately.

Over the last 12 months the appraisal rate has increased from 64% for the year April 2013 to March 2014 to 82.5% for the current year. This has increased further since March 2015 and for July 2015 stands at 90%.

4.2 Current Position of Medical Appraisal

Detailed activity levels of appraisal outputs by individual departments on the 31st March 2015 are attached in Appendix 2

The table below provides a monthly breakdown of appraisal rate between April 2014 and March 2015.

Appraisal Breakdown April 2014-March 2015						
Grade	April	May	June	July	August	September
Consultant	84.6	85.3	87.5	69.7	70.8	74.6
Other	73.6	76.5	81.5	63.1	63.6	71.6
Overall	81.5	82.7	85.8	67.7	68.6	73.7

	October	November	December	January	February	March
Consultant	78.72	78.9	76.4	82.4	85.9	88.9
Other	77.5	77.9	80.2	82.6	81.7	86.2
Overall	78.4	78.6	77.6	82.5	84.6	88.1

As part of our Quality Assurance programme, from July 2015 we have implemented an Exception report to accompany the monthly statistics. This will show the doctors who have not had an appraisal in the last twelve months and the reason why. Appendix 3 shows the report for July.

As per the requirements, Professor Mark O'Donnell the Responsible officer has had regular annual appraisals and his last appraisal was August 2015. Professor Gulati the Appraisal Lead has had regular annual appraisals and the last one was in April 2015.

4.3 Appraisers

There are 91 trained appraisers within the Trust. Within a five-year revalidation cycle, colleagues can choose which appraiser they wish to hold their appraisal with but must have an appraisal with their Head of Department at least once within the cycle.

All appraisers have undertaken a specific training programme delivered by an external provider, which covers the appraisal process, role of the appraiser, exploring supporting information, appraisal output, preparation of a SMART PDP and evaluation and review of learning.

Appraiser training sessions are held yearly and the next one is due in March 2016. Appraisers may also access external training through other trusts if necessary before this date. In addition to this Appraiser Support Meetings are held twice a year, which are chaired by the Appraisal Lead.

Currently there is no refresher training for Appraisers, however all appraisers can attend the annual full training if they wish to refresh. The Revalidation team are investigating e learning packages that may be used to refresh existing appraisers.

Quality of Appraisals

Feedback is collated from appraisees following each appraisal and is reviewed by the Clinical Revalidation Lead to identify areas for improvement of the quality of the appraisal. This information is shared with the appraiser and recurring themes are shared for learning and improvement of practice at the regular meetings held with the Trust appraisers. The key themes emerging are that whilst appraisal summaries are being completed, the lack of detail remains.

The Revalidation lead reviews 10% of the appraisal summaries on validated tools provided by NHS England.

As an additional measure for monitoring quality, the Clinical Revalidation Lead attends appraisals at random to ensure they are conducted in accordance with guidelines.

4.4 Quality Assurance

A review of the Quality Assurance processes for Revalidation and Appraisal is currently underway. The Appraisal lead is working with the Quality Manager for Medical Education to devise ways to improve the quality of the current processes.

Future developments are outlined in Appendix 1 and are already underway. This includes further review of the quality of the appraisal meeting as well as a regular self assessment of the Core Standards.

4.5 Clinical governance

As part of the appraisal process the Revalidation administrator is responsible for obtaining a number of reports for each doctor to be appraised. This is done yearly in time for the appraisal and shared with the doctor prior to his/her appraisal.

- Complaints, Claims and Incidents
- Unaddressed issues report from Head of Department
- Conduct issues from Human Resources

NHS Revalidation (North) has issued a list of governance questions that the Trust needs to self assess against and this is currently in progress, Appendix 4.

4.6 Revalidation Recommendations

Between April 2014 and March 2015, there have been 115 revalidation recommendations. Table 2 provides a breakdown of each revalidation recommendation.

Revalidation Recommendation	No. of recommendations
Recommendations completed on time	115
Positive recommendations	115
Deferrals request	13
Non engagement notifications	0

4.7 Recruitment and Engagement Background Checks

Recruitment for both permanent, fixed term and locum staff is governed by the satisfactory receipt/completion of all NHS Employment Check Standards. Successful candidates attend a pre-employment check meeting with the Recruitment team, for verification of original documentation and collation of additional information is requested for example, the name of their current RO, the date of their last appraisal and revalidation date.

An unconditional offer is made only upon satisfactory completion of the pre-employment process.

For locum doctors provided via agency, the NHS Employment Check Standards are carried out by the agency as per the contractual agreement.

4.8 Monitoring Performance

The process for monitoring the performance of doctors is as follows:

- Annual Medical Appraisal
- Clinical Governance Issues – incidents/claims/complaints
- Unaddressed issues – HOD/HR
- Raised concerns about medics
- Senior Leadership group – Issues discussed at each meeting
- Information from the GMC

The Revalidation lead is confident that there are effective systems in place for monitoring the conduct and performance of all licensed medical practitioners.

4.9 Responding to Concerns and Remediation

All concerns relating to the performance and conduct of a medical employee are handled in accordance with the Trust Disciplinary Procedure for Medical Staff (CORP-PROC/451) and incorporates Maintaining High Professional Standards guidance. A new Remediation and Rehabilitation of Practitioner's or Dentist's Performance Procedure has also been developed (CORP-PROC/645)

In the last 12 months, 20 concerns have been raised about doctors and their practice. Appendix 5 provides a detailed breakdown of the cases. Of the 20 cases, 1 related to concern with capability, 3 related to conduct concerns and 2 relate to health concerns.

5.0 Risks and Issues

The electronic system used for appraisal (Allocate) is not currently working to its full ability as we require. There are a number of developments that need to be built into the system to enable it to fully support the Appraisal process. Allocate usually do regular system upgrades on customer requirements however they have not made any developments recently due to

working on the job planning part of the system. The revalidation team are currently reviewing their requirements and investigating whether it would be beneficial to purchase these as additional upgrades.

The current process for ensuring the transfer of information between Responsible Officers, Medical Practice Information Transfer (MPIT) is of concern. As the Revalidation team are responsible for this it means that it occurs after the individual has already commenced employment with the Trust. Any areas of concerns raised at this point would have to be dealt with through the appropriate channels as an employee. If these checks were to become part of the recruitment process, offers of employment would only be made following satisfactory results.

6. CONCLUSION

While the Revalidation team have made progress in increasing the rate of appraisal and engagement of the medics the next step will be to ensure it is consistent and to improve the quality of those appraisals. Communications between the Revalidation team and the doctors will be enhanced to ensure a further increase in engagement and understanding of the process. Full details of proposed improvements are listed in Appendix 1.

7. RECOMMENDATIONS

It is therefore recommended that the Board accepts the report and approves that the organisation, as a Designated Body, is compliant with the Responsible officer Regulations

Board of Directors Meeting

30th September 2015

Subject:	Chief Executive's Update
Report Prepared By:	Gary Doherty
Date of Report:	21 st September 2015
Service Implications:	For the Board to be updated on matters the Chief Executive has been involved in.
Data Quality Implications:	None.
Financial Implications:	QuIPP essential to sustainability.
Legal Implications:	None.
Links to the Principles of The NHS Constitution:	Links to the Principles of the NHS Constitution throughout.
Links to the Trust Way Core Values:	To promote employee engagement as a means of transforming the culture and performance of the enlarged organisation. The report covers a number of items pertinent to the Trust Way.
Links to Key Organisational Objectives:	Providing 'Best in NHS' Care for our patients.
Links to Care Quality Commission Quality and Safety Standards	Links to all CQC outcomes
In case of query, please contact:	Gary Doherty, Chief Executive (ext 6853)

Purpose of Report/Summary

To provide the Board of Directors with an overview of activities during the past two months.

Key Issues:

None to highlight specifically.

The Board is asked to:

Review and note the contents of the report.

Risk Rating (Low/Medium/High): Low
BAF/CRR Number: N/A

Board Review Date: January 2015

Report Status: the Author must indicate whether the document is "for information", "for discussion" or "for approval" (please indicate).

1 <input type="checkbox"/>	2 <input checked="" type="checkbox"/>	3 <input type="checkbox"/>
For Information	For Discussion	For Approval

Document Status: the Author must indicate the level of sensitivity of the document (please indicate). This relates to

the general release of information into the public arena.		
<p>1 <input checked="" type="checkbox"/></p> <p>Not sensitive:</p> <p>For immediate publication</p>	<p>2 <input type="checkbox"/></p> <p>Sensitive in part:</p> <p>Consider redaction prior to release.</p>	<p>3 <input type="checkbox"/></p> <p>Wholly sensitive:</p> <p>Consider applicable exemption</p>
Reason for level of sensitivity selected	N/A	

Board of Directors Meeting

30th September 2015

Chief Executive's Update

There are a number of external/internal CEO activities since the July report/meeting that I would draw to the Board's attention to:

I have carried out/attended a number of events with key external bodies/stakeholders. On the 30th July I attended the North West Advancing Quality Alliance Board meeting, in my role as a Nonexecutive Director. On the 3rd of August I had a CEO Question Time, where members of the public had the chance to ask any questions they had. A wide range of questions/topics were covered including:

- MRI scanning capacity
- How Trusts are funded, particularly for visitors/tourists
- Why Trust doesn't make more use of IT in its communications
- Staffing levels
- Finances

On the 4th August I met with Blackpool Healthwatch, where we discussed their work programme/thematic reviews for the year and a range of other issues. On the 5th of August the Chairman and I met with MP Gordon Marsden and I also met Baroness Cumberlege who was visiting our maternity unit. 25th August. As a follow on to our previous Board to Board meeting we met Blackpool CCG on the 25th August where we discussed mortality rates and Healthier Lancashire.

We had our Quarter 1 teleconference with Monitor on the 27th August. On the 2nd of September I attended the Blackpool Health and Wellbeing Board where we discussed the future strategy for intermediate care provision as well as the lessons learned from the handling of the water supplies contamination.

Regarding internal opportunities to meet staff and patients I would highlight the following:

- Visit to South Shore Primary Care Centre to spend the morning with the Community IV Service
- Celebrating Success Judging Panel and the Dottie Hall Memorial Award Panel
- Met staff and families at a Family Nurse Partnership Event at Blackpool Zoo
- Presented certificates to congratulate staff across the Trust who had contributed to our winning the HSJ award for End of Life services
- Met the Trust Great Place to Work Group
- Met a range of staff at our Trust inductions and met our new intake of doctors in training

Gary Doherty
Chief Executive

Board of Directors Meeting

30th September 2015

Chairman's Update

Trust Activities

- I was a member of the Judging Panel for the Celebrating Success Awards on 5th August. The shortlisted teams/individuals have been publicised and the winners will be announced at the Celebration Ball on 6th November.
- I attended the Ophthalmology Directorate Meeting on 12th August which I found very informative. There was a good level of debate and challenge and there was a positive mood and attitude amongst all those present.
- I visited the Out-Patient Department on 14th August and was shown around by Mr Ajay Nigam and Sister Sarah Hogg.
- I was a member of the Judging Panel for the Cardiac Nurse of the Year Award on 25th August. The winner and runner-up will be announced at the Awards Ceremony following the Annual Members and Public Meeting on the evening of 28th September.
- I visited the ENT Sleep Studies Department on 25th August and was shown around by Julie Chapman, Lead Clinical Physiologist.
- I visited the Medical Records Department on 9th September and was shown around by Karen Hawkins, Medical Records & Library Manager.
- I had an introductory meeting on 9th September with Keith Dickinson, the newly appointed Deputy Director of Finance.
- I chaired the Appointment Advisory Committee for the post of Consultant Cardiologist on 9th September. Dr Rachel Argyle has been appointed and her anticipated start date is January 2016.
- I attended the AMU/SSU Directorate Meeting on 11th September which I found very informative.
- I attended the End of Life Care Recognition Event on 16th September which had been organised following the success of the End of Live Care Team in the National Patient Safety Awards. In recognition of this, the Chief Executive and the Clinical Lead for End of Life Care co-hosted the event to thank staff for their invaluable work.
- I visited Garstang Clinic District Nursing Team on 17th September and was shown around by Joanne Braithwaite, Team Leader for Garstang District Nursing.
- I visited the Macmillan Unit on 24th September and was shown around by Sister Sarah Wilding, Ward Manager for the Haematology & Oncology Day Unit.

Governors and Membership

- The Chief Executive and I have had meetings with Governors from individual constituencies during September as follows:-

- Blackpool Constituency – 11th September
 - Fylde Constituency – 15th September
 - Staff Constituency – 17th September
 - Wyre Constituency – 24th September
 - Appointed Constituency – 24th September
- I had my quarterly meeting with Peter Askew, Lead Governor, on 24th September which covered a range of issues.
 - I chaired a meeting of the Nominations Committee on 22nd September which included discussion about the recruitment process for Non-Executive Directors in 2016.

External Relations

- I chaired the NHS Providers North West Meeting on 23rd July which included a presentation by Mark Riley-Pitt and Gill Mason from Mills & Reeve about Managing Risk and Liabilities. There was also an opportunity to discuss items arising from the national agenda followed by a round table discussion.
- The Chief Executive and I met with Gordon Marsden (MP for Blackpool South) on 5th August.
- I met with Mary Dowling (Chair of Fylde & Wyre CCG) and Roy Fisher (Chair of Blackpool CCG) on 6th August for our quarterly update.
- Following the last Board to Board Meeting with Blackpool CCG, the Chief Executive, Medical Director, Director of Nursing & Quality and I met with representatives from Blackpool CCG on 25th August to follow-up on discussions about mortality rates.
- I attended an event in Manchester on 8th September entitled “Open Source” which included discussion about securely sharing patient information across different care settings (Acute, Mental Health, Community and Social Care) followed by solution demonstrations and question/answer sessions.
- The Chair of the Quality Committee and I were interviewed by the CQC Inspection Team on 21st September as part of their visit to the Trust on 21st/22nd September. Initial verbal feedback was very positive, with a number of areas of excellent practice highlighted for both A & E and Obstetrics & Gynaecology. Further detail will be provided at the Quality Committee Meeting on 23rd September and at the Board Meeting on 30th September. The CQC was extremely complimentary about our logistics/preparation for the visit.
- The Chief Executive and I met with Ben Wallace, MP, on 24th September.

Future Meetings

Looking forward, I am attending the following events/meetings:-

- Annual Members and Public Meeting – 28th September
- Quarterly Meeting with Board Committee Chairs – 29th September
- Trust Strategy Review (Feedback from the Generated Options Stage – 29th September
- Visit to Halton GP Practice Stop Smoking Clinic – 2nd October.

Accreditations/Awards/Projects

The Trust's Staff Health and Well-Being Centre has been congratulated on being one of the first 150 Occupational Health Services to be accredited for being a Safe, Effective, Quality Occupational Health Service (SEQOHS).

The following Trust staff have been shortlisted in the Blackpool Gazette Best of Health Awards:-

- Midwife of the Year (Jenny Clarke, Maternity Ward and Fylde Coast Birth Centre at Blackpool Victoria Hospital): for work in her own time championing the skin-to-skin ethos, for helping mothers gain confidence and feel comfortable, for going the extra mile to look after mums and mums-to-be struggling with various issues.
- Midwife of the Year (Karen Hurst and Catherine Critchley, Maternity Ward at Blackpool Victoria Hospital): for the kindness, compassion, support and time they gave to parents after their baby was stillborn.
- Doctor of the Year (Dr Helen Saunders, Consultant Anaesthetist and Leader of Enhanced Recovery in the Cardiac Surgery Team at Blackpool Victoria Hospital): for going above and beyond the call of duty to develop the UK's first Enhanced Recovery Pathway for patients undergoing heart surgery, for her hard work and devotion to patient care.
- Nurse of the Year (Ella Dodgson, Community Heart Failure Nurse): for going the extra mile, following through on patient care, and caring for patient's relatives.
- Nurse of the Year – Lindsey Siddall, Nurse in the Gastroenterology Unit at Blackpool Victoria Hospital – for her quick-thinking and intervention during a night out to perform CPR on a man who suffered a heart attack and saving his life.

The Trust has agreed to take part in a ground breaking project to help young people with learning disabilities into work. Blackpool Council has been operating the scheme, entitled "Project Search" with Mencap, Blackpool and the Fylde College and local schools (Park, Woodlands and Highfurlong) to help young people with disabilities obtain a permanent job. The students who have taken part so far have undertaken a variety of jobs from office work to manual labour, including helping out at the Council's popular Rover mobile-tip and cleaning the buses at Blackpool Transport. Seven of the young people graduated, having impressed enough to secure a permanent job and two more have decided to return to full time education. The success rate of 70% is higher than the average of other similar projects that have taken place world-wide. We have been impressed with the project and are delighted to be involved. We will be taking students from September 2016 and we look forward to working with them. In September 2015, the Trust will be working in partnership with Blackpool Council and supporting them with student placements.

**Ian Johnson
Chairman**

Board of Directors Meetings held in Public

Schedule of Meetings for 2016

Wednesday 27th January

Wednesday 24th February

Wednesday 27th April

Wednesday 25th May

Wednesday 27th July

Wednesday 28th September

Wednesday 26th October

Wednesday 30th November

**Board of Directors Meetings – Attendance Monitoring
1st April 2015 to 31st March 2016**

Key: **G- Attended** **Y- Apologies** **R-No Apologies** **Blue- N/A**

* Extraordinary Board Meetings

Attendees	29.4.15	20.5.15	29.7.15	30.9.15	28.10.15	25.11.15	27.1.16	24.2.16
Ian Johnson (Chairman)	G	G	G					
Tony Shaw	Y	Y	G					
Karen Crowshaw	G	G	G					
Doug Garrett	G	G	G					
Alan Roff	G	G	G					
Jim Edney	G	G	G					
Michele Ibbs	G	G	G					
Malcolm McIlmurray	G	G	G					
Gary Doherty	G	G	G					
Marie Thompson	G	G	G					
Professor Mark O'Donnell	G	G	G					
Pat Oliver	G	G	G					
Wendy Swift	G	G	G					
Nicky Ingham	G	G	G					
Tim Bennett	G	G	G					